

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2025
NAME OF PROVIDER OR SUPPLIER Ridgeway Manor Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 117 Bellfield Road Ridgeway, SC 29130	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>Based on review of facility policies, observations, and interviews, the facility failed to ensure that all mechanical, electrical, and patient-care equipment was maintained in safe operating condition. Specifically, on 12/08/25, the facility's Heating, Ventilation, and Air Conditioning (HVAC) systems serving the 200 and 300 halls and the lobby were inoperable and/or unable to provide adequate heat, resulting in an inability to maintain required ambient temperatures for residents. This failure placed residents at risk for cold-related discomfort and adverse health outcomes. Findings include: Review of the facility policy titled HVAC Systems, last revised on 06/22/22, revealed, This facility maintains an HVAC system in a manner that protects resident health and safety from fire and extreme temperatures. Policy Explanation and Compliance Guidelines: 1. Documentation regarding the facility's HVAC system is maintained by the Maintenance Director. 2. HVAC installation and maintenance shall be in accordance with the manufacturer's specifications and the Life Safety Code (2012 version: 18.5.2.1 and 9.2) . 6. Documentation of all inspections, tests, and maintenance shall be maintained by the Maintenance Director. During a facility walkthrough on 12/10/25 at 1:30 PM, observations of the 100, 200, and 300 halls and the lobby revealed no residents on the 300 halls, temperatures in the lobby unit were below 71 degrees Fahrenheit, and multiple rooms on the 200 hall were without a working HVAC system. During an interview on 12/10/25 at 12:40 PM, the Facility Administrator (FA) revealed residents were moved from the 300 halls due to the HVAC system being out. The FA stated phone calls were made to the affected residents and/or their representatives. The FA states the HVAC system went out on Monday. During an interview on 12/10/25 at 1:18 PM, the Regional Director of Operations (RDO) revealed the facility uses Broom Heating and Air, and they have contacted them twice this week for service. Broom was out here on Monday and Tuesday of this week. The RDO stated the HVAC on the 300 hall needs to be replaced, and the other units need parts. During an interview on 12/10/25 at 4:06 PM, the FA was unable to state how often the facility provides maintenance on the HVAC system and deferred to the Maintenance Director. During an interview on 12/10/25 at 4:16 PM, the Regional Maintenance Director (RMD) stated that they change the filters on the systems once a month. He further stated that he used to keep documentation for the HVAC system, but honestly, he has not. The RMD reports, if necessary, they call any issues in to outside companies.</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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