

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 02/13/2026
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)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, record review, and interview, the facility failed to provide a sufficient amount of bath and bed linens, in good condition, in 2 of 2 linen closets reviewed out of a total of 2 linen closets in The Home building. This had the potential to affect 58 of 58 residents residing in The Home building in a total facility census of 92. Findings include: During the initial facility tour on 2/10/26 at 10:30 AM, with the Assistant Director of Nursing (ADON), the facility was observed to be comprised of two separate buildings. The two buildings were referred as The Home and The Manor. The Home building had three hallways (100, 200, and 300). The 100 and 200 hallway each had one linen closet. The 300 hallway had no linen closet. During a facility tour on 2/10/26 at 3:00 PM, linen closets were observed within the 100 and 200 hallways. Both linen closets were noted to contain fewer than 10 of each of the following: towels, washcloths, fitted sheets, flat sheets, and pillowcases. A washcloth was randomly selected from the closet which was thin and torn at the seam on one of the four sides of the cloth. During a facility tour on 2/11/26 at 8:45 AM, linen closets were observed within the 100 and 200 hallways. Both linen closets were noted to contain fewer than 10 of each of the following: towels, washcloths, fitted sheets, flat sheets, and pillowcases. The flat sheets and fitted sheets in the closet were noted to be worn and thin. During a tour of the laundry building on 02/11/26 at 8:55 AM, no linens were observed awaiting distribution to the buildings. The rooms containing the washers and dryers had bins of dirty linens awaiting laundering. There was no emergency supply of linens observed. Invoices from Progressive Medical Concepts were reviewed showing orders for towels, washcloths, and sheets. Each of these orders was due within 30 days. It was unclear if and/or when the invoices were paid. The invoices were dated: 02/21/25, 04/15/25, 07/14/25, 08/21/25, 09/11/25, and 10/16/25. Another order was placed on 02/12/26. During an interview with the Administrator on 02/10/26 at 2:55 PM, she agreed the linen closets observed within the 100 and 200 hallways were low on linens, containing fewer than 10 of each type of linen item. A washcloth was pulled from the closet and was noted to have large shredded-type tears along the seam, and the Administrator agreed washcloths in that condition should not be used to bathe residents nor be found in linen closets. During an interview with Certified Nurse Aide (CNA)2 on 02/10/26 at 3:00 PM, she stated, Some mornings we don't have much (linens). They (laundry workers) make a delivery around breakfast and sometimes two or three times a day. The condition of the linens is 'not ok,' and it has been like that since I've been here; about two years. CNA2 was referencing the tears and thin and/or worn conditions of the linens being observed. When asked how that affected her job and how it affected the residents, she stated, It slows it down, and some of them don't get out of bed when they want to. During an interview with CNA3 on 02/10/26 at 3:05 PM, revealed that she has worked at the facility for about six months and has been a CNA for 21 years. She said there are not enough linen supplies to do her job properly, especially washcloths and towels in the mornings. She said this slows down or delays patient care, and</p> <p>(continued on next page)</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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>sometimes they don't get a bath because it's been delayed by not having the supplies we need. During an interview with Housekeeping Supervisor (HKS) on 02/10/26 at 4:00 PM, he stated he is new to his role. He stated that the laundry/housekeeping workers are responsible for ensuring both closets have the same amount of all linens including clothing protectors. He said, When we see that they are running low, they wash all day, but they have been short on supplies frequently. He said he has been unable to get any orders for the last couple months, because they would not send them because the bill was not paid. They usually keep them in central supply and take them out as needed. He said, When I'm down to the last three bundles, then I try to put in an order.?He said the process is that he will place an order with the Medical Supplies (MS) clerk, and then she sends it out to the supplier to order.?He said sometimes they have to shop at a local supplier to get last-minute supplies because orders are unable to be placed, adding, the facility does not currently, nor do they usually have any emergency supplies of linens in the supply room.? ?? During an interview with the Administrator on 02/10/26 at 4:15 PM, she stated, We do not have an emergency supply of linens. We have to order them as needed because the bill doesn't get paid or takes a long time to get paid. It is very frustrating. She stated that corporate is responsible for paying the bills, but they are difficult to reach, adding, When we're really desperate and make a big deal about it, sometimes things will get paid at the last minute before they cut us off or the day that they cut us off. When asked how the lack of linens affects the residents, she said it can delay their care and cause stress on the CNAs. During an interview with Resident (R)10 on 02/12/26 at 2:00 PM, he stated several times he has to wait to be bathed, . because the CNAs don't have enough supplies.? ??</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to use its resources effectively and efficiently related to suspension of food service delivery, suspension of oxygen supply, and suspension of linen orders, and an incomplete facility assessment. This inaction in administering the facility had the potential to affect all residents living in the facility. Findings include: Review of an undated and unsigned policy titled, Business Continuity revealed, Policy: This facility plans for continuity of operations in the case of an emergency or disaster.? Policy Explanation and Compliance Guidelines . 5. Critical resources have been identified. The facility maintains contracts with various vendors for obtaining supplies and materials in case of an emergency. a. Contracts with two or more vendors are maintained in case primary vendors are also affected. b. The facility has a means of communication with local/state Incident Command Center to relay needs in case of a prolonged event. c. Designated storage areas hold emergency supplies at established par levels . 8. In the case of sheltering in place, ongoing evaluation of the facility's capabilities to safely maintain operations will include evaluation of the following: a. Communication b. Resources (medical/non-medical supplies and equipment) c. Utilities d. Staff e. Food and water f. Safety and security.? Review of an undated and unsigned policy titled, Compliance and Ethics Program revealed, Policy: This facility is committed to compliance and has designed, implemented, and enforced a compliance and ethics program for promoting quality of care and preventing and detecting criminal, civil and administrative violations . 4. Components of the facility's compliance and ethics program include: . a. Written compliance and ethics standards, policies, and procedures. b. Assigned individuals within the high-level personnel of the facility with the overall responsibility to oversee compliance with the facility's compliance and ethics program standards, policies and procedures. c. Sufficient resources and authority to reasonably assure compliance . 6. The facility reviews the compliance and ethics program annually, revising as needed to: a. Reflect changes in applicable laws or regulations within the organization. b. Improve performance in deterring, reducing and detecting violations. c. Promoting quality care. During the initial tour of the kitchen on 02/10/26 at 2:05 PM, the freezer, cold, and dry storage areas were observed and revealed more than 90% of products with a food delivery date of 02/10/26.?The Dietary Manager (DM) produced photos on a cellular phone of the same areas observed being empty or nearly empty, containing between zero and four individual items.?The photos were dated 02/10/26 between 6:00 AM and 8:00 AM. During the initial tour on 02/10/26 at 10:30 AM, there was a framed sign in the foyer titled, Mainstay Senior Living which indicated a purpose and core values of Purpose: To enrich the lives and be faithful stewards of all entrusted to us. Core Values: Integrity. Creating equal environments. Stewardship. Create raving fans through emotional connection. Improving quality of life through vertical integration. During a tour of the laundry building on 02/11/26 at 8:55 AM, it was noted to have covered racks of clothing awaiting distribution, personal clothing items in bins awaiting being folded and hung, and no linens were observed awaiting distribution to the buildings.?The rooms containing the washers and dryers had bins of dirty linens awaiting laundering.?There was no emergency supply of linens observed.? Review of communications between Medical Supplies (MS) Clerk 1 and a representative of [NAME] Gas & Equipment, Inc., a supplier of oxygen, revealed the facility's account was on hold for being over the credit limit on the following dates: 04/04/25, 05/02/25, 11/20/25, and 01/02/26.? Accounting statements were attached to each correspondence.??? Review of receipts for food purchased at local vendors on 02/03/26, 02/05/26, and 02/09/26, which revealed items on the schedule menu were purchased.? Review of a documented titled, Payment Details from U.S. Foods was</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>reviewed, showing a payment processed date of 02/10/26 in the amount of \$45,631.08 for 15 charges dated back to 12/26/25. This affected two deliveries, 02/03/26 and 02/06/26. Review of a documented titled, Payment Details from U.S. Foods was reviewed showing a payment processed date of 12/23/25 in the amount of \$57,260.72 for 20 charges dated back to 10/17/25. The facility's U.S. Foods account was suspended for nonpayment. Review of a documented titled, Payment Details from U.S. Foods was reviewed showing a payment processed date of 11/07/25 in the amount of \$59,040.28 for 22 charges dated back to 08/29/25.?The facility's U.S. Foods account was suspended for nonpayment. Review of invoices from Progressive Medical Concepts were reviewed showing orders for towels, washcloths, and sheets.?Each of these orders was due within 30 days.?It was unclear if and/or when the invoices were paid.?The invoices were dated: 02/21/25, 04/15/25, 07/14/25, 08/21/25, 09/11/25, and 10/16/25.? Another order was placed on 02/12/26.? Review of the Facility assessment dated [DATE], revealed it was not signed and was reviewed with the QAA Committee on 04/10/25. Several sections were blank or incomplete, and many had no supporting documentation.? Review of a document titled Profit & Loss Budget Overview January 2026 and dated 02/12/26 was reviewed revealing a net income of \$-6,131.57.? Review of a document titled U.S. Foods Customer Account Application was provided in response to a request for the facility's contract with U.S. Foods.?The document was dated 06/07/23 and revealed, in part, .4. Payment of the purchase price for goods and/or services acquired from Seller shall be made pursuant to the terms set forth on each invoice, and Applicant agrees to pay all charges according to the payment terms established in said invoice. The entire outstanding balance due to Seller on all invoices shall become due in full immediately . During an interview on 02/10/26 at 9:45 AM, the Administrator and the Assistant Director of Nursing (ADON) stated they assumed that this surveyor was there about the food delivery and said this had been the second time that the food delivery was cut off for non-payment on 01/30/26, adding, We got word yesterday that we were able to order a truck again because he had paid the bill, and the regular service arrived today.? When asked how meals were prepared without food delivery, the Administrator stated she and the Regional Director of Operations (RDO) used their corporate petty cash 'BizNow' cards to purchase food from local suppliers.?They also used all the emergency food supplies, adding that they had just recently experienced a significant winter storm during the last two weeks.?The Administrator stated there is no policy or procedure or process for this type of situation, they just did the best we could, and it worked.? During an interview with the Dietary Manager (DM) on 02/10/26 at 10:05 AM, she stated, This is the third time this has happened. We got lucky on that last order before they cut us off because they allowed us to order an emergency truck because of the winter storm.? She said that food deliveries are typically twice per week, on Tuesdays and Fridays.?The DM stated that the last food delivery (before 02/10/26) was made on 01/30/26, and the facility's U.S. Foods account was suspended for nonpayment, causing two regular orders/deliveries to be missed on 02/03/26 and 02/06/26. During an interview with the DM on 02/10/26 at 12:35 PM, she said lunch is usually served around 12:00 PM, but with the delivery truck having just arrived and having to piece together a menu, things were running a little behind.? During an interview on 02/10/26 at 4:30 PM, the RDO was asked what the biggest barrier was to getting bills paid, especially the food delivery.? He replied, He just got behind on the payments.?It's a small company; there are two nursing homes in this state and two in Alabama, for a total of four in the company, and he has about 50 ALFs (Assisted Living Facilities). We get a 10-day notice. The owner is old school and signs the checks himself, and he is hard to track down at times or when he does not want to be. He is in Florida.?When asked if he understands and communicates the gravity of the situations to the owner, the RDO stated he understands, but he was unsure if the owner understands the gravity of the</p> <p>(continued on next page)</p>		

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>situation.? During an interview with the Administrator on 02/11/26 at 10:50 AM, she stated, They reloaded my card today.? Mine and [RDO]'s cards were maxed. I never know how much they are going to put on the card.?He (the owner) is hard to get ahold of, but he always pulls us out at the last minute.?But, if there is an emergency, I'm not confident we'd be able to get through it. ?? During an interview with the MS on 02/11/26 at 11:20 AM, revealed she is in charge of central supply to include linen inventory and ordering linens and other medical supplies.?She said that she will frequently order items, and they just won't get delivered. When I order, they don't tell me, it just doesn't come. When I call to follow up, they tell me that it needs to be paid. When there is an outstanding invoice, I report it to Accounts Payable (AP) person. I ask when they are going to pay it so I can order again. She said this happens several times per year.?She said nursing has enough supplies, but she does not keep up with the emergency supply of linens.?She said if the facility needs something immediate, the AP will do an ACH payment.?If it is not needed immediately, they'll send a check.?Any disruption in service because of late payment.? She said when they cannot order supplies, they can get it from the store or the administrator will order from Amazon or somewhere else.? She stated they have gone through several vendors because they won't pay the bills.? During an interview with the RDO on 02/11/26 at 1:20 PM, revealed the facility does not have a governing board.?The RDO stated, We don't really have a governing board.?There are no names to give. We had all that before. [Owner] told me that 'Mainstay' (the corporate entity) is the governing body.? The RDO said the owner's sister-in-law is the person in charge of accounts payable (AP).? When asked about the corporate compliance program, bylaws and/or operating policy to include evidence of ownership and officers, the RDO stated, I will bring the policy. I do not yet have a response from the owner. He is hard to get a hold of. He's always busy or off doing something. [Owner] is the 100% owner.?There is no operations policy.?Our policies come from the compliance store.? When asked about emergency situations and planning, the RDO responded, We have plenty on our corporate cards for any back up needs.? Our regional maintenance person has access to nearly unlimited money at a moment's notice. During an interview with the RDO on 02/11/26 at 2:30 PM, he stated there were no bylaws or operating policy. He said, Continuity of business is based on disaster preparedness. That's how we do it.? During an interview with the RDO on 02/11/26 at 3:45 PM, the words on the framed sign in the foyer titled, Mainstay Senior Living, were read to the RDO, and this surveyor asked, How does staff having to worry about feeding the residents or having enough supplies affect residents? to which he answered, Staff should have never known. We should have managed it. This surveyor then asked about the findings regarding linens, and the RDO stated, I thought you meant the food. It shouldn't. They cannot provide care without the necessary supplies. It has the potential to affect morale and patient care.???</p>		

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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to provide evidence of having a governing body, ensuring a facility assessment was complete to assess the overall management and operation of the facility, a failure to develop and implement bylaws and operational policies for the facility which resulted in a failure to ensure facility's Ethics and Compliance Program was implemented. These failures resulted in vendors not getting paid and a disruption in delivery of food and supplies to residents and had the potential to affect all residents living in the facility.?Findings include:Review of an undated and unsigned policy titled Compliance and Ethics Program revealed, Policy:~This facility is committed to compliance and has designed, implemented, and enforced a compliance and ethics program for . preventing and detecting . administrative violations . c. Sufficient resources and authority to reasonably assure compliance . Review of a document titled U.S. Foods Customer Account Application was provided in response to a request for the facility's contract with U.S. Foods.?The document was dated 06/07/23 and revealed, in part, . 4. Payment of the purchase price for goods and/or services acquired from Seller shall be made pursuant to the terms set forth on each invoice, and Applicant agrees to pay all charges according to the payment terms established in said invoice. The entire outstanding balance due to Seller on all invoices shall become due in full immediately . Telephonic and electronic communication was attempted with both Owner and Accounts Payable (AP) Clerk 2 on 02/12/26, and no return communication was received.?Review of the Facility assessment dated [DATE], revealed it was not signed and was reviewed with the QAA Committee on 04/10/25. Several sections were blank or incomplete, and many had no supporting documentation.? Review of a document titled Profit & Loss Budget Overview January 2026 and dated 02/12/26, was reviewed revealing a net income of \$-6,131.57.? During an interview with the Regional Director of Operations (RDO) on 02/11/26 at 1:20 PM, revealed the facility does not have a governing board.?The RDO stated, We don't really have a governing board.?There are no names to give.?We had all that before.? [Owner] to [sic] me that 'Mainstay' is the governing body.? The RDO said the owner's sister-in-law is the person in charge of accounts payable (AP).? When asked about the corporate compliance program, bylaws and/or operating policy to include evidence of ownership and officers, the RDO stated, I will bring the policy.?I have not received a response from the owner. [Owner] is the 100% owner.?There is no operating policy. Our policies come from compliance store.?When asked about emergency situations and planning, the RDO responded, We have plenty on our corporate cards for any back up needs.?Our regional maintenance person has access to nearly unlimited money at a moment's notice. During an interview with the RDO on 02/11/26 at 2:30 PM, he stated there were no bylaws or operating policy.? He said, Continuity of business is based on disaster preparedness.?That's how we do it.?</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure the facility assessment was complete and to identify all necessary resources to attain and maintain resident needs, and failed to ensure active involvement of required participants. This inaction in administering the facility had the potential to affect all residents living in the facility. Review of the Facility assessment dated [DATE] revealed it was not signed and was reviewed with the QAA Committee on 04/10/25. Several sections were blank or incomplete, and many had no supporting documentation. There was no signature page or other documentation to identify the participating members included in the development of the assessment. During an interview with the Administrator and Regional Director of Operations on 02/11/26 at 4:30 PM, revealed that the facility assessment provided was the only facility assessment available for review.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to completely and accurately document the suspected cause of a fracture for 1 (Resident (R)3) of 3 residents reviewed for accidents. Findings include: Review of an undated facility policy titled Documentation in Medical Record revealed, Policy: Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation. ? Policy Explanation and Compliance Guidelines . 4. Principles of documentation include but are not limited to . b. Documentation shall be accurate, relevant, and complete, containing sufficient details about the resident's care and/or responses to care . Review of R3's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/27/25, revealed a Brief Interview for Mental Status (BIMS) score of 0 out of 15; the resident was unable to complete the BIMS. Review of R3's Significant Change MDS with an ARD of 07/31/25 revealed a BIMS score of 99, indicating R3 was unable to complete the interview. ? Review of R3's Quarterly MDS with an ARD of 10/30/25 revealed a BIMS score of 99, indicating the resident was unable to complete the interview. ? Review of a progress note dated 06/24/25 at 10:38 AM, by Social Worker (SW) indicated a BIMS should be conducted and, Record response (day): No response Resident was unable to complete the interview. BIMS NOTE: [R3] is alert oriented to self with impaired decision-making skills as well as, Speech is mumbled also, needs are anticipated via Staff. N Adv - BIMS Summary score: 0.0. ? A BIMS score of 0 indicates severe cognitive impairment. ? Review of progress notes within R3's medical record was initially reviewed for the month of July 2025 related to the resident's hip fracture. ? Upon review of the entire month of July, beginning on 07/1/25, progress notes revealed several occurrences documenting buddy taping of the right ring and middle fingers and the resident's removal of the same which continued through 07/14/25. Review of two progress notes dated 07/01/25 were reviewed. The first was at 2:17 AM, wherein Registered Nurse (RN)1 documented, . Continues to remove buddy tape after applied to middle finger. No s/sx of pain or discomfort noted . The second progress note documented by Licensed Practical Nurse (LPN)1 at 7:12 AM revealed, Keep right ring finger buddy taped to middle finger for stability and healing every shift for fracture for 3 weeks. This finding prompted a review of June 2025 progress notes revealing the resident sustained a fracture to his right middle ring finger on 06/25/25; however, there was no corresponding documentation to identify the cause of the fracture. ? Review of a progress note dated 06/24/25 at 1:10 PM was reviewed wherein RN2 documented, Entered room where staff was trying to change resident's brief and clothing but he began to fight, yelling, climbing on top of bed, standing on bed, striking at staff . Resident was reaching out to things not there, becoming more agitated as staff tried to keep resident safe. [Medical Director] was notified and order received for 5 mg IM Haldol. IM was administered and staff continued to watch resident for his safety until he settled down . ? Review of a progress note dated 06/24/25 at 6:49 PM, RN2 documented, Resident on 1:1, continuing to constantly try to get up from gerichair and bed. Becomes very agitated and belligerent when he is sat back down. Resident is very unsteady and weak . often appears to be experiencing visual hallucinations . ? Review of a progress note by LPN2 dated 06/25/25, at 1:17 PM, revealed, Noted with Bruising to right ring finger with swelling, resident has been noted with combative/aggressive behaviors this am, requiring redirection and one and one care. MD aware orders for Ativan as well as Tylenol, Xray also to be obtained, attempted to contact PR no answer, unable to leave message. ? Review of a progress note dated 06/25/25 at 4:12 PM, by LPN1 revealed, Xray tech here and performed X-ray of resident's hand and finger, resident currently shows no signs of pain or discomfort</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>at this time.? Review of a progress note dated 06/25/25 at 7:15 PM, was reviewed wherein LPN1 documented, X-Ray results received through Fax machine, call made to [Medical Director] and notified of results, Md [sic] states he would like a ortho referral and a appointment for the patient, Supervisor called and notified of X-ray results, resident has been bending and using finger and hand today with no signs and symptoms of pain or discomfort noted will continue to monitor.? Review of a progress note dated 06/25/25 at 7:33 PM, the Assistant Director of Nursing (ADON) documented, Notified of xray results via primary nurse. [Medical Director] stated that he would prefer a second opinion due to uncertainty of xray results. Will attempt to follow up with ortho on next business day and notify RP. Nurse on shift reports resident using fingers/hands without s/sx of pain or discomfort at this time. Review was made of two x-ray reports for R3 with an exam date of 06/25/25 at 3:35 PM. The report signed by the reviewing physician on 06/25/25 at 4:43 PM revealed, . Exam Description: Xray finger 2 views . Findings: 2 views right digit. No prior study for comparison. No oblique view. Small ossific fragment adjacent to the middle phalanx is only seen on the AP. Joint spaces narrowed. Osteopenia. Follow-up standard imaging. Impression: Correlate clinically for middle phalanx fracture by 2 views. The report signed by a different physician at 9:05 PM revealed, . Exam Description: Rt x-ray, hand; minimum of 3 views. Right hand. Findings: here is no evidence of dislocation or osseous lesion. Carpal and metacarpal bone alignment is normal. Narrowing of the interphalangeal joints. Oblique lucency in the ulnar base of the middle phalanx of the fourth digit with surrounding soft tissue swelling. Impression: Acute nondisplaced fracture of the middle phalanx of the ring finger. The report signed at 4:43 PM did not identify which finger or a fracture. The report signed at 9:05 PM identified a fracture of the fourth/ring finger. Review of the orthopedic consult obtained on 06/27/25, revealed an order from the consulting physician to keep ring finger buddy taped to middle finger x3 weeks. The last documentation of buddy taping was made on 07/14/25, as noted above.? During an interview with the ADON on 02/12/26 at 2:24 PM, she stated Medical Supplies (MS) Clerk 1 had witnessed R3 punching the wall that morning before morning meeting, on 06/25/25, adding that the MS is also a Certified Nurse Aide (CNA) who was helping R3's assigned CNA get him dressed.? She said, The nurse was also trying to obtain a urine sample, and he had been having a lot of behaviors, and he did end up having a UTI.? The ADON stated, We were on our way to morning meeting at that time, and when we came back through to check on him, we noticed his finger was red. An x-ray was ordered, and two conflicting reports came back, so the doctor wanted a second opinion, and he ordered an orthopedic consultation.?When asked the reason there was no documentation related to R3 punching the wall, she said his behaviors had been documented that day but did not specifically include him punching the wall.? When asked if this was important to determine whether an injury was known or unknown, she indicated by nodding her head up and down that she agreed, and then stated, yes.? ? During an interview with RN2 on 02/12/26 at 2:55 PM, she stated, I reviewed my notes, and I do remember that day now. I had to give him Haldol because he just couldn't calm down.?He was jumping on his bed and hitting the walls.? She did not know why it was not specifically documented that [R3] was hitting the walls, but she did express the documentation of his notable behaviors, but that could have been the cause of his fractured finger. During an interview with MS Clerk on 02/12/26 at 3:00 PM, she stated she is also a CNA and had gone to help CNA10 with R3 on the morning of 06/15/25.?The MS stated, [R3] was standing on his bed reaching for his watch. He was hallucinating. He was flailing his arms. When we got him down, he kept flailing his arms and legs and hitting the walls.?[RN2] had to give him Haldol to calm him down.?I helped [CNA10] get him changed and dressed.?I did not notice his finger at the time, and he did not show any signs of pain, but he usually doesn't anyway.? During an interview on 02/12/26 at 3:59</p> <p>(continued on next page)</p>		

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 02/13/2026
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.			
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PM, with the former Director of Nursing (DON) working at the facility on 06/15/25, stated that she and the ADON were going to morning meeting and noticed the MS was helping CNA10 with R3 and he was being combative and staff were attempting to obtain a urine sample to test for a suspected urinary tract infection which may have been a cause of the increase agitation and other behaviors.?They checked on him on the way back from the morning meeting and noticed his finger was red and an x-ray was ordered.?She remembers there being conflicting radiology reports, one indicating a fracture and one not indicating a fracture, and the doctor wanted to get a second opinion.? She believed he had been witnessed punching the wall during his agitation and aggressive behaviors, and that was a likely cause of the fracture.?</p>		