STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425158	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeway Manor Healthcare Center	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, record review, staff interview, facility policy review, and Ecolab email, the facility failed to ensure the low-temperature dishwasher maintained the required final rinse temperature of at least 120 degrees Fahrenheit to ensure proper sanitization of dishware and utensils and reduce the potential for foodborne illness transmission. This deficient practice was identified in 1 of 1 main kitchens. Findings Include: Facility Policy: Dishwasher Temperature, Policy: It is the policy of this facility to ensure dishes and utensils are cleaned under sanitary conditions through adequate dishwasher temperatures. Policy Explanation and Compliance Guidelines: 4. For low temperature dishwashers (chemical sanitization):a. The wash temperature shall be 120 degrees Fahrenheit.b. The sanitizing solution shall be 50ppm (parts per million) hypochlorite (chlorine on dish) surface in final rinse. An observation on 4/29/26 revealed a low temperature dishwasher temperature at 90 degrees Fahrenheit after wash and rinse. The sanitizer test strip was 100 ppm. A record review on 04/29/26 revealed:Supervisor's Daily Report/AM Shift 630/300Dish Machine Wash Temp (degrees Fahrenheit)04/01/2026 11604/02/2026 9604/03/2026 10004/04/2026 9204/05/2026 9404/06/2026 9504/07/2026 10004/08/2026 9804/19/2026 10104/10/2026 11004/11/2026 9504/12/2026 9804/13/2026 9404/14/2026 10004/15/2026 9204/16/2026 9804/17/2026 9804/18/2026 9204/19/2026 10004/20/2026 9904/21/2026 9604/22/2026 9804/23/2026 9704/24/2026 9804/25/2026 9004/26/2026 9704/27/2026 9604/28/2026 9804/29/2026 95 An interview on 04/29/26 at approximately 2:15 PM with the Certified Dietary Manager (CDM), revealed the dishwasher had been operating at low temperatures for approximately one month. She reported staff had continued documenting the temperatures and had notified management, maintenance, and the Ecolab Manufacturer. The CDM further stated Ecolab had previously evaluated the dishwasher and replaced the thermostat in an attempt to correct the issue; however, the dishwasher continued to register low temperatures. She indicated Ecolab was scheduled to return, coincidentally, on today's date 4/29/26 for further assessment/resolution. When asked, the CDM stated she would provide copies of the temperature logs reflecting the low readings. An interview on 04/29/26 at 2:41 PM with the Maintenance Director revealed he was aware the kitchen dishwasher was not reaching its temperature. It was verbally reported to him. He said it was like that for about one (1) month. An interview on 04/29/26 at approximately 4:07 PM, with Ecolab Territory Representative, revealed the facility's water heater is unable to keep up with demand. He recommended installation of an additional water heater, potentially on the dirty side, to prevent the facility from running out of hot water. He indicated the issue may be related to the age of the building and stated that Ecolab does not provide this type of equipment. The representative further stated he would document his recommendations and provide a copy to the facility. An interview on 04/30/26 at 11:10 AM with the Administrator revealed she was just made aware on yesterday, 04/29/26, that the dishwasher was not reaching the required temperature. If she had known a month ago when the problem first occurred, she would have notified the Regional Maintenance Director and [NAME] President of Operations, to correct the problem. Her expectation is better communication skills, and the appropriate people being notified of the issue and the progress, to be included on emails sent by department head, to be privy to the information and educate the department head on equipment function.

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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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on record reviews and interviews, the facility failed to ensure that one Certified Nursing Assistant (CNA) received a performance evaluation in 2025, for 1 of 5 direct-care staff records reviewed.Findings include:The Staffing Coordinator stated that the facility currently does not have a facility policy on performance evaluation expectations.Review of CNA1 staff file indicated a hire date of February 2023.Review of CNA1 staff file indicated that the last performance evaluation was completed on 01/15/25.In an interview on 04/30/26 at approximately 2:35 PM, the Director of Nursing (DON) stated that she is still learning the performance evaluation process, as she is new to the position at the facility. The DON stated that her expectation is for CNA performance evaluations to be conducted within 90 days of hire and annually thereafter. She reported that approximately one week ago, she completed three performance evaluations for nurses; however, no evaluations were completed for CNAs. The DON stated that a performance evaluation should have already been completed for CNA1 for the 2025-2026 evaluation period and that she plans to complete an audit to verify future compliance for CNA1 and for all other CNAs.In an interview on 04/30/26 at approximately 3:15 PM, the Administrator stated that Human Resources typically generates notifications when annual CNA performance evaluations are due. The Administrator stated that this may have been overlooked during the period when the facility did not have a DON, although she was not certain. She further stated that she is not very familiar with the CNA who has not received an evaluation; however, no concerns regarding the CNA's performance or behavior have been brought to her attention. The Administrator confirmed that her expectation is that CNA1 should have had a performance evaluation completed for the 2025-2026 evaluation period.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on review of the facility policy, observations, and interviews, the facility failed to ensure an excessive amount of lint was removed from lint screens for 2 of 2 commercial clothes dryers in the main laundry room. Findings include:Review of the facility document titled, Direct Supply TELS indicated, lint catchers should be cleaned AFTER EACH LOAD.Review of facility policy titled Laundry , revised 12/23/2025, states the following:5. Laundry equipment will be used and maintained according to the manufacturer's instructions.Review of dryer manufacturer's instructions titled, Tumble Dryers, Operation/Maintenance, March 2021, pg. 22 states the following:2. End of day: a. Clean lint filter to maintain proper airflow and avoid overheating.An observation on 04/29/26 at 9:06 AM of two lint screens below the two dryers revealed the lint screens were excessive with lint. The Laundry Assistant (LA) was present during the observation. An observation on 04/29/26 at 1:15 PM of two lint screens below the two dryers, noted with excessive lint, and the walls and floor below the dryer with no lint present.During an interview on 04/29/26 at approximately 1:55 PM with the Housekeeping Director (HD) and LA revealed they both were unaware there were lint screens below the dryers.During an interview on 04/29/26 at approximately 2:05 PM, the HD stated, I did not know the dryer lint screens existed. I will contact the Maintenance Director and have him educate us on how to remove lint screens, and clean lint screens properly starting today. The HD stated he uses a wet/dry vac to clean the walls, the floors beneath dryers, and behind the dryers, but he has never cleaned the lint screens. The HD also reported he will be using a new lint log that includes cleaning the lint screens.During an interview on 04/30/26 at approximately 8:10 AM, the HD stated he and the LA were educated yesterday by the Maintenance Director on how to remove and clean lint screens. The HD stated he has implemented new lint logs that include cleaning lint screens as well as the floors, the walls, and behind the dryers.

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on record review and interviews, the facility failed to ensure that one Certified Nursing Assistant (CNA) received 12 hours of annual in-service training, for one of 5 direct-care staff records reviewed.Findings include:The Staffing Coordinator stated that the facility currently does not have a facility policy on annual training expectations.Review of CNA1 staff file indicated a hire date of February 2023.Review of CNA1 staff file indicated that a total of 8.5 hours of annual training was completed via Relias in 2025.In an interview on 04/30/2026 approximately 2:45 PM, the Director of Nursing (DON) stated that that she was not aware of the 12-hour minimum annual training requirement due to being new to the DON position. However, a Performance Improvement Plan (PIP) will be initiated to address the concern. She indicated that she is currently in the process of implementing a skills fair, and that she previously conducted an in-service for direct care staff upon assuming her role, which included topics such as dignity, respect, and resident rights. She further stated that her expectation of moving forward is to implement additional training through Relias, along with monthly in-services, annual performance evaluations, and a skills fair to ensure that Certified Nursing Assistant (CNA) staff are meeting the 12-hour minimum of annual training that is required.In an interview on 04/30/26 at approximately 3:30 PM, the Administrator stated that the expectation is for each CNA to complete a minimum of 12 hours of training annually. Staff are assigned 12 hours of training in Relias by Human Resources, which is divided into approximately 2-3 hours per month until the 12-hour requirement is met. She stated that the facility transitioned to in-service training due to staff not consistently completing the assigned Relias modules. She indicated that staff could access and complete Relias training at any time; however, completion does not consistently occur without constant prompting.