

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425370	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2025
NAME OF PROVIDER OR SUPPLIER Sedgewood Manor Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1645 Ridge Road Hopkins, SC 29061	

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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, record review, and interviews, the facility failed to ensure call lights were within reach for Resident (R)1, R2, R3, R8 and R9, 5 of 5 rooms reviewed for call light placement. Findings include: Review of the facility's policy titled, Call Lights: Accessibility and Timely Response with a copyright date of 2025 states, The purpose of this policy is to assure the facility is adequately equipped with a call light at each residents' bedside, toilet, and bathing facility to allow residents to call for assistance. Call lights will directly relay to a staff member or centralized location to ensure appropriate response. Policy Explanation and Compliance Guidelines. Staff will ensure the call light is within reach of the residents and secured, as needed. Review of R1's Face Sheet revealed R1 was admitted to the facility on [DATE] with the diagnosis including but not limited to muscle weakness (generalized), unspecified sequelae of cerebral infarction, dementia, and essential hypertension. Review of R1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/17/2025 revealed that R1 has the Brief Interview of Mental Status (BIMS) score of 07 out of 15, which indicates R1 has severe cognitive impairment. During an observation on 12/30/25 at 01:23 PM revealed R1's call light was on the floor at the foot of the bed. The resident was lying in bed watching television. During an observation on 12/30/25 at 01:23 PM, R9's call light was found at the head of the bed, on the floor. During an observation on 12/30/25 at 03:30 PM, R8's call light was unreachable in their room. During an observation on 12/30/25 at 3:30 PM, R2's call light was found on the floor. During an observation on 12/30/25 at 3:30 PM, R3's call light was found on the floor. During an interview on 12/30/25 at 1:24 PM, R1 stated, They took the call light from me. They give you a hard way to go around here. They save me for last to help. They take a long time to change me. I am wet now from peeing on myself. During an observation on 12/30/25 at 01:26 PM, the Certified Nursing Assistant (CNA) in training came to cut off the call light. She stated she is in orientation, and she would go get the CNA who is taking care of R1. The surveyor informed the new CNA that the call lights were on the floor. The new orientee acknowledged that the call lights were on the floor but did not pick up the call light to make reachable for the resident. During an interview on 12/30/25 at 1:51 PM, CNA3 stated, R1 is not oriented. She usually pulls her call light out of the wall. Today is a good day. Most days she is screaming and tries to get out of bed. During an interview on 12/30/25 at 3:03 PM the Administrator stated, call lights are supposed to be within reach for all residents. During a second interview on 12/30/25 at 3:16 PM, the Administrator stated, With my team, we educate staff annually. When incidents occur, I have a meeting with the department heads and we decide on what we need to implement going forward. The training we used to educate our staff is completed via paper and/or electronically on Relias.</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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