

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 07/10/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50085</p> <p>Based on observations, interviews, record review, and review of facility policy, the facility failed to ensure the environment remained as free from potential accident hazards as possible for 1 of 1 resident (R)23. Specifically medications were found at R23's bedside.</p> <p>Findings include:</p> <p>Review of the facility policies titled Medication Administration and Medication Storage with no revision date noted, states that medication are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice.</p> <p>18. Observe resident consumption of medication. 1c. During medication pass, medications must be under the direct observation of the person administering medication or locked in the medication storage area/cart.</p> <p>Review of Medication Administration Policy with an in-service dated 07/08/2024, revealed a total of five licensed practical nurses and one registered nurse signatures that attest to reading of the Medication Administration Policy.</p> <p>Review of R23's face sheet revealed an admitted [DATE] with the diagnoses listed but not limited to cerebral infarction, left hemiparesis, dysphagia, dementia, major depressive disorder, presbyopia, and constipation.</p> <p>Review of R23's Care Plan with a revision date of 10/14/2022 revealed a focus of a confounding problem: R23 very slow and noncompliant with taking medication at times (will spit out and hide pills). Interventions listed, Stay with [R23] during medication administration and check mouth for medication holding if indicated. Check resident's environment as needed for any untaken medication. Reinforce importance of pros/cons of compliance with consumption of prescribed medications. Reproach as need when resident refuses.</p> <p>Review of R23's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/04/2024 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition.</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
---	-------	-----------

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 07/10/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 07/08/2024 at 11:18 AM, R23 was sitting in a wheelchair next to her bed. The call light was not in reach and a medication pill was in a cup on the bedside table. The medication in the pill cup was round, orange, and small. R23 stated that the pill is a stool softener and revealed that nurses put it in her room all the time per her choice. During the interview R23 picked pill out of medication cup and placed it back in the cup.</p> <p>During an observation and interview on 07/08/2024 at 11:38 AM, Licensed Practical Nurse (LPN)2 revealed that medication administration was from 8:00 AM to 9:00 AM for R23. LPN2 stated R23 does not have a self-administration order, but she left medication at the bedside because R23 at times refuses to take medication during administration. LPN2 picked up the medication that was in the medication cup during the interview and placed it back on R23's table. LPN2 left the room with medication unattended 07/08/2024 at 11:39 AM.</p> <p>During an observation 07/08/2024 at 11:42 AM, Director of Nursing DON requested to R23's room to witness medication left at R23's bedside. LPN2 returned to R23's bedside and spoke with DON.</p> <p>During an interview on 07/08/24 at 04:08 PM, DON revealed expectation for the nurses to check their orders, six rights, and not leave the medications at the bedside. The DON stated, the nurse today got educated about the policy and my expectations.</p> <p>During an interview on 07/09/24 at 2:03 PM, the DON revealed an in-service was done yesterday with staff about leaving medications at bed side.</p> <p>During an interview on 07/10/24 at 03:53 PM, the Administrator revealed his expectation is for the nurses to be fully educated when administering medication to the residents. He stated, There should not be any medication left unattended at any resident's bedside.</p>		

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 07/10/2024
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>46934</p> <p>Based on record review and interview, the facility failed to ensure the services of a Registered Nurse (RN) were used for at least eight consecutive hours a day, seven days a week. A review of the nursing schedule provided by the facility revealed an RN was not on site for eight consecutive hours a day on the weekends for seven (7) consecutive months, from January 2024 through July 2024. This failure had the potential to affect the provision of registered nursing assessments and services to all 32 residents in the facility.</p> <p>The findings included:</p> <p>A Review of the facility's undated policy titled, Nursing Services and Sufficient Staff revealed 8. Except when waived, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</p> <p>A review of registered nursing timecard reports revealed the following days of no RN on staff for at least eight consecutive hours with the resident census each day:</p> <p>January 2024</p> <p>01/20/2024-37(census)</p> <p>01/21/2024-37 (census)</p> <p>01/27/2024-37 (census)</p> <p>01/28/2024-37 (census)</p> <p>February 2024</p> <p>02/03/2024-32 (census)</p> <p>02/04/2024-35 (census)</p> <p>02/10/2024-33 (census)</p> <p>02/11/2024-33 (census)</p> <p>02/17/2024-34 (census)</p> <p>02/18/2024-34 (census)</p> <p>02/24/2024-33 (census)</p> <p>02/25/2024-32 (census)</p> <p>(continued on next page)</p>		

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 07/10/2024
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)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>March 2024</p> <p>03/02/2024-32 (census)</p> <p>03/03/2024-34 (census)</p> <p>03/09/2024-33 (census)</p> <p>03/10/2024-33 (census)</p> <p>03/16/2024-32 (census)</p> <p>03/17/2024-33 (census)</p> <p>03/23/2024-34 (census)</p> <p>03/24/2024-34 (census)</p> <p>03/30/2024-35 (census)</p> <p>03/31/2024-35 (census)</p> <p>April 2024</p> <p>04/07/2024-35(census)</p> <p>04/13/2024-36(census)</p> <p>04/14/2024-35(census)</p> <p>04/20/2024-33(census)</p> <p>04/21/2024-32 (census)</p> <p>04/27/2024-34(census)</p> <p>May 2024</p> <p>05/04/2024-34(census)</p> <p>05/05/2024-34 (census)</p> <p>05/18/2024-33 (census)</p> <p>05/19/2024-32(census)</p> <p>05/25/2024-32 (census)</p> <p>(continued on next page)</p>

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 07/10/2024
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>05/26/2024-31 (census)</p> <p>June 2024</p> <p>06/08/2024- 32 (census)</p> <p>06/09/2024- 32 (census)</p> <p>06/15/2024- 34 (census)</p> <p>06/16/2024- 34 (census)</p> <p>06/23/2024- 36 (census)</p> <p>06/29/2024- 36 (census)</p> <p>06/30/2024- 35 (census)</p> <p>July 2024</p> <p>07/06/2024- 33 (census)</p> <p>07/07/2024- 32 (census)</p> <p>On 07/09/2024 at 12:57 PM, an interview with the Director of Nursing (DON), revealed that there is no RNs (registered nurses) in the building on weekends. DON states she and another nurse are the only registered nurses in the building, and the other RN is only PRN (as needed), and its rare she will work on a weekend. DON states her schedule is works Monday through Friday, 8 hours a day. DON confirmed she does not come in on weekends, and if an emergency occurs she can be reached by phone. DON stated the facility does not use agency staff. DON stated no waivers were used for this facility. DON stated if there is a resident who requires an RN to provide care, she will come in, however, there has not been a time she has had to. DON stated weekend staffing schedules run the same as it would during the week.</p> <p>On 07/10/2014 at 2:12 PM, an interview with the Facility Administrator, (FA), revealed When an RN is not in the building, the DON is on call and can reached by phone if an emergency arises. No resident has been impacted, to his knowledge. If the DON who is an RN, can't make it into her scheduled shift, the Facility will try to utilize another RN who is PRN. If a PRN RN is also unable to make it in or take the shift, the facility will depend on LPNS, (Licensed Practical Nurses), who are scheduled. FA states he is working on trying to hire RN's for weekends, unfortunately, no one has accepted the job. FA states he had suggested DON come in on the weekends, unfortunately, it has not been working.</p>

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 07/10/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50788</p> <p>Based on observation, interviews and review of the facility policy, the facility failed to discard expired food items for 1 of 1 kitchen area.</p> <p>Findings Include:</p> <p>Review of the facility policy titled, Food Storage without a revision date, revealed, All stock must be rotated with each new order received. Rotating stock is essential to ensure the freshness and highest quality of all foods. Place new items behind supply in stock of the same item; in this way oldest stock is always used first. Supervision is necessary to make sure that the person designated to put stock away is rotating it properly.</p> <p>Review of Storage policy from Optima Solutions titled, Guidelines for Storage revealed, Bread must be stored in pantry area at room temperature for five to seven days.</p> <p>Review of Flowers Bakeries Sheet revealed, All European bakers thaw and serve bread or rolls have a 270-day shelf life when kept frozen at zero degrees and five to seven days when kept at room temperature. Flowers guarantees a minimum of 45 days product shelf life at time of delivery.</p> <p>During an observation on [DATE] at 10:35 AM revealed, nine bags of 12 count hamburger buns with an expiration date of [DATE]. Five bags of 12 count hamburger buns had an expiration date of [DATE] and eleven bags of 12 count hamburger buns had an expiration date of [DATE], in which five buns from one pack were molded.</p> <p>During an observation on [DATE] at approximately 10:30 AM revealed, expired bread on a tan cart in the hallway between kitchen area entrances.</p> <p>During an interview on [DATE] at 10:45 AM the Certified Dietary Manager (CDM) stated, The kitchen staff is responsible for removing outdated bread and I don't know the expiration date to anything.</p> <p>During an interview on [DATE] at 10:17 AM with the Kitchen Manager revealed, when items are open, she makes sure items have a date and put them in their proper place. She also checks daily for expiration dates to ensure it's right.</p>		

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 07/10/2024
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Implement a program that monitors antibiotic use.</p> <p>46934</p> <p>Based on the review of facility policy, interviews, and record review, the facility failed to develop, implement, and monitor the Antibiotic Stewardship Program. This failure placed all residents at risk for the potential transmission of infections and communicable diseases.</p> <p>Findings include:</p> <p>A review of the facility policy titled, Antibiotic Stewardship Program, with no revision date, revealed 11. Documentation related to the program is maintained by the Infection Preventionist, including, but not limited to:</p> <ul style="list-style-type: none"> a. Action plans and/or work plans associated with the program. b. Assessment forms. c. Antibiotic use protocols/algorithms. d. Data collection forms for antibiotic use, process, and outcome measures. e. Antibiotic stewardship meeting minutes. f. Feedback reports. g. Records related to the education of physicians, staff, residents, and families. h. Annual reports <p>On the following dates, a request was made to the administrative staff regarding documentation related to the Antibiotic Stewardship Program.</p> <p>Requested 07/08/2024 at approximately 1:00 PM. Regional Consultant.</p> <p>Requested 07/09/2024 at approximately 08:30 AM. Regional Consultant and Facility Administrator.</p> <p>Requested 07/09/2024 at approximately 2:25 PM. Regional Consultant.</p> <p>Requested 07/09/2024 at approximately 4:30 PM. Director of Nursing.</p> <p>Requested 07/10/2024 at approximately 09:00 AM. Director of Nursing.</p> <p>(continued on next page)</p>

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 07/10/2024
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An interview with the Director of Nursing (DON) on 07/10/2024 at 12:53 PM, revealed, The ADON, Assistant Director of Nursing who is also the Infection Control Preventionist, is out on vacation. DON stated it's her and ADON's responsibility to ensure they keep up with the book with accurate information. DON stated the facility has a Line Listing they use which is sorted by resident's name and room number, type of infection, and the type of treatment the residents receive and the ADON is to keep track of the program monthly. DON stated they focus on physician orders and labs to determine if residents are receiving appropriate treatment. DON stated July 1st, 2024, the facility switched to a new lab. DON stated she only has 1 resident currently in the facility with an infection- Urinary tract, who completed her antibiotic treatment on July 9th, 2024. As of 07/10/024, no residents with a current infection. DON stated she could not produce documentation for 12 months in regard to antibiotic stewardship.</p> <p>An interview with the Facility Administrator (FA) on 07/10/2024 at 2:19 PM- Facility Administrator revealed that neither he, the regional consultant, nor DON can locate the antibiotic stewardship book. FA states that the facility uses the pharmacy input and its electronic medical record system (Point Click Care) to keep track of antibiotic use. FA states the trends are addressed in QAPI meetings, which are done quarterly. FA stated there has been no outbreak of infections that he is aware of. FA stated that his expectation is to document and have an organized system in place to prevent and treat infections when they arise.</p>

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 07/10/2024
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46934</p> <p>Based on observations, interviews, record review and facility policy the facility failed to maintain an effective pest control program.</p> <p>Findings Include:</p> <p>Review of the undated facility policy titled, Pest Control Program, revealed, It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents. Effective pest control program is defined as measures to eradicate and contain common household pests (e.g. bed bugs, lice, roaches, ants, mosquitos, flies, mice, and rats).</p> <p>During a review of the Service Inspection Reports for June 2024 revealed Open Conditions of unsealed cracks and crevices, doors have gaps allowing pest entry, back door has gaps, cracks and gaps in the ceiling, and there is standing water under appliance/machinery/equipment in the kitchen.</p> <p>During an observation on 07/08/24 at 10:15 AM in the common area, of which the surveyors were housed for survey, revealed approximately 10-15 flies throughout the day.</p> <p>During an observation on 07/08/24 at 10:57 AM in the kitchen, revealed multiple flies flying around the kitchen as food was being prepped for lunch.</p> <p>During an observation on 07/08/24 at 11:35 AM in room [ROOM NUMBER], revealed two flies flying around the resident's room.</p> <p>During an observation on 07/09/24 at 9:05 AM in the common area and the hall that leads to the kitchen revealed approximately 8-10 flies throughout the day.</p> <p>During an observation on 07/10/24 at 9:15 AM in the common area and the hall that leads to the kitchen revealed approximately 8-10 flies flying throughout the day.</p> <p>During an interview on 07/08/24 at 11:38 AM with R31 revealed that she sees flies all the time and she is going to ask her husband to bring her a fly swatter because no one else can seem to do anything.</p> <p>During an interview on 07/10/24 approximately 11:30AM with the Kitchen Manager, revealed that she sees flies all the time in the kitchen and she lets the Administrator know and he gets someone to come in and spray from time to time.</p> <p>During an interview on 07/10/24 at 3:33PM with the Facility Administrator revealed, that flies will be addressed in the next Quality Assurance and Performance Improvement (QAPI) meeting, he will also reach out to the pest control company to see what can be done to minimize the flies. The Administrator includes that flies have been a big problem recently with the amount of heat.</p>		

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 07/10/2024
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 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>46934</p> <p>Based on record reviews and interviews, the facility failed to ensure all nurse aide personnel have completed the required 12 hours of training per employment year based on the hire date for 07 out of 14 Certified Nursing Assistants (CNAs).</p> <p>Findings include:</p> <p>A review of the undated facility policy titled, Competency Evaluation, revealed Policy: It is the policy of this facility to evaluate each employee to ensure appropriate competencies and skills for performing his or her job and to meet the needs of facility residents.</p> <p>Policy Explanation and Compliance Guidelines:</p> <ol style="list-style-type: none"> 1. The knowledge and skills required among staff to meet residents' needs are determined through the facility assessment process. 2. Evaluating the competency of staff is accomplished through the facility's training program. 4. Subsequent and/or annual competency is evaluated at a frequency determined by the facility assessment, evaluation of the training program, and/or job performance evaluations. 8. Employee competency forms are maintained in the Director of Nursing's office for the current training year, then forwarded to the Human Resources Director for placing into the employee's personnel file. <p>A review of facility staff training revealed seven (7) staff members did not have the 12-hour required yearly training.</p> <p>CNA 1, hired 09/08/2022 10.25 hours</p> <p>CNA 2, hired 07/01/2019 9.00 hours</p> <p>CNA 3, hired 05/04/2023 4.75 hours</p> <p>CNA 4, hired 10/14/2002 6.25 hours</p> <p>CNA 5, hired 04/24/2023 4.75 hours</p> <p>CNA 6, hired 04/06/2023 2.00 hours</p> <p>CNA 7, hired on 08/05/2021 6.87 hours</p> <p>(continued on next page)</p>

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 07/10/2024
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 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with the Director of Nursing (DON) on 07/9/2024 at 4:09 PM revealed that she is over the staff competency, along with the Assistant Director of Nursing (ADON), who is out on leave. DON stated the facility conducted training on paper before the transition to an electronic system (Relias) mid-year in 2023. DON states her expectation 1 credit a month, however sometimes it doesn't always work that way. DON states she gives her staff a time frame to typically complete the credits. DON stated all staff is trained, particularly all of the CNAS, She just can't find the documentation for all training that was conducted on paper. Ultimately, DON states her expectation is that her staff completes training, and a better method of keeping track of all documentation of training requirements.</p> <p>An interview with the Facility Administrator (FA) on 07/10/2024 at 2:25 PM revealed training is done on Relias, a third-party system that has different courses, which is mandatory training. FA stated before Relias, competency were done on paper. FA stated that he expects all Certified Nursing Aides to either complete courses monthly or in a timely manner. FA stated that ADON and HR are typically responsible for keeping up with compliance of training requirements for all staff including new hires and existing. FA stated I'm unaware that my staff was not receiving training, I need to have a better oversight. I can't produce information I don't have.</p>		