

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>425158</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RIDGEWAY MANOR HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>117 BELLFIELD ROAD RIDGEWAY, SC 29130</b>	
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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, staff interview and facility policy and procedure review, it was determined that the facility failed to screen 1 of 1 visitor entering the facility during a COVID-19 pandemic. This had the potential to affect all residents. The census was 70. The findings included: Per review of the facility, Infection Control and Prevention of COVID-19 policy, revised March 2020, Facilities should screen or monitor visitors for the following: 1. International travel within the last 14 days to restricted countries 2. Show signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat 3. Screen in a secure area with CDC (Centers for Disease Control) recommended questionnaire which included signs or symptoms of respiratory infection, such as a fever, cough, and sore throat and has had contact with someone with or under investigation for COVID-19. If visitors meet the above criteria, facilities may restrict their entry to the facility. Review of the facility policy revealed that the same screening performed for visitors should be performed for facility staff. This surveyor entered the facility on 09/05/20 at 11:30 AM. The surveyor's temperature was not taken by any staff member. The surveyor was then allowed to enter the facility using the front door. Facility staff who opened the door did not ask the surveyor screening questions nor request that the surveyor complete a form with screening questions. During an interview on 09/05/20 at 1:00 PM, Certified Nurse Assistant (CNA #1) stated s/he always entered the facility using the back door and his/her temperature was taken and s/he completed the questionnaire related to signs and symptoms of COVID-19. CNA #1 reported on weekends, the staff were also required to direct the visitors to use the back door and have their temperature taken including answering the COVID-19 questionnaire. During an interview on 09/05/20 at 1:33 PM, the Infection Control Nurse stated s/he expected all COVID-19 questions to be asked during screening, and the temperature taken before any visitors enter the facility. S/he reported the staff had been trained to screen all the visitors. S/he reported all the visitors were required to get in the facility using the back door where they will be screened. During an interview on 09/05/20 at 2:10 PM, the Administrator acknowledged that all the visitors should be screened, and the temperature taken before entering the facility. S/He reported the Infection Control Nurse was going in-service the staff again to always screen all the visitors before entering the facility.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.