Printed: 11/20/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2022
NAME OF PROVIDER OR SUPPLIER Ridgeland Nursing Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1516 Grays Highway Ridgeland, SC 29936	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 - Few	receiving treatment and supports for **NOTE- TERMS IN BRACKETS HAmended 10/04/22 Based on review of facility policy, representatives in resident rooms we Findings include: Review of the facility's undated pole revealed, In order to ensure the sa RNC has defined the following policy will ensure provision for the needs evacuate or shelter in place. Speciand emerging infectious diseases. On 07/29/2022 at an unspecified to the temperatures were over 90 degree being too hot. The State Agency of A follow up interview with the EMT On 07/29/2022 at an unspecified to from FLS that the temperature was not get the temperatures down, the area. The facility has ordered new was made to the Maintenance Directemperatures were below 82 degree	record review, observations, and interviere maintained at a safe and comfortable licy titled Disaster and Emergency Preparations and security of all residents and straices and procedures, developed by an of staff and residents during disasters fically, natural disasters, man-made disasters, the State Agency received a compare conditioning (AC) being broken at the est Fahrenheit (F) and they were transpontanted Fire Life Safety (FLS) to investigate the state of the safety (FLS) to investigate the safety of the safety of the safety (FLS) to investigate the safety of the safet	ews, the facility failed to ensure that le range, in 1 of 3 resident units. Paredness Policy and Procedure aff during a disaster or emergency, all hazards approach. The facility and emergencies, whether they easters, facility based emergencies, laint from Emergency Medical facility. EMT stated the orting a resident due to the facility tigate this complaint. State Agency received an update g. FLS reported if the facility can a different wing or in the common enroute to the facility. A request every six (6) hours.

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 425132

If continuation sheet Page 1 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2022
NAME OF PROVIDER OR SUPPLIE		STREET ADDRESS CITY STATE 71	D CODE
	ER .	STREET ADDRESS, CITY, STATE, ZI	PCODE
Ridgeland Nursing Center Inc 1516 Grays Highway Ridgeland, SC 29936			
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A follow up email with FLS on 08/01/2022 regarding FLS's onsite visit on 07/29/2022 revealed, Yes temperatures were above 82 upon my arrival. The highest temperature that I had a reading of was 85 degrees. They were in the process of installing 5 window ac units and 2 portable units while I was on site. On 07/29/2022 at 9:40 PM the State Agency's Director of Nursing Home Oversight (DNHO) conducted a phone interview with a purse working on Unit B of the facility, regarding the AC being fixed. The interview		
residents / theoled i ew	phone interview with a nurse working on Unit B of the facility, regarding the AC being fixed. The interview revealed, the unit is much cooler from earlier today and they are installing more AC units currently.		
	On the morning of 07/31/2022 at an unspecified time, the State Agency continued to receive complaints regarding the AC unit being broken and temperatures in the facility were hot. A survey team was dispatched and arrived on site at approximately 1:30 PM.		
	An interview with the Unit Supervisor (US) on 07/31/2022 at 1:35 PM revealed, the Director of Nursing and the Administrator were not available.		
	An initial walkthrough of the facility on 07/31/2022 at 1:45 PM, revealed the air conditioner was still broken of Unit B. Unit B contained twenty one (21) resident rooms and one (1) resident therapy room. Observations revealed, an industrial fan/blower was set up at the entrance to Unit B, pointing down the hallway. Further observation revealed, six (6) resident rooms contained a window AC unit or a portable AC unit. Multiple resident rooms were observed to have fans. This surveyor along with the Maintenance Director (MD) observed temperatures of resident rooms on Unit B. The MD used a laser air temperature thermometer to measure the air temperature. The following rooms on Unit B had observed temperatures above the safe and comfortable regulated temperatures:		
	room [ROOM NUMBER] - 82.9 degrees Fahrenheit (F)		
	room [ROOM NUMBER] - 83.1 deg	grees F	
	room [ROOM NUMBER] - 84.2 deg	grees F	
	room [ROOM NUMBER] - 83.8 degrees F An interview with the MD on 07/31/2022 at 2:00 PM revealed, the MD did not take the temperatures in the resident rooms. The MD delegated this responsibility to the nursing staff. The MD further stated they never had temps over 80 degrees.		
		staff on 07/31/2022 at varied times, revo ed that multiple residents have been co	
	broken and the temperatures in resconcerns were addressed with the	was notified of the survey team's conc sident rooms. The US called the Admini Administrator over the phone. The Adn uld not be able to make it to the facility, w to fix the issue.	istrator and the survey team's ninistrator stated she was driving
	(continued on next page)		

	NO. 0736-0371		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2022
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	MD to move a portable AC unit fror was instructed to go to the store ar On 07/31/2022 at approximately 8: received them and begin installing On 07/31/2022 at approximately 9: protocol. The survey team was not On 08/01/2022 at 12:45 PM another On 08/01/2022 at 12:45 PM a walk The hallway on Unit B was 81 degrand comfortable regulated temperation from [ROOM NUMBER] - 84 degrand comfortable regulated temperation from [ROOM NUMBER] - 82.8 degrand from [ROOM NUMBER] - 82.8 degrand from from from from from from from from	through was conducted with MD on Unees F. The following room temperature sture: ees F grees F s, provided by Accuweather.com, reveal with a low of 78 degrees F with a low of 79 degrees F with a low of 79 degrees F	ent rooms that was hot. And the US the other hot room. with more window AC units. The MD rooms. facility due to following COVID init B to obtain room temperatures. It is on Unit B were above the safe aled the following: R] on 08/01/22 at 1:30 PM, 1 states the AC unit has been ast night 7/31/22 at around 10:00 hile. 1/2022 at 1:35 PM revealed, a at it has been hot as h*** in the waiting on to get the unit fixed but it 1/2022 at 1:40 PM revealed, a was 84 degrees F. R3 states she she got to her room. R3 further

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0584 Level of Harm - Minimal harm or potential for actual harm	An observation and interview with R4 in room [ROOM NUMBER] on 08/01/2022 at 1:45 PM revealed, a window AC unit and room temperature was 73.9 degrees F. R4 states the temperature has gotten a little better, but it has been hot in his room since last Wednesday. R4 further stated he received his window AC unit today.		
Residents Affected - Few	An interview with the MD on 08/01/2022 at 1:55 PM revealed, the AC unit has been broken since Friday 07/29/2022 and [NAME]-Chase HVAC Company was notified and they have been working on the unit since.		
	Review of an e-mail correspondence between [NAME]-Chase HVAC and the Administrator confirmed that appointments were made with [NAME]-Chase heating and Air on Tuesday 07/19/2022, Tuesday 07/26/2022, Friday 07/29/2022, Sunday 07/31/2022 and Monday 08/01/2022.		
	Review of invoices revealed that [NAME]-Chase HVAC performed service on the AC unit on 07/19/2022 and 07/26/2022.		
	On 08/01/2022 at approximately 10:00 PM the survey team had to exit the facility due to following COVID protocol. The survey team was not able to complete the survey.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425132 (X2) MULTIPLE CONSTRUCTION A. Building B. Wing (X3) DATE SURVEY COMPLETED 08/08/2022 NAME OF PROVIDER OR SUPPLIER Ridgeland Nursing Center Inc STREET ADDRESS, CITY, STATE, ZIP CODE 1516 Grays Highway Ridgeland, SC 29936 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) Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 43313 Based on review of facility policy, observations, and interviews, the facility failed to ensure 2 of 2 medications were enclosed and contained in their original container to prevent the medications from falling onto the bottom of the medication cart. Findings include: Review of the facility policy, bitled, Medication Administration dated 1/18/19 revealed: Ridgeland Nursing Center will comply with all State and Federal laws, along with standards of care for medication administration. Procedure: Staff will ensure the dose preparation area is well lit and medication cart is an original container and original container area is well lit and medication carts are clean and organized. On 08/01/22 at 3:34 PM during an audit of the medication cart, loose medications were observed: a large with tablet with featers CMG 175, a yellow capsule with the #151, an orange and brown capsule, a large witable with letter SCMG 175, a yellow capsule with the #151, an orange tablet with #252, a light peach colored tablet and a small while round tablet. In drawer #4, four medications were observed: a large white tablet with the letter H on it. In drawer #5, three tablets were observed: a				NO. 0936-0391
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. [XA) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES [Each deficiency must be preceded by full regulatory or LSC identifying information] Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 43313 Based on review of facility policy, observations, and interviews, the facility failed to ensure 2 of 2 medications are enclosed and contained in their original container to prevent the medications from falling onto the bottom of the medication cart. Findings include: Review of the facility policy titled, Medication Administration dated 1/18/19 revealed: Ridgeland Nursing Center will comply with all State and Federal laws, along with standards of care for medication administration. Procedure: Staff will ensure the dose preparation area is well lit and medication carts are clean and organized. On 08/01/22 at 3-54 PM during an audit of the medication cart, loose medications were observed; an orange and brown capsule, a large wit tablet with letters CMG 175, a yellow capsule with the #151, an orange tablet with #325, a light peach colored tablet and a small white round tablet. In drawer #4, four medications were observed: a large white tablet with the letter H on it. In drawer #5, three tablets were observed: 2 small round white tablets and 1 half white tablet. During an interview with Licensed Practical Nurse (LPN) 1 on 08/01/22 at 4-59 PM, she stated she was not aware that the loose medications had fallen to the bottom of the cart. She reported she was new with the facility, as an agency staff member, and today was her first day working at the facility. During an interview with LIPN2 on 08/01/22 at 4-30 PM, she stated she was not new with working at the		IDENTIFICATION NUMBER:	A. Building	COMPLETED
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) Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 43313 Based on review of facility policy, observations, and interviews, the facility failed to ensure 2 of 2 medicatic carts were clean and free of loose medications. Furthermore, the facility failed to ensure that all medicatic were enclosed and contained in their original container to prevent the medications from falling onto the bottom of the medication cart. Findings include: Review of the facility policy titled, Medication Administration dated 1/18/19 revealed: Ridgeland Nursing Center will comply with all State and Federal laws, along with standards of care for medication administration. Procedure: Staff will ensure the dose preparation area is well lit and medication carts are clean and organize. CMG 175, a yellow capsule with the state of the cart. In drawer #3, 6 loose tablets were observed: an orange and brown capsule, a large wit tablet with letters CMG 175, a yellow capsule with the #151, an orange tablet with the letter H on it. In drawer #4, four medications were observed: a large white tablet with the letter RDZY on it, another wit tablet, a small round light peach with the letter H and a light orange round with the letter H on it. In drawer #4, four medications were observed: 2 small round white tablets and 1 half white tablet. During an interview with Licensed Practical Nurse (LPN)1 on 08/01/22 at 4:39 PM, she stated she was no aware that the loose medications had fallen to the bottom of the cart. She reported she was new with the facility, as an agency staff member, and today			1516 Grays Highway	P CODE
Each deficiency must be preceded by full regulatory or LSC identifying information	For information on the nursing home's	plan to correct this deficiency, please con	<u> </u>	agency.
Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Based on review of facility policy, observations, and interviews, the facility failed to ensure 2 of 2 medicatic carts were clean and free of loose medications. Furthermore, the facility failed to ensure that all medication were enclosed and contained in their original container to prevent the medications from falling onto the bottom of the medication cart. Findings include: Review of the facility policy titled, Medication Administration dated 1/18/19 revealed: Ridgeland Nursing Center will comply with all State and Federal laws, along with standards of care for medication administration. Procedure: Staff will ensure the dose preparation area is well lit and medication carts are clean and organized. On 08/01/22 at 3:54 PM during an audit of the medication cart, loose medications were observed on the bottom of the cart. In drawer #3, 6 loose tablets were observed: an orange and brown capsule, a large wit tablet with letters CMG 175, a yellow capsule with the #151, an orange tablet with #325, a light peach colored tablet and a small while round tablet. In drawer #4, four medications were observed: a large white tablet with the letters RDZY on it, another wit tablet, a small round light peach with the letter H and a light orange round with the letter H on it. In drawer #5, three tablets were observed: 2 small round white tablets and 1 half white tablet. During an interview with Licensed Practical Nurse (LPN)1 on 08/01/22 at 4:59 PM, she stated she was not aware that the loose medications had fallen to the bottom of the cart. She reported she was new with the facility, as an agency staff member, and today was her first day working at the facility. During an interview with LPN2 on 08/01/22 at 4:30 PM, she stated she was not new with working at the	(X4) ID PREFIX TAG			on)
facility, but is a recent return staff to the facility. She stated she was unaware of the medications in the call During an interview with the Administrator on 08/01/22 at 6:45 PM, she stated she was not aware of the loose medications on Cart A.	Level of Harm - Minimal harm or potential for actual harm	Ensure drugs and biologicals used professional principles; and all drug locked, compartments for controlled 43313 Based on review of facility policy, or carts were clean and free of loose is were enclosed and contained in the bottom of the medication cart. Findings include: Review of the facility policy titled, M. Center will comply with all State an administration. Procedure: Staff will clean and organized. On 08/01/22 at 3:54 PM during an abottom of the cart. In drawer #3, 6 It tablet with letters CMG 175, a yellocolored tablet and a small while rould in drawer #4, four medications were tablet, a small round light peach will in drawer #5, three tablets were ob During an interview with Licensed Faware that the loose medications in facility, as an agency staff member During an interview with LPN2 on Carlotter and interview with LPN2 on Carlotter	in the facility are labeled in accordance as and biologicals must be stored in local drugs. bservations, and interviews, the facility fac	e with currently accepted eked compartments, separately a failed to ensure 2 of 2 medication ailed to ensure that all medications dications from falling onto the a revealed: Ridgeland Nursing a factor of the factor of the factor of the electron of the el

AND PLAN OF CORRECTION IDENTIFE 425132 NAME OF PROVIDER OR SUPPLIER Ridgeland Nursing Center Inc For information on the nursing home's plan to correct (X4) ID PREFIX TAG SUMMA (Each defended of the province of the prov	OVIDER/SUPPLIER/CLIA FICATION NUMBER: ect this deficiency, please con RY STATEMENT OF DEFIC ficiency must be preceded by essential equipment work	CIENCIES		
Ridgeland Nursing Center Inc For information on the nursing home's plan to corre (X4) ID PREFIX TAG SUMMA (Each de F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Based Cessential Findings Review revealed RNC has will ensure evacuat and emeroperate being to A follow On 07/2 Technic temperate being to A follow On 07/2 From FL	RY STATEMENT OF DEFIC	1516 Grays Highway Ridgeland, SC 29936 stact the nursing home or the state survey a		
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potential for actual harm Residents Affected - Few Based of essential Findings Review revealed RNC ha will ensure evacuat and emergence temperate being to A follow On 07/2 from FL		ing safely.		
Residents Affected - Few Based control essential Findings Review revealed RNC ha will ensu evacuat and eme On 07/2 Technic temperate being to A follow On 07/2 from FL	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43322			
Based of essential Findings Review revealed RNC has will ensure evacuate and emit on 07/2 Technic temperate being to A follow On 07/2 from FL	ed 10/04/22			
Review revealed RNC has will ensure evacuate and emit of the months of t	Based on review of facility policy, record review, observations, and interviews, the facility failed to maintain essential, safe operating equipment, in 1 of 3 resident units.			
revealed RNC ha will ensu evacuat and emotion of 1/2 Technic temperate being to A follow On 07/2 from FL	Findings include:			
Technic tempera being to A follow On 07/2 from FL	Review of the facility's undated policy titled Disaster and Emergency Preparedness Policy and Procedure revealed, In order to ensure the safety and security of all residents and staff during a disaster or emergency, RNC has defined the following policies and procedures, developed by an all hazards approach. The facility will ensure provision for the needs of staff and residents during disasters and emergencies, whether they evacuate or shelter in place. Specifically, natural disasters, man-made disasters, facility based emergencies and emerging infectious diseases. On 07/29/2022 at an unspecified time, the State Agency received a complaint from Emergency Medical Technician (EMT) regarding the air conditioning (AC) being broken at the facility. EMT stated the temperatures were over 90 degrees Fahrenheit (F) and they were transporting a resident due to the facility being too hot. The State Agency contacted Fire Life Safety (FLS) to investigate this complaint.			
On 07/2 from FL				
from FL	A follow up interview with the EMT was unsuccessful.			
area. Th	S that the temperature was the temperatures down, the ne facility has ordered new de to the Maintenance Dire	me, FLS was onsite at the facility. The same, FLS was onsite at the facility. The same same same same same same same sam	g. FLS reported if the facility can a different wing or in the common enroute to the facility. A request inperature logs every hour until the	
	of the temperature logs da ceeded 80 degrees F.	ted 07/29/2022 thru 08/01/2022, reveal	ed documented temperatures	
tempera	A follow up email with FLS on 08/01/2022 regarding FLS's onsite visit on 07/29/2022 revealed, Yes temperatures were above 82 upon my arrival. The highest temperature that I had a reading of was 85 degrees. They were in the process of installing 5 window ac units and 2 portable units while i was on site.			
phone in	nterview with a nurse worki	te Agency's Director of Nursing Home C ng on Unit B of the facility, regarding th om earlier today and they are installing	e AC being fixed. The interview	
(continu	ed on next page)			

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NAME OF PROVIDER OR SUPPLIER Ridgeland Nursing Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1516 Grays Highway		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)	
F 0908 Level of Harm - Minimal harm or potential for actual harm		at an unspecified time, the State Agency continued to receive complaints oken and temperatures in the facility were hot. A survey team was dispatched ately 1:30 PM.		
Residents Affected - Few	An interview with the Unit Supervis the Administrator were not available	or (US) on 07/31/2022 at 1:35 PM reve e.	ealed, the Director of Nursing and	
	An initial walkthrough of the facility on 07/31/2022 at 1:45 PM, revealed the air conditioner was still broken or Unit B. Unit B contained twenty one (21) resident rooms and one (1) resident therapy room. Observations revealed, an industrial fan/blower was set up at the entrance to Unit B, pointing down the hallway. Further observation revealed, six (6) resident rooms contained a window AC unit or a portable AC unit. Multiple resident rooms were observed to have fans. This surveyor along with the Maintenance Director (MD) observed temperatures of resident rooms on Unit B. The MD used a laser air temperature thermometer to measure the air temperature. The following rooms on Unit B had observed temperatures above the safe and comfortable regulated temperatures:			
	room [ROOM NUMBER] - 82.9 degrees Fahrenheit (F)			
	room [ROOM NUMBER] - 83.1 degrees F			
	room [ROOM NUMBER] - 84.2 degrees F			
	room [ROOM NUMBER] - 83.8 deg	pom [ROOM NUMBER] - 83.8 degrees F		
		n 07/31/2022 at 2:00 PM revealed, the MD did not take the temperatures in the elegated this responsibility to the nursing staff. The MD further stated they never is. hursing staff on 07/31/2022 at varied times, revealed the AC has been broken for a her stated that multiple residents have been complaining about how hot it is in		
	1			
	On 07/31/2022 at 4:40 PM, the US was notified of the survey team's concerns related to the A broken and the temperatures in resident rooms. The US called the Administrator and the surve concerns were addressed with the Administrator over the phone. The Administrator stated she back from [NAME] Virginia and would not be able to make it to the facility, but did state she wo directions to the MD and US on how to fix the issue.			
	MD to move a portable AC unit from	and US on 07/31/2022 at 4:43 PM reve in the Therapy room to one of the resid- ind purchase more portable AC units for	ent rooms that was hot. And the US	
		On 07/31/2022 at approximately 8:00 PM, the US returned to the facility with more window AC units. The ceived them and begin installing the window AC units in the designated rooms.		
	On 07/31/2022 at approximately 9: protocol. The survey team was not	30 PM the survey team had to exit the able to complete the survey.	facility due to following COVID	
	(continued on next page)	e)		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)	
F 0908	On 08/01/2022 at 12:45 PM another survey team entered the facility.			
Level of Harm - Minimal harm or potential for actual harm	On 08/01/2022 at 12:45 PM a walk through was conducted with MD on Unit B to obtain room temperatures. The hallway on Unit B was 81 degrees F. The following room temperatures on Unit B were above the safe and comfortable regulated temperature:			
Residents Affected - Few	room [ROOM NUMBER] - 84 degre	ees F		
	room [ROOM NUMBER] - 82.8 deg	grees F		
	Therapy room - 87 degrees F			
	Review of the outside temperatures, provided by Accuweather.com, revealed the following:			
	07/29/2022 - high of 95 degrees F, with a low of 78 degrees F			
	07/30/2022 - high of 96 degrees F, with a low of 79 degrees F 07/31/2022 - high of 97 degrees F, with a low of 79 degrees F 08/01/2022 - high of 97 degrees F, with a low of 77 degrees F			
	An observation and interview with Resident (R)1 in room [ROOM NUMBER] on 08/01/22 at 1:30 PM, revealed a window AC unit and room temperature was 81.1 degrees F. R1 states the AC unit has been broken about a month. R1 states that the unit was placed in the window last night 7/31/22 at around 10:00 PM. The temperature is getting better, but the room has been hot for a while.			
	An observation and interview with R2 in room [ROOM NUMBER] on 08/01/2022 at 1:35 PM revealed, a window AC unit and room temperature was 79.9 degrees F. R2 states that it has been hot as h*** in the room, until last night. R2 stated that he did not know what the facility was waiting on to get the unit fixed but it has been very uncomfortable.			
	An observation and interview with R3 in room [ROOM NUMBER] on 08/01/2022 at 1:40 PM revealed, a window AC unit and a fan blowing directing on R3 and room temperature was 84 degrees F. R3 states she was admitted to facility on Wednesday 7/27/22 and the air was off when she got to her room. R3 further stated she has been hot in her room until last night when she received the window AC unit.			
	An observation and interview with R4 in room [ROOM NUMBER] on 08/01/2022 at 1:45 PM revealed, a window AC unit and room temperature was 73.9 degrees F. R4 states the temperature has gotten a little better, but it has been hot in his room since last Wednesday. R4 further stated he received his window AC unit today.			
	An interview with the MD on 08/01/2022 at 1:55 PM revealed, the AC unit has been broken since Friday 07/29/2022 and [NAME]-Chase HVAC Company was notified and they have been working on the unit since.			
	(continued on next page)			
	1			

			NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2022
NAME OF PROVIDER OR SUPPLIER Ridgeland Nursing Center Inc		STREET ADDRESS, CITY, STATE, Z 1516 Grays Highway Ridgeland, SC 29936	IP CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of an e-mail correspondend appointments were made with [NAI Friday 07/29/2022, Sunday 07/31/2 Review of invoices revealed that [N 07/26/2022.	ce between [NAME]-Chase HVAC and ME]-Chase heating and Air on Tuesdar 2022 and Monday 08/01/2022. NAME]-Chase HVAC performed service 0:00 PM the survey team had to exit the	the Administrator confirmed that y 07/19/2022, Tuesday 07/26/2022, e on the AC unit on 07/19/2022 and