

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425158	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2020
NAME OF PROVIDER OF SUPPLIER RIDGEWAY MANOR HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 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 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, record reviews, interviews, manufacturer package inserts and manufacturer labeling the facility failed to remove expired medications and improperly stored medications from active storage in 3 of 5 medication carts and 2 of 3 medication rooms. The findings include: On 9/13/20 at approximately 2:26 PM inspection of the Home 200 Hall Medication Cart revealed one opened [MEDICATION NAME] Mix 70/30, [MEDICATION NAME] belonging to Resident # 41, which had been dated by the facility on 8/14/20 to discard after 14 days. After checking the insulin guide located in a notebook on the medication cart at approximately 2:32 PM, LPN (Licensed Practical Nurse) # 1 verified this medication had expired 14 days after opening. The manufacturer (Novo-[MEDICATION NAME]) package insert, the medication cart insulin guide stated the medication should be discarded 14 days after opening and pharmacy had labeled the medication to expires 14 days after opening. On 9/13/20 at approximately 2:40 PM inspection of the Home 300 Hall Medication Cart revealed one opened [MEDICATION NAME], belonging to a resident who expired on 8/2/20, which had been dated as opened by the facility on 7/25/20 with no indication of expiration date. After checking the insulin guide located in a notebook on the medication cart at approximately 2:47 PM, LPN # 1 verified that this medication had expired 28 days of opening. The manufacturer (Novo-[MEDICATION NAME]) package insert, the medication cart insulin guide stated the medication should be discarded 28 days after opening and pharmacy had labeled the medication to expire 28 days after opening. On 9/13/20 at approximately 2:52 PM inspection of the Home Hall 300 Medication Cart revealed one opened bottle of Acidophilus [MEDICATION NAME] by Health Star. Manufacturing labelling on the bottle stated Refrigerate after opening. After reading the labelling on the bottle at approximately 2:55 PM, LPN # 2 verified that this medication has been improperly stored and was currently being used for medication administration if ordered by the physician. On 9/13/20 at approximately 3:10 PM inspection of the Home Medication Room revealed: -2 unopened boxes of [MEDICATION NAME] 23 (Pneumococcal Vaccine [MEDICATION NAME]), by Merck, Lot R 5, expiration September 2, 2020 with each box containing 10 Single-Dose 0.5 ml (milliliter) vials. -1 unopened 5 ml vial of [MEDICATION NAME] 2018-19 Influenza Vaccine, Lot 221A by Squirus, dated by the manufacturer as expired on June 30, 2019. -3 unlabeled syringes containing approximately 0.5 ml of an unidentified liquid. LPN # 2 examined these containers and verified the findings at approximately 3:22 PM. On 9/13/20 at approximately 3:35 PM inspection of the Manor Lower Level Medication Room refrigerator revealed one reconstituted bottle of FirVanq ([MEDICATION NAME]) 25mg/ml belong to Resident # 27, dated as expired September 7, 2020. This finding was verified by LPN # 3 at approximately 3:42PM.</p>		
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.