

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345133		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/17/2025	
NAME OF PROVIDER OR SUPPLIER RIDGE VALLEY CENTER FOR NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 1000 COLLEGE STREET , WILKESBORO, North Carolina, 28697			
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F0000	INITIAL COMMENTS An unannounced complaint investigation survey was conducted from 07/16/25 through 07/17/25. Event ID 1D1693-H1. The following intake was investigated: 873422. 3 of 3 complaint allegations did not result in deficiency.		F0000				
F0842 SS = B	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law;		F0842	Residents residing in the facility have the potential to be affected by the deficient practice. The Director of Nursing and Regional Nurse Consultant reviewed treatment administration records for the past 14 days. Findings were shown to the nurse and documented as necessary. The Director of Nursing and Regional Nurse Consultant provided education to nurses on signing the treatment administration record (TAR) for administered treatments. This education included reviewing the TAR prior to the end of the shift to ensure documentation is complete. Newly hired nurses will receive the education in orientation from the Director of Nursing. The Director of Nursing or designee will audit 10 treatment administration records three times a week for twelve weeks to ensure all treatments ordered are documented. The Director of Nursing or designee will forward the results of the audit to the QAPI Committee monthly for 3 months. The QAPI Committee will review the audit to determine trends and/or issues that may need further interventions put into place and to determine the need for further and/or frequency of monitoring. Completion date: 8/1/2025		08/01/2025	

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 reverse for further 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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F0842 SS = B	<p>Continued from page 1</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p>			F0842			

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F0842 SS = B	<p>Continued from page 2</p> <p>Based on record reviews and staff interviews, the facility failed to maintain an accurate Treatment Administration Record (TAR) for 1 of 3 residents (Resident #1) reviewed for wound care.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 05/17/25 with diagnoses that included diabetes mellitus and bilateral below knee amputations (BKKA).</p> <p>Review of Resident #1's medical record revealed a physician order start date of 06/18/25 to cleanse the left below knee amputation (BKA) incision with wound cleanser then apply a petrolatum dressing (a wound dressing made of a fine mesh gauze infused with petrolatum and 3% bismuth and tribromophenate blend) then secure with gauze wrap and ACE bandage daily and as needed. The medical record also included a physician order for a start date of 06/19/25 for the right BKA to cleanse the incision with wound cleanser then apply a petrolatum dressing then secure with gauze wrap and ACE bandage daily and as needed.</p> <p>Review of Resident #1's 06/2025 TAR revealed there was no documentation on 06/21/25, 06/25/25, 06/27/25, 06/27/28, 06/28/25, 06/29/25 and 06/30/25 to indicate the treatment was completed as ordered.</p> <p>Review of Resident #1's medical record revealed a physician start date of 07/04/25 to cleanse the left BKA incision with wound cleanser then paint with betadine then apply a petrolatum dressing and secure with gauze wrap and ACE bandage daily and as needed. The medical record also included a physician order for a start date of 07/04/25 for the right BKA to cleanse the incision with wound cleanser then paint the incision with betadine then apply a petrolatum dressing then secure with gauze wrap and ACE bandage daily and as needed.</p> <p>Review of Resident #1's Treatment Administration Record (TAR) for 07/2025 revealed there was no documentation on 07/04/25 and 07/05/25 that the treatments had been completed as ordered.</p> <p>Attempts were made to interview Nurse #1 who worked on 06/21/25 but the attempts were unsuccessful.</p> <p>An interview was conducted on 07/16/25 with Nurse #2 who confirmed she worked on 06/25/25 for the day shift (7:00 AM – 7:00 PM). The Nurse explained that she normally signed off her treatments after she completed them, but she was really busy towards the end of June</p>			F0842			

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F0842 SS = B	<p>Continued from page 3 but ensured she completed the treatment as ordered.</p> <p>An interview was conducted on 07/16/25 at 9:30 AM with Nurse #3 who confirmed she worked the day shift on 06/27/25, 06/28/25, 06/29/25, 07/02/25 and 07/03/25. The Nurse explained that it took her several days to learn the facility's electronic medical record and that she had to go to the TAR to sign off for the treatments, but Nurse #3 assured that the treatments were completed as ordered.</p> <p>An interview was conducted with Nurse #4 on 07/17/25 at 10:20 AM who confirmed she worked 06/30/25, 07/04/25 and 07/05/25 on the day shift. The Nurse explained that she was aware of Resident #1's bilateral BKA (BBKA) stump dressings and assured the dressings were completed but she forgot to sign off on the TAR.</p> <p>During an interview with the Director of Nursing (DON) on 07/16/25 at 5:45 PM the DON reported that she educated nurses to sign off for the treatments as they completed them and that was her expectation. The DON stated that the treatments were being done.</p>	F0842					
F0880 SS = D	<p>Infection Prevention & Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p> <p>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and</p>	F0880	<p>Residents residing in the facility have the potential to affected by the deficient practice. On 7/16/2025 enhanced barrier precautions signage was placed on resident #2 door. On 7/16/2025 the Director of Nursing provided education to nurse #2 on changing gloves and performing hand hygiene after cleansing wounds and applying the ordered dressing. The Director of Nursing and Assistant Director of Nursing identified residents who require enhanced barrier precautions and ensured signage was in place on the residents door.</p> <p>The Director of Nursing and Assistant Director of Nursing educated nurses on wound dressing change. This education included removing gloves and washing hands after cleansing wounds and putting on clean gloves prior to applying the ordered dressing. The Director of Nursing and Assistant Director of Nursing educated nurses on enhanced barrier precautions. This education included that any residents with chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds or chronic venous stasis ulcers, and/or indwelling medical devices require enhanced barrier precaution signage to be placed. Newly hired nurses will receive the education in orientation from the Director of Nursing.</p> <p>The Director of Nursing or designee will observe wound care three times a week for 4 weeks, two times a week for 4 weeks, then one time a week for 4 weeks to ensure nurses are changing their gloves and washing their</p>			08/01/2025	

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F0880 SS = D	<p>Continued from page 4 procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, record reviews and staff</p>			F0880	<p>Continued from page 4 hands after cleansing the wound. The Director of Nursing or designee will audit five residents a week who require enhanced barrier precautions for twelve weeks to ensure enhanced barrier precautions signage is in place.</p> <p>The Director of Nursing or designee will forward the results of the audit to the QAPI Committee monthly for 3 months. The QAPI Committee will review the audit to determine trends and/or issues that may need further interventions put into place and to determine the need for further and/or frequency of monitoring.</p> <p>Completion date: 8/1/2025</p>		

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F0880 SS = D	<p>Continued from page 5</p> <p>interviews, the facility failed to identify the need for Enhanced Barrier Precautions (EBP) for Resident #2 with an unhealed surgical wound and failed to implement their infection control policy when Nurse #2 did not apply a gown when performing wound care for Resident #2. In addition, Nurse #2 failed to change gloves and perform hand hygiene after cleansing wounds and applying the ordered dressing on Resident #2 and Resident #3. This occurred for 1 of 1 staff member observed for infection control practices.</p> <p>The findings included:</p> <p>Review of the facility's Enhanced Barrier Precautions policy dated 2025 revealed: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. 2. Initiation of EBP: b. An order for enhanced barrier precautions will be obtained for residents for unhealed surgical wounds.</p> <p>Review of the facility's Hand Hygiene policy dated 2025 revealed: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents and visitors. 1. Staff will perform hand hygiene when indicated using proper technique consistent with accepted standards of practice. 2. Hand hygiene is indicated and will be performed under the conditions listed in but not limited to the attached hand hygiene table. 6. The use of gloves does not replace hand hygiene. If your tasks require gloves, perform hand hygiene prior to donning gloves and immediately after removing gloves.</p> <p>Review of the facility's policy for Clean Dressing Change dated 2024, revealed: It is the policy of this facility to provide wound care in a manner to decrease potential for infection and/or cross contamination. 9. Loosen the tape and remove the existing dressing. 10. Remove gloves pulling inside out over the dressing and discard into appropriate receptacle. 11. Wash hands and put on clean gloves.</p> <p>1. An observation was made of Nurse #2 performing a surgical wound dressing change to Resident #2 on 07/16/25 at 2:50 PM. There was no EBP sign posted on or near the Resident's door. The Nurse sanitized her hands and donned gloves but did not don a gown, then proceeded to remove the existing dressing from the back of Resident #2's neck. Without removing her gloves and performing hand hygiene and applying new gloves, the Nurse proceeded to pick up the gauze soaked with wound cleanser and cleansed the wound. Nurse #2 then removed her gloves and performed hand hygiene and applied new</p>			F0880			

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F0880 SS = D	<p>Continued from page 6 gloves then applied the ordered dressing and secured it with a border dressing. The Nurse then removed her gloves and performed hand hygiene.</p> <p>An interview was conducted with Nurse #2 on 07/16/27 at 3:20 PM. The Nurse acknowledged there was no EBP sign posted on or around Resident #2's door. The Nurse was asked if a surgical wound constituted EBP and the Nurse stated she honestly did not know because it had been changed several times. The Nurse stated if Resident #2 should have been on EBP then she was aware that she should have applied a gown as well as gloves. Nurse #2 was asked to retrace the steps of the dressing change process and when the Nurse stated that she removed the old dressing she immediately stated she did not change her gloves and wash her hands, and she should have. The Nurse stated she just forgot the change her gloves.</p> <p>An interview was conducted with the Infection Preventionist (IP) on 07/16/25 at 3:35 PM. The IP explained that it was her responsibility to manage the infection control system in the facility, but she had not been doing it for long. The IP stated surgical wounds should have EBP posted, and it was an oversight on her part that Resident #2 did not have an EBP sign posted on her door. She stated Nurse #2 should have donned both gloves and gown for the dressing change procedure.</p> <p>During an interview with the Director of Nursing (DON) on 07/16/25 at 5:45 PM the DON acknowledged that there was no EBP sign posted on Resident #2's door and stated per the facility's policy on EBP there should have been a sign posted to inform the staff that the EBP should be followed. The DON indicated Nurse #2 should have changed her gloves and performed hand hygiene after she removed the old dressing.</p> <p>2. An observation was made of Nurse #2 performing a wound (skin tear) dressing change to Resident #3 on 07/16/25 at 3:10 PM. The Nurse sanitized her hands and donned gloves then proceeded to remove the existing dressing from the Residents left shin which was saturated with serosanguinous (bloody) drainage. Without removing her gloves and performing hand hygiene and applying new gloves, the Nurse proceeded to pick up the gauze soaked with wound cleanser and cleansed the wound. Nurse #2 then removed her gloves and performed hand hygiene and applied new gloves then applied the ordered dressing and secured it with a border dressing. The Nurse then removed her gloves and performed hand hygiene.</p> <p>An interview was conducted with Nurse #2 on 07/16/27 at</p>			F0880			

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F0880 SS = D	<p>Continued from page 7</p> <p>3:20 PM. Nurse #2 was asked to retrace the steps of the dressing change process and when the Nurse stated that she removed the old dressing she immediately stated she did not change her gloves and wash her hands just like she did not change them with the other dressing change, and she should have. The Nurse stated she just forgot to change her gloves.</p> <p>An interview was conducted with the Infection Preventionist (IP) on 07/16/25 at 3:35 PM. The IP explained that it was her responsibility to manage the infection control system in the facility, but she had not been doing it for long. The IP stated Nurse #2 should have changed her gloves and sanitized her hands after she removed the old dressing from Resident #3's shin.</p> <p>During an interview with the Director of Nursing (DON) on 07/16/25 at 5:45 PM the DON stated Nurse #2 should have changed her gloves and performed hand hygiene after she removed the old dressing from Resident #3's shin.</p>		F0880				