STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345228				LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		B. WING		C 09/18/2019			
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (•		
			1624 HIGHLAND DRIVE				
RIDGEWC	RIDGEWOOD LIVING & REHAB CENTER			WASHINGTON, NC 27889			
(X4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)	
PRÉFIX TAG	· ·	NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)		COMPLETION DATE	
F 925 SS=E		Pest Control Program 4)	F 92	5		10/16/19	
	program so that the rodents.	tain an effective pest control e facility is free of pests and NT is not met as evidenced					
	interviews the facili	tions, resident and staff ty failed to prevent roaches in ns on the 400 hall (#410, #411, #420).		Address how corrective action w accomplished for those residents have been affected by the deficie practice: Resident #3's room 411 was trea	found to ent		
	The findings includ	ed:		pest on 9-18-19, 10-4-19. Residence room 418 was treated for pest or	dent #4's		
		9/17/19 at 2:00 PM of the #411 (Resident #3) included 1		9-20-19, 9-18-19, 10-4-19. Resi room 419 was treated for pest or			
		bach crawling on the bathroom		10-4-19. Resident #6 room 420			
		cent Minimum Data Set (MDS)		treated for pest on 9-18-19, 10-4	-19.		
		#3 was cognitively intact.		Resident #7's room 415 was trea			
		she had seen roaches in her		pest on 9-18-19, 10-4-19. Resid			
		n multiple times in the last		room 410 was treated for pest or	ı 9-18-19,		
		ted the pest control company		10-4-19.			
		ns in the facility last week, but					
	she didn't think it w	orked.		Common Areas and Nursing Stat			
	An observation an	9/17/19 at 2:25 PM of the		were treated for pest on 9-20-19	,		
		#418 (Resident #4) included 2		10-4-19.			
		wling on the bathroom floor.		Address how the facility will ident	ify other		
				residents having the potential to			
	An observation on	9/17/19 at 2:26 PM of the		affected by the same deficient pr			
		#419 (Resident #5) included 1		other resident areas are at risk of			
		bach crawling on the bathroom		affected by alleged deficient. The	•		
		ach in the sink and 1 baby		housekeeping supervisor comple			
	roach on the wall.	-		100% audit of the facility on 10-3			
				identifying areas of pest infestation			
		9/18/19 at 12:02 PM of the		Focus areas identified are kitcher			
		#419 (Resident #5) included 1		402, 409, 411, 413, 415, 417, 419	9, 421,		
	-	baches crawling on the		422			
	pathroom floor. The	e most recent MDS indicated					

Electronically Signed

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.

10/04/2019

	ENTERS FOR MEDICARE & MEDICAID SERVICES TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MI II TI	(X2) MULTIPLE CONSTRUCTION		
IDENTIFICATION NUMBER:		. ,	A. BUILDING			
		345228	B. WING			C)9/18/2019
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, Z	ZIP CODE	
				1624 HIGHLAND DRIVE		
RIDGEWC	OOD LIVING & REHAB C	ENTER		WASHINGTON, NC 27889		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	CROSS-REFERENCED	ACTION SHOULD BE	(X5) COMPLETIC DATE
F 925	Continued From page	e 1	F 92	25		
		nitively intact and she stated		Address what measures	s will be put into	
		vling on her face the other		place or systemic change	-	
		ained to the nurse about it.		ensure that the deficien	-	
				recur:		
		on 9/17/19 at 2:17 PM the		The Maintenance Direct		
		ere roaches in the facility and		and/or the Director of N		
	they were really bad	on the 400 hall.		completed education or		
	An observation on Q/	18/19 at 12:01 PM of the		staff, all days, all shifts i weekends and p.r.n. sta	•	
		420 (Resident #6) included 4		process for reporting wh		
		red lying in the bathroom		observed. Any p.r.n. pa		
	floor by the shower a			employees that were ur		
				be allowed to work until		
		18/19 at 12:15 PM of the		the education. Education	on will be included	
		415 (Resident #7) included 1		in our orientation for ne	w employees.	
		on bathroom floor. The				
	observation included	-		The facility obtained a c		
		different types of pest		pest control company o		
		athroom shower area.		company will treat facilit times a month and/or as	•	
	During an interview o	on 9/17/19 at 9:01 AM		company has treated th		
	•	e had seen roaches in		focused areas on the fo	-	
		as, the nurses' stations and		9-20-19 and 104-19. T		
	his room, Room #410. The most recent MDS			met with the Regional M		
	indicated Resident #2	2 was cognitively intact. He		and operations manage	-	
		complained to the staff and		control company on 10-		
		ce sprayed his room on		additional interventions		
		ot think it had helped and he		treating all the focused		
	had seen roaches crawling on his wall and in his			chemical that is stronge		
	bathroom on 9/16/19	•		been used in the past. F		
	During an interview on 9/18/19 at 11:00 AM the			temporarily taken out of they can use this chemi		
	Housekeeping Assistant Manager stated there			be placed back in their		
	were roaches 'everywhere' and the housekeeping			chemical has dissipated		
	-	know if they saw roaches or		them to return. The kito		
	other bugs.	-		treated with a chemical	that is stronger	
				than what has been use		
		on 9/18/19 at 1:44 PM the		will now be put on a sch		
	Social Worker stated	she had worked with some		treated once per quarte	r in addition to the	

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIF		OMB NO. 0938-03 (X3) DATE SURVEY			
ND PLAN OF	CORRECTION	DENTIFICATION NUMBER:	A. BUILDING			C	
		345228	B. WING			09/18/2019	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E		
PIDGEWC	OD LIVING & REHAB CI			1624 HIGHLAND DRIVE			
NIDGLWC				WASHINGTON, NC 27889			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIC DATE	
F 925	Continued From page	e 2	F 92	25			
	of the residents and families to decrease the			weekly treatments. The chem	nical used in		
		s' rooms and to keep food		the baiting program will also b			
		She stated some residents		to a bait that the pest control	-		
	were noncompliant w			feels will be more effective.	1 - J		
	items.			Staff will report observations of	of nest to a		
				nurse or a department manag			
	During an interview o	n 9/17/19 at 3:12 PM the		then put it into TELS. Mainten			
	•	stated the facility had		director, Administrator or unit			
		but it had been worse the		will monitor TELS daily and p			
	-	urther stated the facility		appropriate treatment or notify			
		e pest control service to		control company. After areas			
		ted areas once a month but		building are identified, as an a			
	had recently changed	service companies and		concern and treated, the Mair	itenance		
	they provided weekly	service. The new pest		Director and/or Administrator	will recheck		
	control service contra	act was signed on 7/11/19		the area 72-hours post-treatme	ent and one		
	and their first pest co	ntrol visit was 7/22/19. The		week post treatment to detern	nine the		
		r stated, "It's gotten better,		effectiveness of the treatment	•		
	but we are a long way	y from where we need to		identified as still having conce	erns will be		
	be." He also stated the	he roaches were worse on		immediately addressed.			
		re were some residents on					
		d in their rooms which made		The facility provided written ne			
	it more difficult to trea	at.		10-7-19 to current residents a			
				resident representatives to sto			
		nce logs revealed complaints		items in closed containers. Th			
		milies related to roaches		provide containers as needed	•		
	-	e facility on 6/10/19 and		protocol for storage of food ite			
	9/16/19.			residents' rooms will be provid			
	During on interview -	n 0/19/10 at 10:25 AM tha		reviewed with new admission	s in the new		
	-	n 9/18/19 at 10:25 AM the		admission packet.			
		service technician stated of roaches in the facility		Indicate how the facility plans	to monitor		
	and would ask him to			its performance to make sure			
		reas. He also stated their		solutions are sustained: Dire			
	-	d 3 months ago and he had		Maintenance will monitor focu			
	not been to the facility			least 5 times a week for 8 wee			
		,		week for 4 weeks. Administra			
	During an interview o	n 9/18/19 at 1:56 PM the		monitor TELS 5 x week for 4			
	-	ervice technician stated she		times per week for 2 weeks, t			

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DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE & I					FORM	D: 10/21/2019 MAPPROVED D. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
	345228	B. WING				C 18/2019	
NAME OF PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>		
RIDGEWOOD LIVING & REHAB CENTER			1624 HIGHLAND DRIVE				
			w	VASHINGTON, NC 27889			
PREFIX (EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 925 Continued From page	3	F	925				
had been to the facilit 2019 to treat for roach applying roach bait. S Director provided a lis areas for her to target seen live roaches at th During an interview of Administrator stated th problem. He also stat control services in Jul service weekly to spe Administrator stated th containers for the resi and encouraged the s about the necessity to He further stated the s	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 had been to the facility every Friday since July 22, 2019 to treat for roaches by spraying and applying roach bait. She stated the Maintenance Director provided a list of specific rooms and areas for her to target. She further stated she had seen live roaches at the facility during every visit. During an interview on 9/17/19 at 4:21 PM the Administrator stated the facility had a pest control problem. He also stated they had changed pest control services in July 2019 and they provided service weekly to specific areas. The Administrator stated the y provided plastic containers for the residents to store food items and encouraged the staff to educate the residents about the necessity to store food in containers. He further stated the Social Worker had worked with some residents' rooms.		TAG CROSS-REFERENCED 1		TO THE APPROPRIATE DATE Work orders are lely and ninistrator and/or e will monitor the ty weekly for 4 leks for 2 months. e and/or w audit logs erns/trends and will rry The plan will nthly QAPI and will on of the QAPI		

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