

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>345133</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>12/04/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>Ridge Valley Center for Nursing and Rehabilitation</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 College Street , Wilkesboro, North Carolina, 28697</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E0000	Initial Comments  An unannounced recertification and complaint investigation survey was conducted on 12/01/25 through 12/04/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #1DC9A4-H1.	E0000		12/23/2025
F0000	INITIAL COMMENTS  A recertification and complaint investigation survey was conducted from 12/01/25 through 12/04/25. Event ID# 1DC9A4-H1. The following intakes were investigated 2654160, 2666390, 873423, 873424, 873425, 873426, 873428, and 873429.  24 of the 24 complaint allegations did not result in deficiency.	F0000		12/23/2025
F0761 SS = E	Label/Store Drugs and Biologicals  CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  §483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the	F0761	Residents residing in the facility have the potential to be affected by the deficient practice. The Director of Nursing and Regional Nurse Consultant removed loose pills, expired and unlabeled medications from the medication carts on December 4, 2025.  The Director of Nursing provided education to the nurses and medication aides regarding keeping medication carts tidy and free of loose pills, expired medications and unlabeled items. Furthermore, the pharmacy provided forms that show the proper storage for some medications and expiration of medications once opened. The nurses and medication aides were re-educated that keeping the medication carts and room tidy and free of loose pills and unlabeled medications is an on-going task and not the sole responsibility of one shift. Education completed on 12/22/25. Newly hired nurses and medication aides will receive the education during orientation from the Director of Nursing.  The Director of Nursing or designee will audit the four medication carts three times a week for twelve weeks to ensure there are no loose pills, no expired medications, and proper storage and labeling of medications is in place.  The Director of Nursing or designee will forward the results of the audit to the QAPI Committee monthly for	12/23/2025

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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F0761 SS = E	<p>Continued from page 1 facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to remove 2 expired Bisacodyl suppositories, 10 expired omeprazole tablets in accordance with the manufacturer's expiration date, and 27 unidentifiable loose pills from the medication carts. The facility also failed to date 2 opened insulin pens per manufacturer's specification for 4 of 4 medication carts (A, B, C and D) reviewed for medication storage.</p> <p>The findings included:</p> <p>Review of the package inserts for insulin Glargine revealed it could be stored under refrigeration at 36° to 46°Fahrenheit (F) unopened until the expiration date. Once the insulin pen was opened and in use, it could be kept at room temperatures below 86°F for up to 28 days. Discarded the insulin after 28 days even if it still had insulin in it.</p> <p>a. During a medication storage audit conducted on 12/02/25 at 4:34 PM in the presence of Certified Medication Aide (CMA) #1, two (2) Bisacodyl rectal suppositories 10 milligrams (mg) that expired on 10/31/25 were found in the medication cart for A Hall and available for use.</p> <p>An interview was conducted with CMA #1 on 12/02/25 at 4:36 PM. He acknowledged that the 2 suppositories were expired and should be discarded. He did not notice the 2 expired suppositories in the medication cart and explained he typically checked the medication cart for expired medications at the end of the shift.</p> <p>During an interview conducted on 12/02/25 at 4:41 PM, Nurse #1 stated she was the supervising nurse for CMA #1. She confirmed the 2 Bisacodyl suppositories were expired and needed to be discarded. She expected the nurse who worked the previous shift to check the medication cart before shift transition to ensure the medication cart was free of expired medications.</p> <p>b. During a medication storage audit conducted on</p>	F0761	<p>Continued from page 1 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>	

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F0761 SS = E	<p>Continued from page 2 12/02/25 at 5:00 PM in the present of Nurse #1, seventeen (17) unidentifiable loose tablets with different colors and shapes were found at the bottom of the drawer of medication cart for B Hall. Out of the 17 loose pills, 15 tablets were round shaped, and 2 tablets were oblong.</p> <p>An interview was conducted with Nurse #1 on 12/02/25 at 5:02 PM. She stated it was her first shift working with the medication cart for B Hall and added she was a visiting nurse from another facility. She explained she had just started the shift and did not have time to check the medication cart yet. Nurse #1 was unable to provide information related to the name of the loose pills and their expiration dates. She acknowledged that all the loose pills should be discarded.</p> <p>c. During a medication storage audit conducted on 12/02/25 at 5:17 PM in the presence of CMA #2, ten (10) unidentifiable loose tablets with different colors and shapes were found at the bottom of the drawer of medication cart for C Hall. Out of the 10 loose pills, 8 tablets were round shaped, and 2 tablets were oblong. In addition, 10 tablets of Omeprazole 20 mg that expired on 11/30/25 were also found in the medication cart and ready to be used.</p> <p>An interview was conducted with CMA #2 on 12/02/25 at 5:19 PM. He stated he had been instructed to check his medication cart each shift. He denied seeing any loose pills when he checked the medication cart for C Hall yesterday. CMA #2 indicated the expired Omeprazole that was found in the medication cart was his oversight. He acknowledged that all the loose pills and the expired Omeprazole should be discarded in a timely manner.</p> <p>d. During a medication storage audit conducted on 12/02/25 at 5:29 PM in the presence of CMA #3. Two (2) opened insulin Glargine pens that stored in room temperature were found in medication cart for D Hall without any opened date, and available for use.</p> <p>An interview was conducted with CMA #3 on 12/02/25 at 5:32 PM. She stated that as a CMA, she did not deal with insulin. The nurse was supposed to date the insulin once it was opened.</p> <p>During an interview conducted on 12/02/25 at 5:37 PM.</p>	F0761		

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F0761 SS = E	Continued from page 3 Nurse #2 acknowledged that she was the supervisor nurse for CMA #3. She could not explain why both insulin pens in the medication cart for D Hall were not dated after they were opened and in use. It was her expectation for all the nurses to date the insulin pen or vial after it had been opened.  A joint interview was conducted with the Director of Nursing (DON) and the Administrator on 12/02/25 at 5:48 PM. Both the DON and the Administrator stated it was their expectation for all the nursing staff to follow medication storage guidelines as specified by the manufacturer to ensure all insulin were dated after they were opened and discard all the expired and loose pills in a timely manner as indicated.	F0761		