

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/23/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/17/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIDGECREST I &amp; II</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>421 RIDGECREST AVENUE WEST JEFFERSON, NC 28694</b>		
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W 227	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the person centered plan (PCP) failed to have guidelines or training objectives to meet identified behavioral needs relative to 1 of 6 clients (#4). The finding is:</p> <p>Observations at Ridgecrest I on 8/16/22 from 4:00 PM - 6:30 PM revealed client #4 to enter another client's bedroom, rearrange items then exit following verbal prompts from staff. Continued observation revealed client #4 to go to the kitchen drawer, retrieve the alarm keys, go to the alarm panel and deactivate the kitchen door alarm. Further observation revealed client #4 to converse with client #2 while on the way outside, tap client #2 on the bottom and stopped following verbal prompts from staff. Further observations revealed client #4 to retrieve the alarm keys from the kitchen drawer, go to the alarm panel and deactivate the front door alarm. Subsequent observations revealed client #4 to walk throughout the house and put items back in it's place when other clients retrieved or sat the item down.</p> <p>Observations on 8/17/22 from 6:30 AM - 8:30 AM revealed client #4 to open and enter the bathroom while another client was sitting on the toilet, drop something in the trash and exit the bathroom. Continued observations revealed client #4 to enter the medication room while staff was administering medications to another client.</p>	W 227			

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.

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W 227	<p>Continued From page 1</p> <p>Further observations revealed client #4 to turn down the volume on client #3's tablet while the client was listening to music.</p> <p>Subsequent observation revealed client #4 to open and enter another client's bedroom while the client was sitting in his chair. Additional observations revealed client #4 to go to the kitchen drawer, retrieve the alarm keys, go to the alarm panel and deactivate the front door alarm. Observations revealed client #4 exhibited these behaviors three additional times.</p> <p>Interview with staff D on 8/17/22 revealed client #4 has been deactivating the alarm since she's been working at the group home and other staff allow him to do so. Continued interview with staff E revealed client #4 requires verbal redirection when he is exhibiting behaviors and also confirmed he has been deactivating the alarm on his own without redirection from staff.</p> <p>Review of records for client #4 on 8/17/22 revealed a 2/22/22 admission date and person centered plan (PCP) dated 3/21/22. Review of client #4's PCP revealed a diagnosis of anxiety disorder, mild IDD, other specified disruptive disorder, impulse-control, conduct disorder, deafness and congenital. Continued review of records for client #4 revealed formal behavior support plan is pending and there are no guidelines or objectives to address the current behaviors.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 8/17/22 verified by review revealed client #4 had a psychological evaluation completed on 8/21. Continued interview with the QIDP revealed a new psychological evaluation</p>	W 227			

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W 227	Continued From page 2 has been requested to confirm diagnosis. Further interview confirmed client #4 does not have guidelines or training objectives implemented to address current behaviors.	W 227			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1)  at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure quarterly fire evacuation drills were conducted for each shift of personnel. The findings are:  A. The facility failed to ensure quarterly fire evacuation drills were conducted for each shift of personnel for Ridgecrest I. For example:  Review of the facility fire drill reports on 8/16/22 for the 12-month review year from 8/2021 - 7/2022 revealed only 6 out of 12 fire drills were conducted. Continued review of fire drill reports revealed fire evacuation drills were completed on the following dates and shifts: 11/29/21(1st), 3/31/22 (3rd), 4/11/22 (1st), 5/13/22 (2nd), 6/13/22 (3rd) and 7/26/22 (1st).  Subsequent review did not reveal fire drill reports for 1st, 2nd and 3rd shift of personnel during the 1st quarter shift of personnel. Continued review did not reveal fire drill reports for 2nd and 3rd shift of personnel during the 2nd quarter. Further review did not reveal fire drill reports for 2nd shift of personnel during the 3rd quarter for the review year.  Interview with the qualified intellectual disabilities professional (QIDP) and facility administrator on	W 440			

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W 440	Continued From page 3 8/17/22 revealed that fire drills for each shift of personnel could not be located during the survey. Continued interview with the QIDP and facility administrator verified that the facility should have conducted a fire evacuation drill for each shift of personnel during each quarter of the review year.  B. The facility failed to ensure quarterly fire evacuation drills were conducted for each shift of personnel for Ridgecrest II. For example:  Review of the facility fire drill reports on 8/16/22 for the 12-month review year from 8/2021 - 7/2022 revealed only 5 out of 12 fire drills were conducted. Continued review of fire drill reports revealed fire evacuation drills were completed on the following dates and shifts: 3/31/22 (1st), 4/11/22 (1st), 5/13/22 (2nd), 6/13/22 (3rd) and 7/26/22 (1st).  Subsequent review did not reveal fire drill reports for 1st, 2nd and 3rd shift of personnel during the 1st and 2nd quarter shift of personnel. Further review did not reveal fire drill reports for 2nd and 3rd shift of personnel during the 3rd quarter shift of personnel for the review year.  Interview with the QIDP and facility administrator on 8/17/22 revealed that fire drills for each shift of personnel could not be located during the survey. Continued interview with the QIDP and facility administrator verified that staff should have conducted a fire evacuation drill for each shift of personnel during each quarter of the review year.	W 440			
W 508	COVID-19 Vaccination of Facility Staff CFR(s): 483.430(f)(1)-(3)(i)-(x)  § 483.430 Condition of Participation: Facility	W 508			

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W 508	Continued From page 4 staffing. (f) Standard: COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. (1) Regardless of clinical responsibility or client contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its clients: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its clients, under contract or by other arrangement. (2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with clients and other staff specified in paragraph (f)(1) of this section. (3) The policies and procedures must include, at a minimum, the following components:	W 508			

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W 508	Continued From page 5 (i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its clients; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section; (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical	W 508			

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W 508	<p>Continued From page 6</p> <p>exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:</p> <p>(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and</p> <p>(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;</p> <p>(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication:</p> <p>(ii) A process for ensuring that all staff specified in paragraph (f)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the</p>	W 508			

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W 508	<p>Continued From page 7</p> <p>CDC, due to clinical precautions and considerations;</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure policies and procedures were implemented for 1 of 3 sampled staff (#3) relative to assuring staff at Ridgecrest II are fully vaccinated for COVID-19. The finding is:</p> <p>Observations during the survey on 8/17/22 at 10:30 AM revealed the facility administrator to present the staff listing for the group home. Further observation revealed the facility administrator to provide proof of vaccination and/or exemption status for 2 of 3 sampled staff (#1 &amp; #2). Observations did not reveal vaccination or exemption status for staff #3 during the survey.</p> <p>Record review 8/17/22 revealed a staff listing consisting of staff that have direct contact with the clients within the facility. Review staff vaccination and/or exemption status revealed one staff was fully vaccinated and one staff received religious exemption status. Review of staff vaccination status did not reveal vaccination or exemption status for staff #3 during the survey. Review of the COVID-19 vaccination policy revealed that current employees will be asked to sign a consent or declination form for the COVID-19 vaccination. The consent/declination form should be placed in the employee's health record. Once the employee receives the vaccination, a copy of the vaccination card or exemption status should be stored in the employee's health record.</p> <p>Interview with the facility administrator and qualified intellectual disabilities professional (QIDP) on 8/17/22 revealed the vaccination</p>	W 508			



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W 508	Continued From page 8 record could not be located in the staff personnel record at the time of the survey. Continued interview with the facility administrator also revealed that he could not verify if staff #3 received full vaccination or exemption status. Further interview with the facility administrator verified that all staff should have a copy of the required vaccination card or exemption status stored in the employee's personnel record.	W 508			