

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

PRINTED: 08/15/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G155	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER RIDGECREST I & II			STREET ADDRESS, CITY, STATE, ZIP CODE 421 RIDGECREST AVENUE WEST JEFFERSON, NC 28694		
(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	
W 440	<p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>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 evacuation drills were held at least quarterly for each shift of personnel at Ridgecrest II. The finding is:</p> <p>Review of the facilities fire drill reports on 8/6/24 revealed missing third shift drills for the third and fourth quarter of 2023. Continued review revealed missing second and third shift drills for the first quarter of 2024. Further review revealed missing first shift drill for the second quarter of 2024.</p> <p>Interview with the Qualified Intellectual Disability Professional (QIDP) on 8/7/24 confirmed fire drills should have been conducted quarterly for each shift of personnel.</p>	W 440			
W 455	<p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to implement an active program for the prevention, control, and investigation of infection and communicable diseases for 2 of 11 clients (#4, #7) at Ridgecrest I & II. The findings are:</p> <p>A. The facility failed to ensure proper handwashing for client #4 at Ridgecrest II. For example:</p> <p>Observations throughout the 8/6-7/24 survey revealed client #7 to ambulate independently in</p>	W 455			

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 455	Continued From page 1 his manual wheelchair. Continued observations revealed client #1 to participate in the dinner and breakfast meal by ambulating independently to the dining table. Further observations revealed no support or prompts from staff for client to wash his hands before each meal. Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 8/7/24 confirmed it is staff's responsibility to ensure client #7 washes his hands before each meal. B. The facility failed to ensure proper handwashing for client #9 at Ridgecrest I. For example: Observations on 8/6/24 and 8/7/24 during mealtimes revealed client #9 sitting on the kitchen floor grabbing at staff clothing as they walked by, touching the floors, and any items within his reach. Continued observations revealed client #9 to participate in the dinner and breakfast meals by standing up and sitting at the dining table with peers to eat his meal. Further observations revealed no support or prompts from staff for client #9 to wash his hands prior to each meal. Interview with the QIDP on 8/7/24 confirmed it is staff's responsibility to ensure client #9 washes his hands before each meal.	W 455			
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all foods were served at an appropriate temperature for 4 of 5 clients (#7, #9,	W 473			

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W 473	<p>Continued From page 2 #10, #12) at Ridgecrest II. The finding is:</p> <p>Observations upon entering the group home on 8/7/24 at 6:50 AM revealed a breakfast meal of jelly toast and scrambled eggs to be plated for each client and sitting uncovered on the kitchen counter. Continued observations revealed client #10 to begin their breakfast meal at 7:15 AM, client #12 at 7:23 AM, client #7 at 7:27 AM, and client #9 at 7:28 AM. Further observations revealed no effort from staff to reheat each of the clients' breakfast meals, which indicated a range of 25 to 38 minutes the breakfast items sat uncovered on the kitchen counter before being served.</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 8/7/24 revealed staff were unsure how long food items should sit before being reheated. Continued interview with the QIDP confirmed the breakfast meal should have been covered and reheated prior to being served.</p>	W 473			