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

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

NAME OF PROVIDER OR SUPPLIER  RIDGECREST I & II    CALL   DESCRIPTION   SUBMER STATEMENT OF DEPOSITIONS   PROVIDERS PLAN OF CORRECTION   CALL   PROVIDERS PLAN OF COMMETTION   PREFIX TAG    W 440 EVACUATION DRILLS   W 440    EVACUATION DRILLS   CFR   CALL   CALL	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
RIDGECREST I & II  (XA1) ID (XA1) ID (RECULATIONY OR LSC IDENTIFYING INFORMATION)  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 evacuation drills for the string quarter of 2023. Continued review revealed missing second and third shift drills for the first quarter of 2024. Further review revealed missing second and third shift drills for the first quarter of 2024. Further review revealed missing second and third shift drills for the first quarter of 2024. Further review revealed missing second and third shift drills for the first quarter of 2024. Interview with the Qualified Intellectual Disability Professional (QIDP) on 87/24 confirmed fire drills should have been conducted quarterly for each shift of personnel.  W 455  INFECTION CONTROL CFR(s): 483.470(i)(1)  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 II. The findings are:  A. The facility failed to ensure proper handwashing for client #4 at Ridgecrest II. For example:  Observations throughout the 8/6-7/24 survey revealed client #7 to ambulate independently in			34G155	B. WING		08/07/2024	
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  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 evacuation drills were held at least quarterly for each shift of personnel at Ridgecrest II. The finding is:  Review of the facilities fire drill reports on 8/6/24 revealed missing second and third shift drills for the first 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.  Interview with the Qualified Intellectual Disability Professional (QIDP) on 8/7/24 continued fire drills should have been conducted quarterly for each shift of personnel.  W 455  INFECTION CONTROL CFR(s): 483.470(I)(1)  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:  A. The facility failed to ensure proper handwashing for client #4 at Ridgecrest II. For example:  Observations throughout the 8/6-7/24 survey revealed client #7 to ambulate independently in	NAME OF PROVIDER OR SUPPLIER				421 RIDGECREST AVENUE	,	
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 evacuation drills were held at least quarterly for each shift of personnel at Ridgecrest II. The finding is:  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.  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.  W 455 INFECTION CONTROL CFR(s): 483.470(i)(1)  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:  A. The facility failed to ensure proper handwashing for client #4 at Ridgecrest II. For example:  Observations throughout the 8/6-7/24 survey revealed client #7 to ambulate independently in	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR	JLD BE	COMPLETION
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:  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.  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.  W 455  INFECTION CONTROL CFR(s): 483.470(I)(1)  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:  A. The facility failed to ensure proper handwashing for client #4 at Ridgecrest II. For example:  Observations throughout the 8/6-7/24 survey revealed client #7 to ambulate independently in	W 440	CFR(s): 483.470(i)( at least quarterly fo	(1) r each shift of personnel.	W 44	40		
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.  Interview with the Qualified Intellectual Disability Professional (QiIDP) on 8/7/24 confirmed fire drills should have been conducted quarterly for each shift of personnel.  W 455  INFECTION CONTROL  CFR(s): 483.470(I)(1)  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:  A. The facility failed to ensure proper handwashing for client #4 at Ridgecrest II. For example:  Observations throughout the 8/6-7/24 survey revealed client #7 to ambulate independently in		Based on record re failed to ensure eva least quarterly for e	eview and interview, the facility acuation drills were held at ach shift of personnel at				
Professional (QIDP) on 8/7/24 confirmed fire drills should have been conducted quarterly for each shift of personnel.  W 455  INFECTION CONTROL CFR(s): 483.470(I)(1)  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:  A. The facility failed to ensure proper handwashing for client #4 at Ridgecrest II. For example:  Observations throughout the 8/6-7/24 survey revealed client #7 to ambulate independently in		revealed missing th fourth quarter of 20 missing second and quarter of 2024. Fu	oird shift drills for the third and 23. Continued review revealed third shift drills for the first review revealed missing				
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:  A. The facility failed to ensure proper handwashing for client #4 at Ridgecrest II. For example:  Observations throughout the 8/6-7/24 survey revealed client #7 to ambulate independently in	W 455	Professional (QIDP should have been of shift of personnel. INFECTION CONT	on 8/7/24 confirmed fire drills conducted quarterly for each	W 45	55		
handwashing for client #4 at Ridgecrest II. For example:  Observations throughout the 8/6-7/24 survey revealed client #7 to ambulate independently in		prevention, control, and communicable This STANDARD is Based on observat failed to implement prevention, control, and communicable	and investigation of infection diseases. s not met as evidenced by: tions and interviews, the facility an active program for the and investigation of infection diseases for 2 of 11 clients				
revealed client #7 to ambulate independently in		handwashing for cli					
		revealed client #7 to	o ambulate independently in				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(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.

## 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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G155	B. WING _		08	/07/2024	
NAME OF PROVIDER OR SUPPLIER  RIDGECREST I & II				STREET ADDRESS, CITY, STATE, ZIP CO 421 RIDGECREST AVENUE WEST JEFFERSON, NC 28694			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 455	revealed client #1 to breakfast meal by a the dining table. Fu	nair. Continued observations oparticipate in the dinner and ambulating independently to rther observations revealed no	W 45	55			
	his hands before earning interview with the G Professional (QIDP	Qualified Intellectual Disabilities ) on 8/7/24 confirmed it is to ensure client #7 washes ach meal.					
	handwashing for cli example:  Observations on 8, mealtimes revealed floor grabbing at statouching the floors, reach. Continued o to participate in the by standing up and peers to eat his me revealed no suppor client #9 to wash h	ent #9 at Ridgecrest I. For  /6/24 and 8/7/24 during I client #9 sitting on the kitchen aff clothing as they walked by, and any items within his bservations revealed client #9 dinner and breakfast meals sitting at the dining table with al. Further observations t or prompts from staff for is hands prior to each meal.					
W 473	his hands before ea MEAL SERVICES CFR(s): 483.480(b) Food must be serve This STANDARD i Based on observat failed to ensure all		W 47	73			

## 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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G155	B. WING		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)			PROVIDER'S PLAN OF CORRECT  (EACH CORRECTIVE ACTION SHOU  CROSS-REFERENCED TO THE APPRO  DEFICIENCY)	_D BE	(X5) COMPLETION DATE	
W 473	#10, #12) at Ridged Observations upon 8/7/24 at 6:50 AM rigelly toast and scrar each client and sitti counter. Continued #10 to begin their bi client #12 at 7:23 Ai client #9 at 7:28 AM revealed no effort fri clients' breakfast mi of 25 to 38 minutes uncovered on the ki served.  Interview with the Ci Professional (QIDP unsure how long for being reheated. Co QIDP confirmed the	ge 2 entering the group home on evealed a breakfast meal of mbled eggs to be plated for ng uncovered on the kitchen observations revealed client reakfast meal at 7:15 AM, M, client #7 at 7:27 AM, and M. Further observations rom staff to reheat each of the eals, which indicated a range the breakfast items sat itchen counter before being a load items should sit before ntinued interview with the each fast meal should have reheated prior to being served.	W 4	173			