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

PRINTED: 08/08/2025 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 _			08/0	06/2025
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 PREFI) TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 125	CFR(s): 483.420(a)(3) The facility must ensurable fore, the facility individual clients to expect of the facility, and as including the right to fit to due process. This STANDARD is represent the right of the facility, and as including the right to fit to due process. This STANDARD is represented to ensure the right audited to ensure the right audited clients (#10) is incontinence padding. Observations in the grevealed an incontine living room located ur couch. Continued observations described in the second continued observations are second for the facility of the facility and the facility in the f	ure the rights of all clients. In must allow and encourage exercise their rights as clients citizens of the United States, file complaints, and the right not met as evidenced by: Instant and interview, the facility ght of dignity for 1 of 7 in relation to the use of . The finding is:	W 1	25			
W 249	(DSM) revealed that a placed under the cust client #10 taking naps interview with the DSI urinates during his napads are in place for interview the DSM restrong smell of urine. PROGRAM IMPLEMI CFR(s): 483.440(d)(1) As soon as the interd formulated a client's interview the program continuous control interventions and service control interventions and service interventions and ser) isciplinary team has ndividual program plan, ive a continuous active	W 2	149			

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.

Facility ID: 922469

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W 249	objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, interviews, and record review, the facility failed to assure a continuous active treatment program identified as an individual need was implemented for 3 of 7 audited clients (#8, #11, and #12) relative to Occupational Therapy (OT) Evaluation guidelines during mealtimes. The findings are: A. The facility failed to follow OT guidelines for client #8 during mealtimes. For example:		W 2-				
	revealed client #8 to meal and breakfast mevealed the client eahigh-side divided dish. Continued observation his meals at a fast ratiobservations did staff down and no staff at breakfast. Review of records for a person-centered plands further review of the evaluation dated 12/2 small spoon or marour divided dish as adapt the client from overst overstuffing mouth.	a and a small spoon. Ins revealed client #8 to eat te. At no time during i prompt the client to slow the dining table during I client #8 on 8/6/25 revealed an (PCP) dated 3/31/25. PCP revealed an OT 11/23 for the client to use a on spoon and a high side ive equipment to decrease					

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W 249	confirmed that staff so rate of eating. B. The facility failed or client #11 during me. Observations in the grevealed client #11 to meal and breakfast in revealed the client to high-side divided distanced observation is meals at a fast rather maroon spoon us stuff his mouth. At not did staff prompt the distaff at the dining table. Review of records for revealed a PCP date the PCP revealed are for the client to be proposed to the proposed for the client to be proposed for the client that staff is rate of eating and proposed for the client #12 during me. Observations in the grevealed client #12 to meal and breakfast in revealed the client to	interview with the QIDP should monitor client #8's to follow OT guidelines for altimes. For example: group home on 8/5-6/25 to consume the entire dinner neal. Further observations the eat his meals with a should a maroon spoon. The eat of the end to stack his food on sing his opposite hand to o time during observations client to slow down and no	W 2	49			

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W 249	Continued observation his meals at a fast rano time during observation to slow down a during breakfast. Review of records for revealed a PCP date the PCP revealed an 11/25/24 for the clien prompts to slow down sips intermittently through the PCP was current. Further confirmed that staff is rate of eating and folloguidelines. EVACUATION DRILL CFR(s): 483.470(i)(1) and under varied continues on first is Ridgecrest I and II. To A. Review on 8/5/25 conducted August 20 following: First shift drills were continued to the significant of the si	ans revealed client #12 to eat the and to stuff his mouth. At vations did staff prompt the and no staff at the dining table The client #12 on 8/6/25 If 4/29/25. Further review of a composition of the provided verbal of the provided verbal of the provided verbal of the when eating and to take oughout the meal. If the composition of the provided with the QIDP thould monitor client #12's ow the prescribed If the composition of the prescribed of the prescrib	W 2					

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W 441	conducted July 2024 following: First shift drills were 9:00am, 10/1/24 at 1 and 4/10/25 at 9:00a Second shift drills we 4:00pm, 11/5/24 at 3 5/28/25 at 5:07pm. Interview on 8/6/25 w disabilities profession hours are 7:00am - 3 hours are 3:00pm - 9 11:00pm. Continued confirmed fire drills s	of Ridgecrest II's fire drills - June 2025 revealed the conducted on 7/27/24 at 1:03am, 1/2/25 at 11:10am	W	141	DEFICIENCY)			