

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G155	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/20/2026
NAME OF PROVIDER OR SUPPLIER RIDGECREST I & II			STREET ADDRESS, CITY, STATE, ZIP CODE 421 RIDGECREST AVENUE , WEST JEFFERSON, North Carolina, 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
W0154	<p>STAFF TREATMENT OF CLIENTS</p> <p>CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure the misappropriation of medications was thoroughly investigated. This potentially affected all clients residing in the home. The finding is:</p> <p>Review of records during the complaint investigation on 3/20/26 revealed an internal investigation undertaken on 2/18/26 in response to the allegations contained in intake #NC00236297. The investigation report listed the allegation as, "misappropriation of controlled substances." Further review of the investigation report revealed that although 7 staff were interviewed, none was questioned about the medications which had been improperly removed from clients' punch cards. Continued review of the investigation report revealed no other efforts undertaken by the facility to determine the circumstances or person responsible for removing the medications without authority to do so and replacing the controlled substances with other medications.</p> <p>A telephone interview with the qualified intellectual disabilities professional (QIDP) on 3/20/26 confirmed that she was the person responsible for the investigation and that the convening authority directed her only to look at systemic issues related to the medication administration practices in the home which may have contributed to the misappropriation of clients' medications. Continued interview with the QIDP confirmed that no staff were interviewed specifically with respect to how the medications were tampered with after drug testing determined that no staff tested positive for the missing medications.</p>	W0154		
W0157	<p>STAFF TREATMENT OF CLIENTS</p> <p>CFR(s): 483.420(d)(4)</p> <p>If the alleged violation is verified, appropriate</p>	W0157		

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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W0157	<p>Continued from page 1 corrective action must be taken.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interviews, the facility failed to ensure that appropriate corrective action was taken following a substantiated finding of misappropriation of controlled substances. The finding is:</p> <p>Review of records on 3/20/26 revealed an internal investigation undertaken on 2/18/26 in response to the allegations contained in intake #NC00236297. The investigation report listed the allegation as, "misappropriation of controlled substances."</p> <p>Further review of the investigation report revealed the following:</p> <p>"Facts/Summary of evidence:</p> <p>Conclusion: Based on the totality of information gathered, it is concluded that there are systemic issues present regarding medication administration and compliance with policy at the Ridgecrest 1 group home. Findings showed that control counts are not being completed with a second person present and signatures in the control count sheets are missing or in the incorrect section. Additionally, based on staff report, it is concluded that Judy Ross, DSP, has allowed unauthorized visitors onto the Ridgecrest 1 premises. Failure to correctly complete control counts and allowing unauthorized visitors onto the premises are actions that this investigator believes contributed to the incident."</p> <p>"Recommended actions:Staff A, DSP will receive verbal counseling for allowing unauthorized visitors onto the premises.All Ridgecrest 1 staff will receive additional training from nursing on medication administration policy and procedures.Clinical team will complete medication administration observations two times weekly for a period of one month. Additionally, RHA nursing will complete medication storage assessment once a week for a period of one month.A visitor sign-in sheet will be implemented at Ridgecrest 1 group home. All authorized visitors must sign in, provide their time of arrival/departure, and state the reason for their visit.QP will in-service all Ridgecrest 1 staff on policy regarding unauthorized visitors."</p> <p>A telephone interview with the qualified intellectual disabilities professional (QIDP) on 3/20/26 revealed that the only recommended action which has been</p>	W0157		

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W0157	Continued from page 2 completed to date is the sign-in sheet and that no further measures have been implemented in response to the investigation findings.	W0157		