



Ridgecrest Manor Nursing and Rehabilitation

August 4, 2016

Mr. Rodney L. Miller
LTC Supervisor
Office of Licensure and Certification
Division of Long Term Care Services
9960 Mayland Drive, Suite 401
Richmond, Virginia 23233

Re: Ridgecrest Manor Nursing & Rehabilitation
Provider Number 495134

Dear Mr. Miller:

Please find enclosed our facility's completed Plan of Correction (CMS-2567) from our recent survey that ended on July 12, 2016. Please let me know if you need any further information.

Thank you so much.

Most Respectfully,

A handwritten signature in black ink, appearing to read "Jennifer Skaggs".

Jennifer Skaggs, MPH, LNHA
Administrator

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

PRINTED: 07/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 495134	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/12/2016
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NAME OF PROVIDER OR SUPPLIER RIDGECREST MANOR NURSING & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 157 ROSS CARTER BOULEVARD DUFFIELD, VA 24244
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(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
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F 000 INITIAL COMMENTS

An unannounced Medicare/Medicaid abbreviated survey was conducted 7/11/16 through 7/12/16. Complaints were investigated during the survey. Corrections are required for compliance with the following Federal Long Term Care requirements. The Life Safety Code survey/report will follow.

The census in this 120 certified bed facility was 110 at the time of the survey. The survey sample consisted of 6 current Resident reviews (Residents 1 through 6).

F 425 483.60(a),(b) PHARMACEUTICAL SVC -
SS=D ACCURATE PROCEDURES, RPH

The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.

A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.

This REQUIREMENT is not met as evidenced

F 000

Preparation and submission of this plan of correction constitutes the facility's written allegation of compliance for the deficiencies cited, however submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by the state and federal law.

F 425 Availability of Medication 8/12/2016

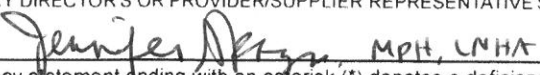
It is the practice of this facility to provide and have readily available medications as prescribed by the patient's physician.

1. The physician was notified on 7/12/2016 of the medications not being available for patients #1, #5, and #6. Abreva has been added to the stock medications for the facility and Depakote Sprinkles and Coreg are available in the back-up emergency kit. Residents #1, #5 and #6 experienced no negative outcomes.

2. All residents receiving medication have the potential to be effected. A 100% audit of other patients' medications was completed on 7/21/2016 by Licensed Nurses to validate all medications ordered were available in the facility for administration. Any identified missing medications were immediately obtained and available for use.

3. Licensed Nursing Staff have been educated by the Director of Nursing from 7/14/2016 to 8/2/2016 regarding availability of medications and the procedure to follow to obtain medications after hours. The Director of Nursing, Assistant Director of Nursing or the Unit Manager who is on call after hours will be notified if floor nurse is unable to obtain the medication after hours. The Director of Nursing, Assistant Director of Nursing, and Unit Manager will complete weekly audits of new medication orders to validate medications are available when new orders are written x 2 months.

4. Director of Nursing will monitor availability of medications utilizing the weekly audit and report findings to the Quality Assurance/ Performance Improvement Committee monthly x 2 months for ongoing trending and recommendations.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Administrator	8/3/2016

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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RIDGECREST MANOR NURSING & REHABILITATION

STREET ADDRESS, CITY, STATE, ZIP CODE

**157 ROSS CARTER BOULEVARD
DUFFIELD, VA 24244**

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F 425 Continued From page 1

F 425

by:

Based on staff interview and clinical record review, the facility staff failed to ensure medications were available for 3 of 6 residents in the survey sample (Resident #1, Resident #5 and Resident #6).

The findings included:

1. The facility staff failed to ensure Abreva was available for medication administration for Resident #5.

Resident #5 was admitted to the facility on 6/7/16 and then readmitted back into the facility on 6/23/16. The resident was admitted to the facility with the following diagnoses of, but not limited to acute and chronic respiratory failure, dependence on respirator (ventilator) support, dependence on supplemental oxygen, kidney failure, chronic obstructive pulmonary disease and pressure ulcers that were present on admission to the facility. On the admission MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 6/30/16 the resident was coded as persistent vegetative state and required total dependence on 2 or more staff members for dressing, personal hygiene and bathing.

During the clinical record review performed by the surveyor on 7/12/16, it was noted on the June, 2016 MAR (Medication Administration Record) that Abreva was unavailable for medication administration on 6/27/16 and 6/28/16 for the times of 9am, 1 pm and 5 pm on these days. On the back of the MAR, documentation was noted that stated, "6/27/16 9 am, 1 pm and 5 pm unavailable." The same documentation on the back of the MAR dated for 6/28/16 stated the same as documented for 6/27/16.

On 7/12/16 at 2:20 pm, the director of nursing was notified of the above findings.

No further information was made available to the

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F 425 Continued From page 2

F 425

surveyor prior to the exit conference on 7/12/16.
2. The facility staff failed to ensure the medication Coreg was made available for the medication administration to Resident #6. Resident #6 was readmitted to the facility on 2/1/16 with the following diagnoses of, but not limited to hepatitis C, aortic stenosis, high blood pressure, dementia, altered mental status, psychosis, pneumonia, dysphagia, and gastrostomy and muscle weakness. The resident was coded on the MDS (Minimum Data Set, an assessment protocol) with an ARD (Assessment Reference Date) of 6/14/16 that coded the resident as having short and long term memory loss and was severely impaired to make decisions. Resident #6 was coded as requiring total dependence of 2 or more staff members for dressing, personal hygiene and bathing. During the clinical record review performed by the surveyor on 7/12/16, the surveyor noted that Coreg was unavailable for medication administration to the resident on 6/6/16 at 9 pm as documented on the back of the Medication Administration Record for Resident #6. On 7/12/16 at 2:20 pm, the director of nursing was notified of the above documented findings. At 4:30 pm, the administrative team was notified of the above documented findings. No further information was made available to the surveyor prior to the exit conference on 7/12/16.
3. The facility staff failed to ensure physician ordered medications were available for administration for Resident #1.

The clinical record of Resident #1 was reviewed 7/12/16. Resident #1 was admitted to the facility 12/11/14 and readmitted 7/2/16. Diagnoses included but were not limited to chronic respiratory failure with dependence on ventilator,

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F 425 Continued From page 3

F 425

pleural effusion, altered mental status, Multiple Sclerosis, neurogenic bladder with indwelling Foley catheter, urinary tract infection, chronic cystitis with hematuria, pseudomonas, methicillin resistant staphylococcus aureus (MRSA), Carbapenem-resistant Klebsiella pneumonia, Multiple Drug Resistant Organisms (MDRO), anemia, unspecified sepsis, unspecified organism, Escherichia coli (urine), diabetes mellitus, seizure disorder, pressure ulcer right buttock stage 4, left leg cellulitis, muscle wasting and atrophy.

On the quarterly minimum data set (MDS) assessment with assessment reference date of 6/10/16, the resident scored 15/15 on the brief interview for mental status and was without signs of delirium, psychosis, or behaviors affecting others. The resident had an indwelling urinary catheter and one stage 3 pressure ulcer that measured 1.0 cm (centimeters) by 0.5 cm by 0.5 cm.

Discharge instructions dated 7/2/16 included orders for Depakote (divalproex) sprinkles 125 mg (2) capsules per gastrostomy tube three times a day.

The July 2016 medication administration records (MAR) were reviewed. Divalproex (Depakote) sprinkles 125 mg (2) capsules PT (per tube) tid (three times a day) had been entered on the July 2016 MAR. On the following dates and times, the boxes had been initialed and circled. The dates/times included: 7/4/16 at 2:00 p.m. and 10:00 p.m.; 7/5/16 6:00 a.m., 2:00 p.m., and 10:00 p.m.; and 7/6/16 at 6:00 a.m., 2:00 p.m., and 10:00 p.m. Circled initials on medication administration records indicate the medications

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F 425 Continued From page 4

were not administered for some reason. The reverse side of the July MAR had one entry dated 7/4/16 at 2:00 p.m. and read "Depakote sprinkles not available. Pharmacy aware." The reverse side of the July 2016 MAR had no further documentation why the initials were circled.

The progress notes for 7/4/16 through 7/6/16 were reviewed. The progress notes did not contain documentation that the physician had been informed the medication (Depakote sprinkles) had not been administered.

The surveyor informed the director of nursing of the above concern on 7/12/16 at 10:40 a.m. The director of nursing acknowledged the circled medication and lack of documentation. The surveyor requested the pharmacy manifest for Depakote sprinkles.

The corporate nurse (registered nurse #1) stated when Resident #1 returned from the hospital on 7/2/16 there were doses left prior to the readmission on 7/2/16. "It was a holiday weekend. The facility will look into getting the medication in the emergency/stat box."

The pharmacy manifest for Depakote sprinkles 125 mg (milligram) capsule indicated 180 capsules were delivered to the facility on 7/7/16 at 11:32 p.m.

The surveyor informed the administrative staff of the above concern on 7/12/16 at 4:30 p.m.

No further information was provided prior to the exit conference on 7/12/16.

F 425

F 514 483.75(l)(1) RES

F 514

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F 514 Continued From page 5

SS=D RECORDS-COMPLETE/ACCURATE/ACCESSIBLE

The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.

The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.

This REQUIREMENT is not met as evidenced by:

Based on staff interview and clinical record review, the facility staff failed to maintain a complete and accurate clinical record for 2 of 6 residents in the survey sample (Resident #6 and Resident #1).

The findings included:

1. The facility staff failed to have a written order in the clinical record for Coreg for Resident #6. Resident #6 was readmitted to the facility on 2/1/16 with the following diagnoses of, but not limited to hepatitis C, aortic stenosis, high blood pressure, dementia, altered mental status, psychosis, pneumonia, dysphagia, and gastrostomy and muscle weakness. The resident was coded on the MDS (Minimum Data Set, an assessment protocol) with an ARD (Assessment Reference Date) of 6/14/16 that coded the resident as having short and long term memory loss and was severely impaired to make decisions. Resident #6 was coded as requiring

F 514 Clinical Record

It is the practice of this facility to maintain clinical records on each patient in accordance with acceptable professional standards. 8/12/2016

1. The physician orders for patient #1 and #6 were audited by the Director of Nursing on 7/12/16 and the hard copy of all of the orders for the patients are in the medical record for each identified patient. Patients #1 and #6 did not experience any negative outcome.

2. All patients with medication orders have the potential to be affected. A 100% audit of patients' orders was completed by Licensed Nursing staff on 7/31/2016 to validate a hard copy of all medication orders are present in the medical record. The Director of Nursing oversaw completion of this process.

3. All patients' orders will be reviewed monthly by licensed nursing staff to validate a hard copy of all orders is maintained in the medical record. Licensed nurses were educated by the Director of Nursing from 7/14/2016 to 8/2/2016 regarding filing of hard copy of all physician orders in the patient's medical record, as well as proper documentation in the medical record when a medication is not given as ordered, including notification of the Physician.

4. The Director of Nursing will monitor the monthly order review and audit the Medication Administration Record documentation and Nursing Progress notes weekly x 2 months to monitor documentation of Physician Notification when a medication is not administered. Director of Nursing will present findings to the Quality Assurance/Performance Improvement committee monthly x 2 months for trending and ongoing recommendations.

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F 514 Continued From page 6

F 514

total dependence of 2 of more staff members for dressing, personal hygiene and bathing. During the clinical record review performed by the surveyor on 7/12/16, the surveyor noted on the June, 2016 Medication Administration Record that "Cardiolol (Coreg) 25 mg (milligram) PT (per tube) q (every) 12 hrs (hours)." The surveyor began reviewing the order sheets for June, 2016 and could not find the order for this medication. On 7/12/16 at @3:20 pm, the director of nursing (DON) was notified of the above documented findings. The DON stated that she would begin looking through the clinical record to see if she could find this order in question. At 3:15 pm, the DON stated to the surveyor, "I have called the pharmacy and they are emailing me a copy of the MD (medical doctor) order for the Coreg. We did not find it in the clinical record at all." At 3:45 pm, the DON brought the surveyor a copy of the email that was sent to the facility that contained the MD order for the Coreg. The DON stated, "But we still cannot find the original order here, it could had been put in another record by mistake." At 4:30 pm, the administrative team was notified of the above documented findings. No further information was provided to the surveyor prior to the exit conference on 7/12/16. 2. The facility staff failed to ensure Resident #1's July 2016 medication administration record was accurate. The facility staff failed to document on the medication administration records the reasons medications were not administered.

The clinical record of Resident #1 was reviewed 7/12/16. Resident #1 was admitted to the facility 12/11/14 and readmitted 7/2/16. Diagnoses included but were not limited to chronic

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F 514	<p>Continued From page 7</p> <p>respiratory failure with dependence on ventilator, pleural effusion, altered mental status, Multiple Sclerosis, neurogenic bladder with indwelling Foley catheter, urinary tract infection, chronic cystitis with hematuria, pseudomonas, methicillin resistant staphylococcus aureus (MRSA), Carbapenem-resistant Klebsiella pneumonia, Multiple Drug Resistant Organisms (MDRO), anemia, unspecified sepsis, unspecified organism, Escherichia coli (urine), diabetes mellitus, seizure disorder, pressure ulcer right buttock stage 4, left leg cellulitis, muscle wasting and atrophy.</p> <p>On the quarterly minimum data set (MDS) assessment with assessment reference date of 6/10/16, the resident scored 15/15 on the brief interview for mental status and was without signs of delirium, psychosis, or behaviors affecting others. The resident had an indwelling urinary catheter and one stage 3 pressure ulcer that measured 1.0 cm (centimeters) by 0.5 cm by 0.5 cm.</p> <p>Discharge instructions dated 7/2/16 included orders for Depakote (divalproex) sprinkles 125 mg (2) capsules per gastrostomy tube three times a day.</p> <p>The July 2016 medication administration records (MAR) were reviewed. Divalproex (Depakote) sprinkles 125 mg (2) capsules PT (per tube) tid (three times a day) had been entered on the July 2016 MAR. On the following dates and times, the boxes had been initialed and circled. The dates/times included: 7/4/16 at 2:00 p.m. and 10:00 p.m.; 7/5/16 6:00 a.m., 2:00 p.m., and 10:00 p.m.; and 7/6/16 at 6:00 a.m., 2:00 p.m., and 10:00 p.m. Circled initials on medication</p>		F 514		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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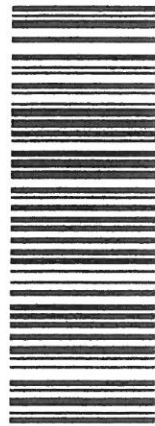
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F 514	Continued From page 8 administration records indicate the medications were not administered for some reason. The reverse side of the July MAR had one entry dated 7/4/16 at 2:00 p.m. and read "Depakote sprinkles not available. Pharmacy aware." The reverse side of the July 2016 MAR had no further documentation why the initials were circled. The progress notes for 7/4/16 through 7/6/16 were reviewed. The progress notes contained no documentation that the physician had been informed the medication (Depakote sprinkles) had not been administered or documentation as to why the medication had not been administered. The surveyor informed the director of nursing of the above concern on 7/12/16 at 10:40 a.m. The director of nursing acknowledged the circled medication and lack of documentation. The director of nursing stated documentation was still an issue especially with one nurse. The surveyor informed the administrative staff of the above concern on 7/12/16 at 4:30 p.m. No further information was provided prior to the exit conference on 7/12/16.		F 514		

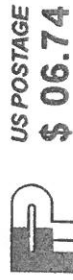


Ridgecrest Manor Nursing and Rehabilitation
157 Ross Carter Boulevard
Duffield, VA 24244

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Rodney L. Miller LTC Supervisor
Office of Licensure and Certification
9960 Mayland Drive
Suite 401
Richmond, VA 23233

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rodney L. Miller
Office of Licensure and
Certification
9960 Mayland Drive
Suite 401
Richmond, VA 23233

2. Article Number

(Transfer from service label)

7015 3010 0000 4358 5334

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent

☐ Addressee

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

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☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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ORIGIN ID: TRIA (276) 431-2841
JENNIFER SKAGGS
SABER
157 ROSS CARTER BOULEVARD

DUFFIELD, VA 24244
UNITED STATES US

SHIP DATE: 04AUG16
ACTWGT: 1.00 LB
CAD: 107117206/NET3790

BILL SENDER

TO **RODNEY L MILLER LTC SUPERVISOR**
OFFICE OF LICENSURE AND CERTIFICATI
9960 MAYLAND DRIVE
SUITE 401
RICHMOND VA 23233

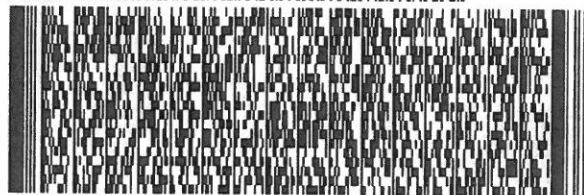
544J1137014E8

(276) 431-2841

REF: RIDGECREST MANOR

INV.
PO:

DEPT:



FedEx
Express



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FRI - 05 AUG 3:00P

TRK# 7769 1662 1778
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STANDARD OVERNIGHT

NC LFIA

23233
RIC

VA-US



Extremely Urgent

◀ Insert shipping
document here.

TX Result Report

P 1

08/04/2016 15:33

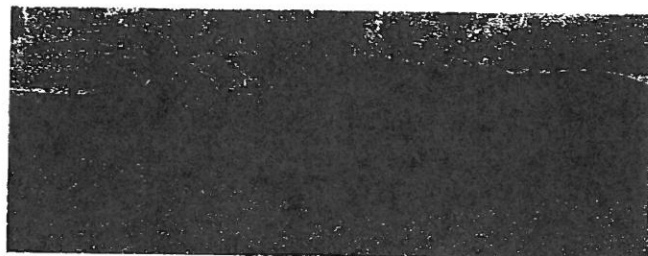
Serial No. A61F011010625

TC: 303142

Addressee	Start Time	Time	Prints	Result	Note
18045274502	08-04 15:30	00:03:00	011/011	OK	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX,
 DPG:Page Separation TX, MIX:Mixed Original TX, CALL:Manual TX, CSAC:CSAC,
 FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, Sp:Special Original,
 FCODE:F-code, RTX:Re-TX, RLY:Relay, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax,
 IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF,
 TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer,
 Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over,
 PDVR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error,
 DSN:DSN Response Error, PRINT:Compulsory Memory Document Print,
 DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.



Ridgecrest Manor Nursing and Rehabilitation
P. O. Box 280
157 Ross Carter Blvd
Duffield, Virginia 24244
Phone : 276-431-2841
Fax: 276-431-4718

Number of pages: 10 including cover

Date: 8/4/2016

Sent to: Mr. Rodney Miller, LTC Supervisor

Comments: Re: Provider # 495134

Please find attached our facility's completed POC (CMS-2567)

from our recent survey that ended on 7/12/16. Please let me

know if you need any other information. Thank you Jennifer Skaggs, MPH, LHA

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