State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0195	A. BUILDING: _____ B. WING _____	07/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGECREST MANOR NURSING & REHABILITATION	157 ROSS CARTER BOULEVARD DUFFIELD, VA 24244

(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) COMPLETE DATE
F 000	Initial Comments An unannounced State Licensure survey was conducted 07/15/19 through 07/18/19. One complaint was investigated during the inspection. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 120 certified bed facility was 106 at the time of the inspection. The final survey sample consisted of 22 current Resident reviews and 4 closed record reviews	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities: Infection Control 12 VAC 5-371-180 cross reference to F tag 880 Quality Assessment and Assurance 12 VAC 5-371-170 cross reference to F tag 867 Nursing Services. 12 VAC 5-371-220 cross reference to F tags 554, 558, 684, 689, 690, 697, 758, and 759. Resident Assessment and Care Planning. 12 VAC 5-371-250 cross reference to F tags 641 Resident Activities. 12 VAC 5-371-280 cross reference to F tag 679 Pharmaceutical services.	F 001	This plan of correction constitutes the written allegation of compliance for the deficiencies sited. 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 State and Federal Law. F554 Self-Medication Assessments were completed for Residents #91 and #95, and medications were removed from bedside. 100% audit of current residents with orders for meds at bedside to ensure completion of assessment and appropriateness of self-administration of medications. Education of licensed nurses regarding self-administration of medication policy	8/21/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/15/19

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F 001	Continued From page 1 12 VAC 5-371-300 cross reference to F tag 761 Dietary and Food Service program. 12 VAC 5-371-340 cross reference to F tag 812 Clinical Records. 12 VAC 5-371-360 cross reference to F tag 842 Resident Rights 12 VAC 5-371-150 Based on staff interview, facility document review, and the code of Virginia, the facility staff failed to comply with state laws in regards to registering with the Virginia State Police Sex Offender registry to receive automatic notifications of registration/reregistration of any sex offender with the same or a contiguous zip code and failed to determine prior to admission if potential Residents were a registered sex offender for 11 of 11 new admits, Residents #67, #76, #87, #92, #108, #111, #112, #259, #260, #359, and #409. The findings included: The facility staff failed to register with the Virginia State Police Sex Offender registry to receive automatic notifications of registration/reregistration of any sex offender with the same or a contiguous zip code until July 3, 2019 and failed to determine prior to admission if potential Residents were registered sex offender. Per the Code of Virginia-12VAC5-371-150. (Resident Rights) The nursing facility shall develop and implement policies and procedures that ensure Resident's rights as defined in §§ 32.1-138 and 32.1-138.1 of the Code of Virginia. The nursing facility shall certify, in writing, that it is	F 001	with appropriate orders and assessments. Director of Nursing/designee shall audit new orders twice a week for twelve weeks to ensure no new orders for medications at bedside are written as well as new admission orders within 72 hours of admission for twelve weeks to monitor for medication at bedside orders. Audits shall be taken monthly to QAPI x3 months for review and revision as needed. Date of Correction: August 21, 2019 F558 Resident #260 breath activated call cord was immediately placed in correct position. Building sweep was conducted to ensure all call cord activators were in reach and any found not within reach were corrected. Staff shall be educated on the importance of ensuring call light activating devices are within a resident reach. Director of Nursing and/or designee shall round 10 rooms twice a week for twelve weeks to monitor for correct placement of call light indicators. Finding shall be reported to QAPI monthly x3 months for review and revisions as needed. Date corrected: August 21, 2019 F641 Documentation for Resident #409 was corrected. Education provided to nurse who made error. 100% Audit of resident's with Foley catheters to ensure correct documentation and terminology. Education to all licensed nurses on accuracy of assessments and proper	

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F 001	Continued From page 2 in compliance with the provisions of §§ 32.1-138 and 32.1-138.1 of the Code of Virginia, relative to resident rights, as a condition of license issuance or renewal. The nursing facility shall register with the Department of State Police to receive notice of the registration or reregistration of any sex offender within the same or a contiguous zip code area in which the facility is located pursuant to § 9.1-914 of the Code of Virginia. Prior to admission, each nursing facility shall determine if a potential resident is a registered sex offender when the potential resident is anticipated to have a length of stay: Greater than three days; or in fact stays longer than three days. Statutory Authority §§ 32.1-12 and 32.1-162.12 of the Code of Virginia. During the entrance conference with the administrator on 07/15/19 at 2:18 p.m., the surveyor requested information to indicate the facility had signed up with the Virginia State Police Sex Offender Registry. After the entrance conference, the administrator provided the surveyor with a copy of an email indicating he had signed up with the Virginia State Police on Wednesday July 3, 2019 and a copy of the facility policy/procedure titled "Registered Sex Offender." This policy procedure read in part, "...The Facility will ensure all regulations are followed and maintain safety for all residents and staff. Procedure...Upon receiving a referral for admission to the facility, the administrator/designee shall search for the resident's name in the Internet-based sex offender and child-victim offender database..." The facility provided the surveyor with copies of a document titled "Admission Checklist" for each of the 11 new admits in the last 30 days. This	F 001	terminology. Director of Nursing/designee shall audit all new admissions with Foley catheters within 72 hours of admission for twelve weeks to ensure accuracy of assessments and proper terminology. Director of Nursing/designee shall also audit five current residents with Foley catheters weekly to ensure accuracy of assessments and proper terminology. Audits will be taken to monthly QAPI x3 months for review and revisions as needed. Date of Correction: August 21, 2019 F679 Resident #91, and #260 activities preferences were reviewed and updated as needed. Resident #108 has been discharged from the facility. Audit was conducted for current residents to ensure preferences were being offered. Activities staff were in-serviced on importance to offer resident preferences and to offer activities on all units as scheduled. Activities director/designee shall monitor activities 3X week for twelve weeks to ensure unit activities are occurring. Activities director and/or designee shall monitor at least three individual activity logs twice a week for twelve weeks Findings of audits shall be presented to QAPI monthly x3 months for review and revisions as needed.	

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F 001	Continued From page 3 admission checklist was signed by the admission coordinator, business office manager, and administrator. When reviewing this document it was noted that the admission coordinator would put her initials at the top of the form under the heading "Initial if Completed" and beside the heading that read "PRE-Admission" and then draw a line starting under her initials to the last item under this heading titled "Admission Notifications Forms Completed/Distributed." There was no initials beside the "Sex Offender Search/Logged" just a line that had continued from the top of the form. During an interview with the admission coordinator on 07/18/19 at 9:06 a.m., the admissions coordinator verbalized to the surveyor that she was responsible for checking the sex offender status and if nothing showed up, she would not print the results. The admissions coordinator stated she would check the website on her phone and only printed it when a lot of people showed up and she needed to compare it. On 07/18/19 at 9:32 a.m., the administrator verbalized to the surveyor that he had employed with this company since July 2018 and his first day working in the facility as the administrator was August 6, 2018. The administrator stated he was not aware he had to sign up to receive these notifications until July 3, 2019 and he signed up when he found out. Indicating that the facility had not received automatic notifications from the August 2018 until July 3, 2019. The administrator, director of nursing, regional director of clinical services, and administrator in training were notified of the issue regarding screening of new admits on 07/18/19 at 11:56 a.m.	F 001	Date corrected: August 21, 2019 F684 Weights for Resident #19 discussed with Nurse practitioner and order was clarified. 100% audit of all dialysis residents to clarify orders for weights. Education of licensed nursing staff of dialysis policy and documentation of any notification of physicians and/or nurse Practitioner. Director of Nursing/designee shall audit current dialysis residents and any new admissions on dialysis for appropriate order weekly for twelve weeks. Results of audits will be presented in monthly QAPI x3 months for review and revisions as needed. Date of Correction: August 21, 2019 F689 There were not any residents identified to be affected. On 7/16/2019, the unsecured medications were immediately removed from the Carters Fold nurse's station. A door was installed at the nurses station with a slide lock to prevent wandering	

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F 001	Continued From page 4 The facility did provide the surveyor with results of checks that were completed on 07/18/19 none of the 11 Residents were identified as registered sex offenders. No further information regarding this issue was provided to the survey team prior to the exit conference.	F 001	residents from entering the nurses station. The nurse's station was immediately assessed for potential hazards for wandering residents. Resident's on the Carter's Fold (secured unit) could be affected by this noncompliance practice of securing medications. All resident have the potential to be affected by this noncompliance practice. On 7/16/2019, the facility staff immediately conducted observation rounds in all resident rooms and nurse's stations to ensure all medications are appropriately stored and secured so that residents remained free of accidents. No additional medications were found or identified to be unsecured in any areas. To prevent this from recurring on 7/16/2019, the facility Director of Nursing and designee immediately began to provide education for staff regarding securing medications, and potential hazards for wandering residents. Current staff shall be educated prior to starting their next assignment when they return. These staff members shall not be permitted to work until education is received. This education will be included in all new hire training and on boarding. On 7/16/2019, the Regional Director of Clinical Services provided education to the Director of Nursing and Nursing Home Administrator on securing medication, medication storage, as well as potential accidents and hazards for secured unit. Director of Nursing/designee will complete observation rounds daily to ensure medications remain secure for twelve weeks. Results of rounds will be brought	

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F 001	Continued From page 5	F 001	to monthly Quality Assurance and Performance Improvement (QAPI) meetings for review and revision as necessary. Person responsible: NHA, Anthony Brunicardi Action Complete Date July 16, 2019 Date of Correction: August 21, 2019 F690 Resident #79 had Physician's order added. 100% Audit of resident's with Foley catheters to ensure accurate and current physician's order. Education to licensed nurses that all residents with Foley catheters must have an accurate and to include current physician's order with the size included. Director of Nursing/designee shall audit new admissions with Foley catheters weekly for twelve weeks to ensure they	

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F 001	Continued From page 6	F 001	have accurate physician's order. Director of Nursing/designee shall audit five current residents with Foley catheters weekly for twelve weeks to ensure accuracy of physician's orders. Results of audits will be presented in monthly QAPI x3 months for review and revision as needed. Date corrected: August 21, 2019 F697 Resident #260 and #81 were unable to correct deficient actions as was related to past documentation. 100% Audit of residents receiving PRN pain med have been reviewed to ensure non-pharmalogical interventions are in place. Education to licensed nurses on implementing non-pharmacological interventions prior to administering medications. Director of Nursing/ designee shall do weekly audit of five residents with orders for PRN pain medication for twelve weeks to ensure proper non-pharmacological interventions were implemented prior to administering medications. Findings of audits shall be presented in QAPI monthly x3 months for review and revisions as needed. Date of Correction: August 21,2019	

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F 001	Continued From page 7	F 001	F755 No specific residents identified. 100% audit of narcotic books to ensure all signatures present. Education to licensed nursing staff on signing the narcotic book at each narcotic count. Director of Nursing/designee shall Audit narcotic books twice weekly for twelve weeks to ensure proper signatures. Results of audits shall be presented in QAPI monthly x3 months for review and revisions as needed. Date of Correction: August 21, 2019 F758 Behavior sheets were implemented for Resident #260 100% Audit on Residents with orders for PRN psychotropic medications to ensure proper documentation of non-pharmacological interventions are in place. Education to licensed nurses on behavior sheets and attempting non-pharmacological interventions prior to administering PRN psychotropic medications. Director of Nursing/designee shall perform audit of current residents with orders for PRN psychotropic medications weekly for twelve weeks to ensure behavior sheets have been implemented. Results of	

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F 001	Continued From page 8	F 001	audits shall be presented in QAPI monthly x3 months for review and revisions as needed. Date of Correction: August 21, 2019 F759 Resident #20's medications that were unavailable were ordered and received from Pharmacy. Orders were received to hold one dose of one medication and to administer medication when available. Medication was administered upon arrival from pharmacy. MAR to Cart audit was performed on medication carts to ensure availability of meds. Licensed nursing staff educated on ordering medications in a timely manner, and the steps to take if a medication is determined to be unavailable. A medication pass audit was performed on licensed nursing staff to ensure no medication errors were made during pass. Director of nursing/designee shall audit 10% of residents weekly for twelve weeks to ensure all medications are available. Results of audits will be presented in monthly QAPI meeting x3 months for review and revision as needed. Date of Correction: August 21. 2019 F761 Resident's on the Carter's Fold (secured unit) could be affected by this noncompliance practice of securing medications. There were not any	

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F 001	Continued From page 9	F 001	residents identified to be affected. On 7/16/2019, the unsecured medications were immediately removed from the Carters Fold nurse's station. A door was installed at the nurses station with a slide lock to prevent wandering residents from entering the nurses station. The nurse's station was immediately assessed for potential hazards for wandering residents. All resident have the potential to be affected by this noncompliance practice. On 7/16/2019, the facility staff immediately conducted observation rounds in all resident rooms and nurse's stations to ensure all medications are appropriately stored and secured so that residents remained free of accidents. No additional medications were found or identified to be unsecured in any areas. Resident #20 medication was removed and new bottle was ordered and obtained from pharmacy. To prevent this from recurring on 7/16/2019, the facility Director of Nursing and designee immediately began to provide education for all staff regarding securing medications, and potential hazards for wandering residents. All staff will be educated prior to starting their next assignment when they return. These staff members will not be permitted to work until education is received. This education will be included in all new hire training and on boarding. On 7/16/2019, the Regional Director of Clinical Services provided education to the Director of Nursing and Nursing Home Administrator on securing medication, medication storage, as well as potential accidents and hazards for secured unit. DON or designee will complete observation rounds daily to	

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F 001	Continued From page 10	F 001	ensure medications remain secure for four weeks. Results of rounds will be brought to monthly Quality Assurance and Performance Improvement (QAPI) meetings for review and revision as necessary. Person responsible: NHA, Anthony Brunicardi Action Complete Date July 16, 2019. 100% audit of all resident medications completed to ensure all instructions are visible and all medications present. Staff were in-serviced on making sure no medications or other items that could injure a resident are not left unattended in resident rooms or care areas and to immediately remove if needed. License nurse were in-serviced not accepting medications with nonvisible labels. Director of Nursing/designee shall monitor resident rooms and nurse stations five times a week for twelve weeks to ensure no medications or items that can injure a resident are left unattended. Director of nursing/designee shall audit 10% of medication labels to ensure labels are not covered weekly for twelve weeks. Results of audit shall be presented in QAPI monthly x3 for review and revisions as needed. Date of Correction: August 21, 2019 F812 There were no residents immediately identified by this action. The broccoli was immediately discarded in the trash. Wet nesting dishes were rewashed and air dried properly prior to being used.	

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F 001	Continued From page 11	F 001	A sanitation audit was done to ensure there were no other issues found. Dietary staff were educated on the policies for proper hand hygiene and temping of foods. Dietary staff was educated on wet nesting to ensure dishes are properly dried before storing. Dietary Manager and/or designee shall do three different meal audits on wet nesting to ensure dishes are properly washed dried prior to storage for twelve weeks. Dietary Manager and/or designee shall conduct weekly audits on three different meals to ensure proper temperature taking and hand hygiene for twelve weeks. Audits shall be presented in QAPI monthly x3 months for review and revisions as needed. Date Corrected: August 21,, 2019 F867 There were no residents immediately identified by this action. There were no other residents affected by this action Administrator and QAPI committee have been educated on the proper use of the QAPI Program. QAPI will be held monthly and Regional Director Clinical Services shall attend QAPI meeting quarterly for one year. Date of Correction: August 21, 2019 F880 An isolation sign was immediately placed on the door of Resident #91. An audit was performed of residents with	

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F 001	Continued From page 12	F 001	orders for isolation to ensure proper sign placement. Licensed nurses were educated on the facility's hand washing policy, proper cleaning of glucometers, proper disposal of used laboratory blood draw equipment, proper isolation sign placement, and proper donning and doffing of personal protective equipment. Non licensed staff were also educated to the facility's hand washing policy, proper isolation sign placement, and proper donning and doffing of personal protective equipment. Director of Nursing/designee shall audit residents on isolation weekly to ensure proper isolation sign placement. Director of nursing/designee shall audit five employee's weekly to ensure proper hand hygiene. Director of nursing/designee shall audit five employee's weekly to ensure proper donning and doffing of personal protective equipment. Director of Nursing/designee shall audit five licensed nurses to ensure proper cleaning of glucometers after use. Director of Nursing/designee shall audit one licensed nurse weekly to ensure proper disposal of laboratory blood draw equipment. Results of audits will be presented during monthly QAPI x3 months for review and revision as needed. Date of Correction: August 21, 2019	