

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

PRINTED: 12/28/2022
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 09/29/2022
NAME OF PROVIDER OR SUPPLIER RIDGECREST MANOR NURSING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETION DATE	
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 09/27/2022 through 09/29/2022. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000			
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid survey was conducted 9/27/22 through 9/29/22. Four complaints (VA0005576 -Substantiated without deficiencies, VA0005548 -Substantiated without deficiencies, VA00051207 -Unsubstantiated, VA00049346 -Substantiated without deficiencies) were investigated during the survey. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements. The census in this 120 certified bed facility was 89 at the time of the survey. The survey sample consisted of 18 current resident reviews and 4 closed record reviews.	F 000			
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;	F 625		10/31/22	

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

TITLE

(X6) DATE

Electronically Signed

10/31/2022

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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F 625	<p>Continued From page 1</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, and facility document review, the facility staff failed to provide written bed hold policy information to the resident or resident representative prior to transfer for 1 of 4 closed record reviews, Resident #86.</p> <p>For Resident #86, the facility failed to provide the resident written bed hold policy information prior to transfer to an acute care hospital.</p> <p>The findings included:</p> <p>Resident #86's clinical record included the medical diagnoses, diabetes, dependence on respirator, neuromuscular dysfunction of bladder, chronic respiratory failure with hypoxia, and tachycardia.</p> <p>Section C (cognitive patterns) of Resident #86's significant change minimum data set (MDS)</p>	F 625	<p>1. Resident #86 is no longer a resident of the facility and facility is unable to correct the deficient practice for this specific resident.</p> <p>2. 100% Audit of all residents discharged from the facility in the last 90 days was conducted to ensure compliance, as all residents that are/were discharged have the potential to be effected by this deficient practice</p> <p>3. Education to all licensed Nurses to ensure proper documentation is sent with a resident when discharging offering a bed hold policy when discharged.</p> <p>4. Administrator or designee to audit each discharge to ensure proper paperwork</p>		

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F 625	<p>Continued From page 2</p> <p>assessment with an assessment reference date (ARD) of 06/24/22 was coded 1/1/3 to indicate the resident had problems with long and short term memory and was severely impaired in cognitive skills for daily decision making.</p> <p>The residents clinical record included an interact form dated 06/29/22 indicating the resident was transferred to a local hospital.</p> <p>On 07/11/22 the Social Worker, documented Resident #86 had been admitted to the hospital.</p> <p>During the record review, the surveyor was unable to find any documentation that referenced a bed hold.</p> <p>09/29/22 11:25 a.m., the Administrator stated they were unable to find a bed hold for this resident and provided the surveyor with a copy of their policy titled, "Bed Hold Letter Policy." This policy read in part, "It is the policy of the facility to track Medicaid bed hold days and notify appropriate parties via Medicaid Bed Hold Letter." The Administrator stated they were aware of the issue regarding offering bed holds and were currently completing audits.</p> <p>Resident #86's primary payer was documented as Medicaid VA CCC Plus Vent.</p> <p>No further information regarding this issue was provided to the survey team prior to the exit conference.</p>	F 625	<p>was/is available upon discharge from the facility and Resident/Resident responsible party were made aware.</p> <p>5. Administrator is responsible for completion of POC</p>		