

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Ridgecrest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  5504 E Johnson Ave Jonesboro, AR 72401	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43409</p> <p>Based on observations, interviews and facility policy review, it was determined the facility failed to knock on doors prior to entering resident rooms for 4 resident rooms (Rooms 609, 610, 612, and 613) viewed for protecting and valuing the resident's private space.</p> <p>Findings include:</p> <p>A review of a facility policy titled, Resident Rights, revised December 2016 indicated per policy statement, Employees shall treat all residents with kindness, respect, and dignity. A. a dignified existence; b. be treated with respect, kindness, and dignity; and t. privacy and confidentiality.</p> <p>During an observation on 07/02/2024 at 6:43 AM, Certified Nursing Assistant (CNA) #4 entered room [ROOM NUMBER] without knocking on the resident's door and walked into the room, donned gloves and turned on the overhead light. CNA #4 turned back the covers on the resident without explaining what she was about to do, after checking the resident, covered the resident, took off gloves and walked out of the room without sanitizing her hands.</p> <p>During an observation on 07/02/2024 at 6:47 AM, CNA #4 and CNA #5 entered room [ROOM NUMBER] without knocking on the resident's door.</p> <p>During an observation on 07/02/2024 at 6:50 AM, CNA #4 and CNA #5 entered room [ROOM NUMBER] without knocking on the resident's door</p> <p>During an observation on 07/02/2024 at 6:57 AM, CNA #4 and CNA #5 entered room [ROOM NUMBER] without knocking on the resident's door.</p> <p>Attempted to interview CNA #4 prior to shift end, however CNA #4 left the facility without the interview being able to be held. Attempted to call CNA #4 on 07/03/2024 at 10:06 am and 10:20 am. The message was left for a return call; however CNA #4 did not return the call.</p> <p>Interview with Director of Nursing (DON) on 07/03/2024 at 11:00 AM on what should happen prior to entering a resident's room. DON stated, staff should knock on the door before entering in and out of the room.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 045327	If continuation sheet Page 1 of 13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Ridgecrest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  5504 E Johnson Ave Jonesboro, AR 72401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43409</p> <p>Based on observation, record review, and interview the facility failed to ensure a comfortable, sanitary, clean, and homelike environment was provided in facility hallways and in room [ROOM NUMBER].</p> <p>The findings are:</p> <p>On 07/01/2024 at 10:01 AM, surveyor observed in room [ROOM NUMBER], the right wall near the bathroom has missing paint and drywall in a horizontal line along the length of the wall. The floor near the baseboard is covered in a black substance. Surveyor observed on the right side of the room, the back wall is missing dry wall in three vertical lines and several white dots are scattered on the wall. Near the light above the entrance, the ceiling is cracked and bubbled.</p> <p>On 07/01/2024 at 10:43 AM, the surveyor observed an open bag sitting in a chair against the wall by room [ROOM NUMBER].</p> <p>On 07/01/2024 at 10:44 AM, the surveyor observed a large pink cup with a lid and a straw setting on the handrail by room [ROOM NUMBER], and a small clear cup, empty with a fork inside, setting on the handrail by room [ROOM NUMBER].</p> <p>On 07/01/2024 at 10:46 AM, Certified Nursing Assistant [CNA] #6 confirmed the open bag in the chair needed to be placed in the breakroom and it was not a resident's property.</p> <p>On 07/02/2024 at 8:50 AM, surveyor observed in room [ROOM NUMBER] the wall next to the side A is missing paint, and there is a discolored gray area along the length of it. The floor next to the baseboard is covered in a black substance. The surveyor observed throughout the room the floor along the edges of the room was covered in a black substance. There is a black line on the flooring at the threshold of the closet in use. The surveyor observed the bed was unmade with trash laying on an under pad.</p> <p>On 07/02/2024 at 9:03 AM, during an interview CNA #4 confirmed that room [ROOM NUMBER] was currently messy, and the floors look like they need mopped. CNA #4 stated the bed was unmade, with a yellow substance on under the pad, may be soda.</p> <p>On 07/02/2024 at 9:30 AM, during an interview the Housekeeper confirmed the resident does not refuse housekeeping services and housekeeping mops the resident's room daily.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Ridgecrest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  5504 E Johnson Ave Jonesboro, AR 72401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/02/2024 at 2:15 AM, during an interview the Maintenance Assistant [MA] confirmed room [ROOM NUMBER], has not been reported to maintenance. The MA verbalized the right wall upon entry is roughly three feet, the wall needs to be re-mudded, sanded, and painted. The MA verbalized the damage to the wall looks to be from a wheelchair. The MA verbalized the wall on Bed B needed to be repainted and sanded and looked like it had been damaged by a bed. The MA stated the wall next to the closet had an area measuring roughly three feet that needed to be repainted and sanded. The MA stated the floors around the edge look nasty, and that the damage around the light is from the previous winter when a leak up there happened from a pipe freezing and bursting. The MA verbalized maintenance let it dry and meant to finish it but have been busy.</p> <p>A review of the facility policy titled Homelike Environment documented, Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Ridgecrest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  5504 E Johnson Ave Jonesboro, AR 72401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>43409</p> <p>Based on observations, interviews, record review, and facility document review, the facility failed to ensure licensed nurses have the knowledge, competencies, and skill sets to provide care and respond to each resident's individualized needs as identified in resident assessment, care plans, and physician orders for 2 (Resident #6 and Resident #7) of 2 residents reviewed for assessments, care plans, and competent staff. Specifically, the facility:</p> <ol style="list-style-type: none"> <li>1. Failed to ensure Minimum Data Set (MDS) was completed in accordance with guidelines set forth in the Resident Assessment Instrument for Resident #6.</li> <li>2. Failed to ensure that care plans were revised and updated according to the resident's current physician orders, assessments, and resident's current individualized needs for Resident #6 and Resident #7.</li> <li>3. Failed to ensure that Medicare Manager, Long Term Care MDS Nurse and Treatment nurse were skilled and knowledgeable in their job responsibilities with care planning for Resident #6 and Resident #7.</li> <li>4. Failure to update physician orders when changes were needed and failure to follow physician orders for Resident #7.</li> <li>5. Failure to document indwelling catheter care for Resident #7.</li> <li>6. Failure to complete skin and wound evaluations on 05/01/2024 and 06/19/2024 for both the right and left gluteus wounds on Resident #7.</li> </ol> <p>Findings include:</p> <p>A review of the admission record on 07/01/2024 at 8:30 AM, indicated the facility admitted Resident #6 with diagnoses that included non-ST elevation (NSTEMI) Myocardial Infarction, Chronic Obstructive Pulmonary Disease, Acute and Chronic Respiratory failure with hypoxia, Acute and Chronic respiratory failure with hypercapnia, pulmonary embolism, diastolic (congestive) heart failure and abnormalities of breathing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Ridgecrest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  5504 E Johnson Ave Jonesboro, AR 72401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review on 07/01/2024 at 8:35 AM of Resident #6 MDS-5-day with an assessment reference date (ARD) of 06/15/2024 had not been completed. It was noted to be in progress. A review on 07/01/2024 at 8:36 of Resident #6's, Discharge Return Anticipated/End of Partial Payment System (PPS) with an ARD of 06/09/2024 was still in progress and not completed.</p> <p>A review of the Care Plan, for Resident #6 on 07/01/2024 at 8:40 AM, with a review date of 06/15/2024 and with a target completion date of 06/30/2024, was incomplete. Prior care plan for Resident #6 dated 05/17/2024 showed 1) the resident's code status is full code. Intervention dated 06/03/2021: Check to make sure full code is listed as resident's code status on the resident's profile/face sheet. 2) The resident has altered respiratory status/difficulty breathing related to pulmonary embolism, congestive heart failure, obesity. Intervention dated 06/14/2021: Encourage sustained deep breaths by: Using demonstration; using incentive spirometer (place close for convenient); asking resident to yawn.</p> <p>A review on 07/01/2024 at 1:30 PM, of Physician Orders, revealed Resident #6 had an order for: 1) Elevate head of bed (HOB) related to (r/t) shortness of breath when lying flat dated 05/16/2024; 2) Do not hospitalize dated 06/19/2024; and 3) to Do not resuscitate dated 05/27/2024.</p> <p>During an interview on 07/03/2024 at 9:15 AM with the Long-Term Care (LTC) MDS Coordinator regarding Resident #6, she stated the Medicare (MCR) Manager was on vacation and she did not fill in for the MCR Manager due to not being trained on Medicare and managed MDS. When asked who was responsible for completing the care plans and making revisions as needed, she stated that orders are looked at daily for any changes that might be needed and that it was important so that the team would know what is going on with the resident, so that it would be taken care of directly. The LTC MDS Coordinator explained Resident #6 had been a resident at the facility previously and the floor nurse that admitted the resident did not unclick the boxes on the care plan section of the Nursing Admit/Re-Admit Assessment and Care plan. MDS Coordinator stated that when the boxes were not unclicked, it brought all the previous care plan information over into the resident's new admission. When asked who was responsible for reviewing and revising the care plan, LTC MDS coordinator responded, myself and the Medicare Manager.</p> <p>On 07/03/2024 at 9:30 AM, the LTC MDS Coordinator placed a phone call to the MCR Manager to discuss Resident #6. MCR Manager was placed on speaker phone. When asked when a 5-Day Medicare MDS is considered past due, she stated on the seventh day. The MCR Manager stated she, along with the other department head nurses, had been working the floor quite a bit and she knew she was behind. Also stated there was a discharge assessment that needed to be completed as well.</p> <p>On 07/02/2024 at 2:30 PM, during an interview Certified Nursing Assistant (CNA) #6 stated she had provided care for Resident #6, and she knew the resident well. She stated the resident was incontinent of bowel and bladder and she had no wounds. When asked if she had ever seen an incentive spirometer in Resident #6's room, she stated she had never seen one in the resident's room and she knew what one looked like.</p> <p>On 07/02/2024 at 2:30 PM, during an interview Certified Nursing Assistant (CNA) #6 stated she had provided care for Resident #6, and she knew the resident well. She stated the resident was incontinent of bowel and bladder and she had no wounds. When asked if she had ever seen an incentive spirometer in Resident #6's room, she stated she had never seen one in the resident's room and she knew what one looked like.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Ridgecrest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  5504 E Johnson Ave Jonesboro, AR 72401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review on 07/01/2024 at 4:00 PM of the Medical Diagnoses for Resident #7 indicated the facility admitted Resident #7 with the diagnoses of: Fracture of upper end of left humerus, encounter for fracture with routine healing; chronic kidney disease, stage 3; functional quadriplegia; and overactive bladder.</p> <p>A review on 07/02/2024 at 7:30 AM of the MDS for Resident #7 with an ARD of 04/17/2024 revealed Resident #7 had a Brief Interview of Mental Status score of 15, which indicated the resident was cognitively intact. Review of Section H: Bowel and Bladder, H0100 Appliances, Indwelling catheter was marked as no. Review of Section M: Skin Conditions, M0100 Determination of Pressure Ulcer Risk, resident has a pressure ulcer/injury, a scar over bony prominence, or a non-removable dressing/device was marked yes.</p> <p>A review on 07/02/2024 at 7:40 AM of Resident #7's care plan, updated 01/11/2024 revealed: 1) the resident has a urinary tract infection. One intervention was listed: give antibiotic therapy as ordered. Monitor/document for side effects and effectiveness 2) The resident has potential for pressure ulcer development r/t decreased mobility and history of recent pressure ulcers: resident has actual stage two pressure ulcer to left buttock, updated 03/14/2024. Interventions: treatment to stage two pressure ulcer to left buttock as ordered. Orders that are ineffective are to be changed every 14 days. Initiate vitamin protocol with wounds and wound care. Encourage every two-hour turning repositioning while in bed to prevent further break down. No care plan was noted for Resident #7 on indwelling catheter, catheter care or Enhanced Barrier Precautions and the right gluteus wound had not been addressed.</p> <p>Review on 07/02/2024 at 8:22 AM of Medication Administration Record, (MAR) for June 2024 revealed Resident #7 had a section at the top of the MAR titled unscheduled other orders: Noted in small print May crush medications and administer simultaneously in applesauce or pudding, ensure resident consumes all. Indwelling catheter, French and bulb; change indwelling catheter every 30 days and as needed for leakage, obstruction, or patient removal; Indwelling catheter care every shift and as needed with soap and water or wipes. No documentation of any catheter care was noted on the MAR. Review of Medication Administration Record for July 2024 revealed that Resident #7 had a section at the top of the MAR titled unscheduled other orders: Noted in small print it stated, May crush medications and administer simultaneously in applesauce or pudding, ensure resident consumes all. Indwelling catheter care every shift and as needed with soap and water. A new order was added on the MAR on 07/03/2024 for indwelling catheter care every shift and as needed with soap and water or wipes so that the care provided could be recorded.</p> <p>Review of Resident #7's skin and wound evaluations on 07/02/2024 at 8:00 PM revealed that skin and wound evaluations were present in the electronic medical record for: 04/15/2024; 04/24/2024; 05/09/2024; 05/13/2024, 05/22/2024 and 05/29/2024. However, the skin and wound evaluation for 05/01/2024 and 06/19/2024 were not in the electronic medical record.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Ridgecrest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  5504 E Johnson Ave Jonesboro, AR 72401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During interview on 07/03/2024 at 8:30 AM, the treatment nurse stated this was all new to her and she did not put the sign on the outside of door frame of Resident #7's room. The surveyor informed the treatment nurse the signage had not been present on 07/01/2024 when the treatment was performed, and Resident #7 had an indwelling catheter since June 6, 2024. The treatment nurse was asked to look at the electronic medical record to see if Resident #7 had an order for EBP and after looking, said No order was found. The treatment nurse stated the aides should be cleaning the residents with catheter care with each peri care that is provided. When asked if catheter care was documented anywhere, she stated, I'm unsure. The treatment nurse was then asked if she could look in Resident #7's electronic medical record for skin and wound evaluations for 05/01/2024 and 06/19/2024. She stated she could not find them and that she was not sure why the evaluations were not done, We thought we had done them all. We were working night shifts during that time. The treatment nurse was then asked to read the treatment orders for Resident #7 for both the right and left gluteus wounds. After reading the treatment orders, she stated the order said 7 x 7 border gauze. She also stated she was responsible for updating orders and she tries to work on them immediately. When asked about the right gluteus wound that was healed and order was still currently on the physician's orders, she stated, I stayed until almost midnight last night. The treatment nurse was asked who was responsible for updating the care plan. She stated, I do section M. The surveyor re-asked the question regarding updating the care plan. The treatment nurse responded, Oh you mean the interventions? She then stated that she would tell the MDS Coordinator so it could be added to the care plan.</p> <p>During an interview with the Administrator on 07/03/2024 at 9:00 AM, when asked if catheter care should be documented somewhere, the response was it should be on the Medication Record or the Treatment Record.</p> <p>During an interview on 07/03/2024 at 9:15 AM, with the Long-Term Care (LTC) MDS Coordinator regarding Resident #7, the surveyor asked who was responsible for completing the care plans and making revisions as needed to skin and wound care plans. The MDS Coordinator stated orders are looked at daily for any changes that might be needed and that it was important so the team would know what is going on with the resident, but with skin and wounds the treatment nurse should be doing the updates and revisions to the care plan and that to her knowledge she had never been asked by the treatment nurse to update any care plans.</p> <p>On 07/03/2024 at 9:30 AM, the LTC MDS Coordinator placed a phone call to the MCR Manager to discuss Resident #7. MCR Manager was placed on speaker phone. When asked who was responsible for updating the skin and wound care plans, she stated it should be the treatment nurse and she had never been asked by the treatment nurse to add to or revise any skin care plan.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Ridgecrest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  5504 E Johnson Ave Jonesboro, AR 72401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/03/2024 at 11:00 AM, the Director of Nursing (DON) was interviewed concerning care plans, Enhanced Barrier Precautions (EBP), MDS completion, skin and wound evaluations and catheter care. The DON stated the treatment nurse is over the skin program and is responsible for care planning, updating and revising the care plans and the treatment nurse is also responsible for updating the physician orders. The DON also stated it was important for the care plans to be updated and accurate, so the resident gets the best care and that everyone is on the same page. If it is not updated, the staff won't know what to do for the residents. The surveyor asked about EBP and how would the staff know if someone had been placed on those precautions. She stated the housekeeping supervisor is alerted by licensed nurses when an order has been obtained, then signage and trash cans are placed with the resident and that supplies are kept on the linen carts for easy access by the direct care staff. DON was asked who was responsible for indwelling catheter care and responded, the licensed nurses and documentation would be on the medication administration record. The DON was also asked who is responsible for completing and submitting the MDS. The DON stated it was the responsibility of the LTC MDS Coordinator and the Medicare Coordinator. She stated they should be following the guidelines and timeframes set forth by the Resident Assessment Instrument (RAI) and Centers for Medicare and Medicaid Services (CMS).</p> <p>A review of a facility policy titled, Care Planning-Interdisciplinary Team revised March 2022, indicated, The interdisciplinary team is responsible for the development of resident care plans. #2 Comprehensive, person-centered care plans are based on resident assessments and developed by an interdisciplinary team.</p> <p>A review of a facility policy titled, Wound Care revised October 2010, indicated the purpose of this procedure is to provide guidelines for the care of wounds to promote healing. Preparation: 1. Verify that there is a physician's order for this procedure. 2. Review the resident's care plan to assess any special needs of the resident.</p> <p>A review of a facility policy titled, Catheter Care, Urinary revised August 2022, indicated the purpose of this procedure is to prevent urinary catheter-associated complications, including urinary tract infection. Documentation: The following information should be recorded in the resident's medical record: 1. The date and time that catheter care was given. 2. The name and title of the individual (s) giving the catheter care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Ridgecrest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  5504 E Johnson Ave Jonesboro, AR 72401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43409</p> <p>Based on observation interview and record review, the facility failed to ensure infection prevention and control practices were implemented to prevent the development of communicable diseases and infections as evidenced by failure to perform hand hygiene between residents, during perineal care and wound care to prevent cross contamination.</p> <p>The findings are:</p> <p>During an observation on 07/02/2024 at 6:43 AM, Certified Nursing Assistant (CNA) #4 entered room [ROOM NUMBER], donned gloves, and turned on the overhead light. CNA #4 turned back the covers on the resident without explaining what was about to occur. After checking the resident, CNA #4 covered the resident, took off gloves and walked out of the room without sanitizing hands.</p> <p>During an observation on 07/02/2024 at 6:47 AM, CNA #4 and CNA #5 entered room [ROOM NUMBER]. CNA #4 did not sanitize hands before applying new gloves. An explanation was given to the resident prior to uncovering resident to check their brief.</p> <p>During an observation on 07/02/2024 at 6:50 AM, CNA #4 and CNA #5 entered room [ROOM NUMBER]. CNA #4 did not sanitize hands before applying new gloves. CNA went over to the resident's bedside and asked the resident if resident needed to be changed and the resident said, No.</p> <p>During an observation on 07/02/2024 at 6:57 AM, CNA #4 and CNA #5 entered room [ROOM NUMBER]. CNA #4 did not sanitize hands before applying new gloves and assisting the resident. Prior to leaving the room, CNA #4 removed gloves but did not sanitize hands.</p> <p>A review of the Order Summary revealed Resident #5 had a diagnosis of functional quadriplegia and needed assistance with personal care.</p> <p>A review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/13/2024 revealed the resident had a score of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS).</p> <p>A review of the Care Plan for Resident #5 included, Focus: the resident has an ADL self-care performance deficit r/t rheumatoid arthritis, functional quadriplegia and impaired mobility.</p> <p>On 07/01/2024 at 10:05 AM, Resident #5 reported not being changed since midnight. The surveyor observed the yellow brief was wet and discolored, the under pads were stained brown in color, and the sheet underneath the resident was brown in color. Resident #5 continued stating the staff were lazy on wiping and do not get in between.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Ridgecrest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  5504 E Johnson Ave Jonesboro, AR 72401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/01/2024 at 10:15 AM, CNA #1 and CNA #2 entered the room, both performed hand hygiene and donned gloves. Surveyor observed CNA #1 perform perineal care with their right hand only, the left gloved hand touched the resident, took off right glove and applied a new one without hand hygiene. CNA #1 continued peri-care with right gloved hand, the left hand touched the resident and the side rails. CNA #1 again changed right glove and did not perform hand hygiene. CNA #2 rolled over Resident #5, CNA #1 opened a drawer with gloved hands, and pulled out a packet of cream. CNA #1 continued peri-care, applied the packet of cream with both gloved hands, removed both gloves and applied new gloves with no hand hygiene. CNA #1 rolled the dirty under pads and bed linen under the resident, then rolled the clean brief under them. CNA #2 rolled resident to their back, then helped CNA #1 rolled them over to their side. CNA #1 held resident over without changing gloves, and then helped apply the clean brief when resident returned to back. CNA #1 helped CNA #2 get the resident dressed without changing gloves or performing hand hygiene. CNA #1 and CNA #2 used the mechanical lift to transfer the resident, CNA #2 guided the lift while CNA #1 ensured the electric wheelchair was in position and held the resident back with the same gloves. CNA #1 then applied neck brace to the resident with the same gloved hands, while CNA #2 put on the resident's boots. CNA #1 lowered the footrest and CNA #2 put on the resident's glasses.</p> <p>On 07/03/2024 at 8:40 AM, Surveyor reviewed competencies and noted no training checklist or return demonstration of skills in packet. During an interview the Administrator stated that previous human resources personnel did not do a training checklist or return demonstration of skills with new staff when orientating them. This is why they are no longer with us.</p> <p>On 07/03/2024 at 8:45 AM, during an interview with the Director of Nursing (DON) stated when performing wound care, you should perform hand hygiene before you start, when taking off gloves, when you change gloves after taking off the dirty dressing, and upon completion. When performing perineal care, you should perform hand hygiene before you start, after all the dirtiness is over, and upon completion. The DON confirmed it should be performed when entering and exiting the resident's room. Stated it is important to perform handwashing properly cause of multi-drug resistant organisms (MDROS).</p> <p>On 07/03/2024 at 9:00 AM, during an interview CNA #1 said that they were trained in school on handwashing and peri-care, and there was a reorientation when hired at the facility but no training. CNA #1 stated you should wash your hands before and after a task, and anytime you change gloves. Then, stated that you should change gloves when you switch between a clean and dirty task. Stated that it is important as it is a safety concern and can create problems.</p> <p>On 07/03/2024 at 10:20 AM, during an interview the Infection Preventionist explained the procedure for when to perform hand hygiene during wound care to include changing gloves when done with a dirty task, anytime you go from a clean to dirty task, when you leave or enter the room, and anytime you change gloves. The Infection Preventionist explained the procedure to perform hand hygiene during perineal care including when you first enter or leave a room, when you switch area, when you change gloves, and when your gloves become soiled. The Infection Preventionist stated that the importance of handwashing is that it controls the spread of disease and infections.</p> <p>On 07/03/2024 at 8:32 AM, the surveyor observed while reviewing nursing competencies there was no training checklist or return demonstration of skills in the files. During an interview, the Administrator stated That the previous human resources personnel did not do a training checklist or return demonstration of skills with new staff when orientating them. This is why they are no longer with us.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Ridgecrest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  5504 E Johnson Ave Jonesboro, AR 72401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/17/2024 revealed Resident #7 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. Section M indicated the resident had two stage II pressure ulcers.</p> <p>A review on 07/02/2024 at 08:15 AM of Physician Orders dated 04/15/2024 for Resident #7: 1) Treatment to stage two to right buttocks: Cleanse with wound cleanser or sterile water. Pat dry with 4 x 4 gauze. Apply a thin layer of hydrocolloid to the wound bed. Cover with 7 x 7 foam border dressing on Monday, Wednesday, Friday and as needed until resolved. 2) Treatment to stage two to left buttocks: Cleanse with wound cleanser or sterile water. Pat dry with 44 gauze. Apply a thin layer of hydrocolloid to the wound bed. Cover with 7 x 7 foam border dressing on Monday, Wednesday, Friday and as needed until resolved.</p> <p>During an observation of wound care on Resident #7 on 07/01/2024 at 12:38 PM, the treatment cart was placed outside of the resident's room. The treatment nurse immediately sanitized hands and did not apply gloves. A clean barrier of wax paper was placed on top of the treatment cart. The treatment nurse began placing supplies to be used on top of the wax paper barrier. Two 4 x 4 border gauze dressings were opened and dated, two small plastic medicine cups were placed on the wax paper and hydrocolloid paste was squeezed into one of the medicine cups. The treatment nurse retrieved a pair of bandage scissors and, without sanitizing the scissors prior to using, cut a small piece of petroleum-based gauze and placed on the barrier. A 4 x 4 gauze was placed inside a nine-ounce plastic drinking cup and placed on the barrier, a package of sterile cotton tip applicators, a bottle of wound cleanser and a red biohazard bag was then placed on the barrier. A CNA brought the treatment nurse an over-the-bed table to use in the resident's room. The nurse did not sanitize hands before applying gloves and proceeding to clean the over-the-bed table with a bleach wipe. The treatment nurse allowed the table to dry, removed the gloves, then without sanitizing their hands and placed the clean barrier from the top of the treatment cart over onto the over-the-bed table. The treatment nurse then placed new gloves on top of the over-the-bed table. The treatment nurse did not sanitize hands. The treatment nurse knocked on the resident's door, applied hand sanitizer, closed the doors and the miniblinds, moved the personal over-the bed table back to the bedside and lowered the resident's bed. The treatment nurse then applied new gloves without sanitizing hands, moved the indwelling catheter tubing, opened the red biohazard bag, and placed the biohazard bag on the foot end of the bed. The treatment nurse began cleaning the left buttock with 4 x 4 gauze and wound cleanser. The left buttock was patted dry with 4 x 4 gauze. The treatment nurse stated that the right buttock was now healed. The treatment nurse removed her gloves, did not sanitize their hands, applied the hydrocolloid paste to the cotton tipped applicator and applied to the left buttock. The applicator was thrown into the red biohazard bag, then another sterile cotton tipped applicator was used to apply more hydrocolloid paste to the left buttock. The treatment nurse then placed the applicator in the biohazard bag, then without sanitizing hands or removing gloves, applied the 4 x 4 foam border dressing to the left and onto the right buttock to cover the previous area to the right buttock. Without sanitizing hands or removing gloves, the treatment nurse looked at resident #7's finger and stated that it was healed. Resident #7 asked the nurse about the redness and rash under her breasts. Without sanitizing or removing the gloves, the treatment nurse then raised the resident's breasts and stated, I will have to get something ordered for that. The treatment nurse then removed gloves and without sanitizing hands, moved the over-the-bed table, gathered the red biohazard bag, opened the miniblinds and moved the resident's table back to the bedside. The treatment nurse carried the red biohazard bag out to the treatment cart and placed it in the trash can on the side of the treatment cart.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Ridgecrest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  5504 E Johnson Ave Jonesboro, AR 72401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with the treatment nurse was conducted on 07/03/2024 at 8:30 am. The treatment nurse stated she became the treatment nurse in January 2024 and was trained by the former treatment nurse and coworker who now only works as needed. The treatment nurse stated the training completed with infection control were done by in-services that were put out for the staff to read and sign. The treatment nurse explained the Infection Preventionist had just started at the facility. When asked to explain how the treatment on Resident #7 should be done, start to finish and including when to sanitize hands and change gloves, the treatment nurse responded: I use wax paper as a barrier, set out cups, get the supplies needed and place on the paper. I knock on the resident's door, wash my hands, explain what I am going to do with the resident, and I raise the bed up. I start with cleaning the wound with wound cleanser, wiping from inside out. I then use a sterile cotton tipped applicator to apply the paste, then cover with a foam dressing. Then, I take my gloves off and sanitize my hands. She also stated she only used one hand to do the treatment and one hand that remained dirty when asked about when gloves should be removed, and hands sanitized. When asked about Enhanced Barrier Precautions (EBP) for Resident #7, the treatment nurse stated this was all new and did not put the sign on the outside of door frame of Resident #7 room. The surveyor informed the treatment nurse that the signage had not been present on 07/01/2024 when the treatment was performed, and that Resident #7 had an indwelling catheter since June 6, 2024. The treatment nurse was asked to look at the electronic medical record to see if Resident #7 had an order for EBP and after looking, said No order was found. The treatment nurse stated the aides should be cleaning the residents with catheter care with each perineal care that is provided. When asked if catheter care was documented anywhere, the treatment nurse stated, I'm unsure. The treatment nurse was then asked if she could look in Resident #7's electronic medical record for skin and wound evaluations for 05/01/2024 and 06/19/2024. She stated she could not find them and she was not sure why the evaluations were not done, We thought we had done them all. We were working night shifts during that time. The treatment nurse was then asked to read the treatment orders for Resident #7 for both the right and left gluteus wounds. After reading the treatment orders, she stated that the order said 7 x 7 border gauze. She also stated she was responsible for updating orders and that she tries to work on them immediately when asked about the right gluteus that was healed and that the order was still currently on the physician's orders. She stated, I stayed until almost midnight last night. The treatment nurse was asked who was responsible for updating the care plan. She stated, I do section M. The surveyor re-asked the question regarding updating the care plan. The treatment nurse responded, Oh you mean the interventions? She stated she would tell the MDS coordinator so it could be added to the care plan.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Ridgecrest Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  5504 E Johnson Ave Jonesboro, AR 72401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/03/2024 at 11:00 AM, the Director of Nursing (DON) was interviewed concerning care plans, Enhanced Barrier Precautions (EBP), MDS completion, skin and wound evaluations, catheter care, and hand hygiene. The DON stated the treatment nurse is over the skin program and is responsible for care planning, updating and revising the care plans and the treatment nurse is also responsible for updating the physician orders. The DON also stated it was important for the care plans to be updated and accurate so the resident gets the best care and that everyone is on the same page. If it is not updated, the staff won't know what to do for the residents. The surveyor asked about EBP and how would the staff know if someone had been placed on those precautions. She stated the housekeeping supervisor is alerted by licensed nurses when an order has been obtained, then signage and trash cans are placed with the resident and that supplies are kept on the linen carts for easy access by the direct care staff. The DON was asked who was responsible for indwelling catheter care and responded, the licensed nurses and documentation would be on the medication administration record, timeframes set forth by the Resident Assessment Instrument (RAI) and Centers for Medicare and Medicaid Services (CMS). DON stated hand hygiene was important to prevent infections and that staff were to use the hand sanitizer each time they enter a resident's room, after providing care or touching unclean items and before leaving the resident's room. She stated the facility does start up meetings with the department head nurses after the morning meetings and new orders are reviewed as well as anything the team needs to follow up on from the previous day. She states the team follows up on any new isolation or Enhanced Barrier precautions to make sure that everything has been addressed with the measures that should have been taken. When asked when an antibiotic should be added to the care plan, she stated it should be added to the care plan when the antibiotic is started and it should be resolved off the care plan once the resident is free from the infection.</p> <p>A review of the facility policy Policies and Procedures Infection Control revealed that All personnel will be trained on our infection control policies and practices upon hire and periodically thereafter, including where and how to find and use pertinent procedures and equipment related to infection control. The depth of employee training shall be appropriate to the degree of direct resident contact and job responsibilities.</p> <p>A review of the facility policy Handwashing/Hand Hygiene indicated for Hand hygiene: 1. a. immediately before touching a resident; b. before performing an aseptic task (for example, placing an indwelling device or handling an invasive medical device); c. after contact with blood, body fluid, or contaminated surfaces; d. after touching a resident; e. after touching the resident's environment; f. before moving from work on a soiled body site to a clean body site on the same resident; and g. immediately after glove removal. 2. Use an alcohol-based hand rub containing at least 60% alcohol for most clinical situations 3. Wash hands with soap and water: a. when hands are visibly soiled; and b- after contact with a resident with infectious diarrhea including, but not limited to infections caused by norovirus, salmonella, shigella and C. difficile. 4. Single-use disposable gloves should be used: a. before aseptic procedures; b. when anticipating contact with blood or body fluids; and c. when in contact with a resident, or the equipment or environment of a resident, who is on contact precautions. 5. The use of gloves does not replace hand washing/hand hygiene.</p> <p>A review of the facility policy Perineal Care revealed Purpose: The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation' and to observe the resident's skin condition.</p>		