STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075429	A. Building B. Wing	11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridge Crest at Meadow Ridge	100 Redding Road West Redding, CT 06896

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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, facility documentation, and staff interviews for one of three residents (Resident #2) reviewed for abuse, the facility failed to ensure the medical record was complete and accurate to include a refusal of care. The findings include: Resident #2 had a diagnosis of cerebral infarction (stroke). The admission Minimum Data Set, dated [DATE] identified Resident #2 had a Brief Interview for Metal Status (BIMS) score of 3 indicating severe cognitive impairment, rejects care at times, and is occasionally incontinent of bowel and bladder. The Resident Care Plan (RCP) dated 8/20/2023 identified bladder and bowel incontinence with interventions that directed to incontinence every shift. Facility reportable event dated 8/28/2023 at 8:23 AM identified at 7:40 AM Resident #2 was found in bed on an air mattress with two (2) incontinent pads underneath and was soaked in urine with bed linens also soaked with urine. Review of NA #2's written statement dated 8/28/2023 identified she reported the refusal of care to RN #2. Review of RN #2's written statement dated 8/28/2023 identified NA #2 reported the refusal of care. The statement further indicated RN #2 did not document the refusal of incontinent care and did not notify the on-coming shift of the refusal. The investigation Summary dated 8/30/2023 identified Resident #2 required two (2) staff for care, and was incontinent of bowel and bladder. The Summary indicated on 8/28/2023 at 7:40 AM, when NA #2 attempted to provide incontinent care, Resident #2 refused the care and NA #2 notified RN #2/charge nurse. Record review failed to identify any documentation of Resident #2's refusal of care. Interview and record review with the DNS on 11/26/2024 at 3:20 PM identified NA #2 and RN #2 did not document the resident's refusal of care. The DNS stated she did not know why it was not documented, but that it would be her expectation that Resident #2's refusal of care should have been documented. Review of facility Perineal Care policy dated February of 2018 directed staff to document if the residents refuses care, the reason why and the intervention taken.

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