

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106061	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER Ridgecrest Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 North Stone Street Deland, FL 32720	

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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure actions documented in a performance improvement plan (PIP) for pest control were implemented, measured for success, and tracked performance to ensure that improvements were realized and sustained, based on failure to maintain a sanitary, orderly, and comfortable interior free of pest for two (room [ROOM NUMBER] and #230) of four rooms sampled. There were 121 residents residing in the facility at the time of this survey.</p> <p>The findings include:</p> <p>On 06/12/25 at 11:03 AM, a live roach was observed in Resident #1's room (room [ROOM NUMBER]B), near the corner of the room. (Photographic evidence obtained)</p> <p>On 06/12/25 at 12:13 PM, a fly was observed on Resident #5's bed (room [ROOM NUMBER]B) along with live and dead roaches observed behind the resident's oxygen concentrator located in the corner of the resident's room. (Photographic evidence obtained)</p> <p>On 06/12/25 at 12:17 PM, the same fly was observed, unmoved and in the same location on the resident's bed. The resident and his roommate said that they informed the facility staff of insects in the room. (Photographic evidence obtained)</p> <p>On 06/12/25 at 2:18 PM, eight small ants were observed on the wall adjacent to Resident #1's bed (room [ROOM NUMBER]) and under the light fixture above the resident's bed. (Photographic evidence obtained)</p> <p>Resident interviews conducted on 06/12/2025 from 10:31 am to 11:03 am with four alert and oriented residents (Residents #2, #3, #4 and #5) noted pests have been observed in their rooms and staff were informed about the pests and they continue to see pests in their room.</p> <p>Staff interviews conducted on 06/12/2025 from 11:32 am to 11:57 am with Certified Nursing Assistant (CNA) A, Licensed Practical Nurse (LPN) B, and Contracted Aramark housekeeping staff member C noted they have seen pests in resident rooms and have noted their observations in the pest sighting binders located at the nurse's stations.</p> <p>(continued on next page)</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
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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 06/12/25 at 4:00 PM, an interview was conducted with the Director of Maintenance. He reported that he worked at the facility for approximately one year. He stated that he had not noticed bugs in the facility, but this is Florida. He further explained that staff are supposed to write pest sightings in the binders at the nurse's stations. He said that he doesn't look in the pest sighting binders located at the nurses' stations, and that the pest control company is expected to review the pest sighting binders and treat the areas noted in the pest sighting binders. He further explained the facility and the pest control company have a comprehensive treatment plan to treat pests at the facility. Part of that plan included a recent treatment in March in which two holes were drilled into one resident's wall, and insecticide sprayed behind the wall. They began this process on the north side of the 200 hall and wanted to begin the process on one side of the facility. The process includes clearing out the entire wing and have residents out of the rooms for two hours. He stated that the process has only been done once because he has been pulled off to do other projects.</p> <p>On 06/12/25 at 5:15 PM, an interview was conducted with the Administrator. She said that she started employment with the facility on 08/31/23. She explained that a Performance Improvement Plan (PIP) for Pest Control, was created on 08/13/23, and is currently ongoing. She further explained that the PIP was initiated after the facility received grievances related to pest control and the facility was cited for lack of pest control. The PIP included changing pest control vendors. The pest control company comes to the facility twice a week or more after pest sightings. Treatments include spraying the outside and inside of building. The expectation is that the pest control company goes through the pest sighting logs located at the nurse's stations. Recently, the pest control company conducted an interior wall spray which requires moving the resident out of the room for three hours. Every hallway and common area of the building are sprayed. A while back, a deep spray was done overnight in the kitchen while it was closed. An internal wall spray is currently being done on the low side of the 100 hall. The pest control company is scheduled to do a wall spray on high side of hall 100. During the wall spray, two guys go into the room, drill a hole, the pest control company sprays, and maintenance closes the hole in the wall. She further explained that the facility had no had grievances related to pests since the beginning of the year.</p> <p>Review of the Performance Improvement Plan (PIP), dated 08/13/23, documented Objective and Goal: Pest Control - Improving knowledge on how to prevent pests, and how to report pests, and actions to be taken when pest or root causes of pest are identified. Areas noted for Improvement:</p> <ul style="list-style-type: none"> -Knowledge of deficit related to prevention of pests -Knowledge of appropriate ways to report pests or root causes of pests -Knowledge of appropriate actions taken when pests are identified. <p>Initiative:</p> <ol style="list-style-type: none"> 1. Immediate interventions to ensure safety of affected residents. 2. Identification of any other residents who may be affected or at risk. 3. Interventions put in place to prevent future reoccurrences 4. Plan for future follow-up to ensure that interventions are working. <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Action Steps:</p> <p>Current Pest control company to inspect and review the facility for the following</p> <p>Facility assessment to identify vulnerabilities and action area</p> <p>Action plan and timeline to implement and added to this PIP</p> <p>Responsible Person(s): ED/Plant Ops.</p> <p>Target Date: Ongoing</p> <p>Status: Switched to pest control company .Unit by unit deep treatments being done beginning of 2024.</p> <p>2/2024 full kitchen treatment.</p> <p>Action Steps:</p> <p>Room Audit. All rooms to receive observation audit to identify and report signs of pest .</p> <p>Responsible Person(s):</p> <p>ED/Plan Ops</p> <p>Target Date: Ongoing</p> <p>Status: Angel rounds ongoing, staff placing pest sightings of live bugs in pest books at nurses station</p> <p>Status:</p> <p>2025 Plan Updates-</p> <p>Wall penetration treatment to be completed by [NAME] and Maintenance starting 05/2-25 starting with 200 hall</p> <p>All rooms internal deep treatments being done beginning of 2025</p> <p>Outdoor treatment being done around perimeter of (blank).</p> <p>*Review of the facility's pest control invoices and other documents related to pest control, lacked documented evidence of the PIP related to Initiative: . 4. Plan for future follow up to ensure that interventions are working.</p> <p>*Review of Pest Control invoices lacked documented evidence of Action plan and timeline to implement and added to this PIP .Unit by unit deep treatments being done beginning of 2024.</p> <p>(continued on next page)</p>

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>No bedpans on handrail in bathroom</p> <p>Hygiene items labeled and separate from roommate</p> <p>No aerosol, chemicals, other non-approved items in room</p> <p>Ensure room is in good condition . check holes, painting, needs, rust (toilet, wheelchair, commode)</p> <p>Room and bathroom clean/unobstructed path</p> <p>Ensure no heaters or fans</p> <p>Cords are arranged to prevent trips and falls*</p> <p>WEEKLY RESIDENT INTERVIEWS :</p> <p>Does staff treat you in a kind and caring manner?</p> <p>Has anyone acted rude to you?</p> <p>Have you heard anyone spoken rudely to?</p> <p>Is your call light answered timely?</p> <p>Do you feel staff listens and responds timely?</p> <p>Do you get help when needed?</p> <p>Is the food good?</p> <p>Is the food at the appropriate temps?</p> <p>Do you have discomfort now or have you been having discomfort such as pain, heaviness, burning, or hurting with no relief?</p> <p>Are you offered an evening snack? Have there been any problems with a roommate or any other resident? Were they addressed?</p> <p>Were you encouraged by staff to bring in any personal items?</p> <p>Have you had any missing personal items? Did you report those missing items to staff? Resolved or still pending?</p> <p>Do you receive the fluids you want between meals?</p> <p>Can you get your money when you need it, including on weekends?</p> <p>(continued on next page)</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, and facility policy and procedure review, the facility failed to maintain an effective pest control program to ensure the facility is free of pests for two (room [ROOM NUMBER] and #230) of four rooms sampled.</p> <p>The findings include:</p> <p>On 06/12/25 at 11:03 AM, a live roach was observed in Resident #1's room (room [ROOM NUMBER]B), near the corner of the room. (Photographic evidence obtained)</p> <p>On 06/12/25 at 12:13 PM, a fly was observed on Resident #5's bed (room [ROOM NUMBER]B) along with live and dead roaches observed behind the resident's oxygen concentrator located in the corner of the resident's room. (Photographic evidence obtained)</p> <p>On 06/12/25 at 12:17 PM, the same fly was observed, unmoved and in the same location on the resident's bed. The resident and his roommate said that they informed the facility staff of insects in the room. (Photographic evidence obtained)</p> <p>On 06/12/25 at 2:18 PM, eight small ants were observed on the wall adjacent to Resident #1's bed (room [ROOM NUMBER]) and under the light fixture above the resident's bed. (Photographic evidence obtained)</p> <p>Resident interviews conducted on 06/12/2025 from 10:31 am to 11:03 am with four alert and oriented residents (Residents #2, #3, #4 and #5) noted pests have been observed in their rooms and staff were informed about the pests and they continue to see pests in their room.</p> <p>Staff interviews conducted on 06/12/2025 from 11:32 am to 11:57 am with Certified Nursing Assistant (CNA) A, Licensed Practical Nurse (LPN) B, and Contracted Aramark housekeeping staff member C noted they have seen pests in resident rooms and have noted their observations in the pest sighting binders located at the nurse's stations.</p> <p>Review of the facility's 2024 and 2025 pest sightings log for halls 100, 200 and 300 documented 13 roach sightings in resident rooms in the 100 hall, 12 roach sightings in resident rooms in the 200 hall; and 14 roach sightings in resident rooms in the 300 hall. Further review of the pest sighting log documented roach sightings were observed in room # 230 on 08/22/24, 08/23/24, 01/13/25 and 02/05/25.</p> <p>Review of the Pest Control Service Agreement dated 03/09/23, documented monthly pest prevention service agreement, Scope of Work: roaches, ants, mice, rats and fire ants. Areas to be serviced: initial service to include- German roach cleanout of kitchen and 30 rooms on level 2 with (3) 2-week follow-ups, 4 x a month, regular service including. First visit [NAME], common areas, and &frac14; of rooms. Second visit kitchen and &frac14; rooms. Third visit: exterior of building up to 10 feet with rodent stations services, common areas spot treated for fire ants, and entryways swept for reachable spiders, and wasps and &frac14; rooms. Fourth visit kitchen and &frac14; rooms. Every visit to include inspection of logbook and no change callback services.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of monthly invoices lacked documented evidence rooms identified in the pest sighting log located at the nurses were treated for pests.</p> <p>Review of Service Special Agreement dated 10/21/24, documented the pest control company will provide a special treatment for the pests in the kitchen: Roach Cleanout.</p> <p>Review of monthly invoices for 12/18/24 documented, common pest prevention for each month. Invoices were dated 1/15/25 , 2/5/25, 3/26/25, 4/2/25 and 5/7/25.</p> <p>Review of Pest Prevention Service Report dated 05/24/25 documented: exterior rodent bait station, and boundary inspection Point total: 13. Inspection Point Detail: perimeter. Pest Activities Totals: 0. Areas of Concern (Conditions, Avenues ;and Sources Identified as Potential Pest Activity: was blank.</p> <p>Review of Pest Prevention Service Report dated 05/29/25 documented the main interior was treated. General comments: inspected service applied liquid residual spot treat and gel bait to interior rooms, kitchen and common area applied. Pest Activity Totals: 0. Areas of Concern (Conditions, Avenues and Sources Identified as Potential Pest Activity: was blank.</p> <p>Review of Pest Prevention Service Report dated 05/16/25 documented the main interior was treated. General comments: inspected service applied liquid residual spot treat to patient rooms and gel bait in sink areas as needed treated. Pest Activity Totals: 0. Areas of Concern (Conditions, Avenues and Sources Identified as Potential Pest Activity: was blank.</p> <p>Review of Pest Prevention Service Report dated 05/16/25 documented the exterior perimeter was treated. Pest Activity Totals: 0. Areas of Concern (Conditions, Avenues and Sources Identified as Potential Pest Activity: was blank.</p> <p>Review of Pest Prevention Service Report dated 04/02/25 documented the exterior perimeter was treated. Pest Activity Totals: 0. Areas of Concern (Conditions, Avenues and Sources Identified as Potential Pest Activity: was blank.</p> <p>Review of Pest Prevention Service Report dated 3/28/25 documented the exterior perimeter was treated. Pest Activity Totals: 0. Areas of Concern (Conditions, Avenues and Sources Identified as Potential Pest Activity: was blank.</p> <p>Review of Pest Prevention Service Report dated 02/19/25 documented an interior preventative treatment. Pest Activity Totals: 0. Areas of Concern (Conditions, Avenues and Sources Identified as Potential Pest Activity: was blank.</p> <p>Review of Pest Prevention Service Report dated 02/05/25 documented the exterior perimeter was treated. Pest Activity Totals: 0. Areas of Concern (Conditions, Avenues and Sources Identified as Potential Pest Activity: was blank.</p> <p>Review of Pest Prevention Service Report dated 01/25/25 documented an interior preventative treatment. Pest Activity Totals: 0. Areas of Concern (Conditions, Avenues and Sources Identified as Potential Pest Activity: was blank.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's policy and procedure entitled, Pest Control Program dated 3/01/2021 read: It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents. Definition: Effective pest control program is defined as measures to eradicate and contain common household pests (e.g. bed bugs, lice, roaches, ants, mosquitos, flies, mice and rats). Guidelines: 4. Facility will utilize a variety of methods in controlling certain seasonal pests i.e., flies. These will involve indoor and outdoor methods that are deemed appropriate by the outside pest service and state and federal regulations. (Copy obtained)</p>