

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER Ridgecrest Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1616 Wellerman Road West Monroe, LA 71291	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32231</p> <p>Based on observation, record reviews, and interviews, the facility failed to ensure all allegations of physical abuse by staff was reported immediately to the state agency, but no later than 2 hours after the allegation was made to the administrator for 1 (#1) of 4 (#1, #2, #3, and #4) residents investigated for abuse.</p> <p>Findings:</p> <p>Review of the facility's policy titled Abuse Components Plan with an effective date of 10/24/2022 revealed:</p> <p>1) An alleged violation involving abuse, neglect, exploitation, mistreatment, injuries of unknown source, misappropriation of property/funds, and/or any other reportable incident will be reported immediately, but no later than:</p> <p>a) Two (2) hours if the alleged violation involves abuse or has resulted in serious bodily injury; or</p> <p>b) Twenty-four (24) hours if the alleged violation does not involve does not involve abuse, AND has not resulted in serious bodily injury. Results of alleged violations must be within 5 working days of the incident.</p> <p>Review of the medical record revealed that resident #1 was admitted to the facility on [DATE] with diagnoses including, a fracture of the left proximal humerus, schizophrenia, history of falling, generalized muscle weakness, unsteadiness on feet, cognitive communication deficit, and severe morbid obesity.</p> <p>Review of the Minimum Data Set (MDS) dated [DATE] revealed that resident #1 had a documented brief interview for mental status score of 13. A score of 13-15 indicated the resident was cognitively intact with daily decision making skills.</p> <p>Review of the care plan with an initiated date of 06/25/2024, revealed resident #1 had an Activities of Daily Living (ADL) self-care performance deficit. Further review revealed resident #1 required two staff for repositioning, turning, dressing, and toilet use.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the grievance report dated 08/01/2024 revealed that S1Administrator was notified on 08/01/2024 at approximately 2:45 p.m. by resident #1's family member, of an allegation involving S3CNA striking resident #1 in his face, scratching his testicles, and pulling resident #1's fractured arm, and rebreaking his arm. Further review of the grievance report revealed there was no documentation of a report to the state agency initiated.</p> <p>On 08/05/2024 at 10:30 a.m., an observation revealed resident #1 was in his room, lying in his bed. Further observation revealed the resident had a sling in place to his left arm. During an interview with resident #1, he revealed that a worker had pulled his left arm, pushed on him hard while turning him in the bed, wiped his testicles roughly when cleaning him, and she had hit resident #1 on the right side of his face.</p> <p>On 08/05/2024 at 12:42 p.m., an interview with S5Licensed Practical Nurse (LPN) revealed that last week (referring to the week of 07/29/2024 through 08/04/2024) resident #1 had reported to S5LPN that S3CNA had wiped him roughly during incontinent and pushed him hard when turning resident #1 on his side. S5LPN further revealed that she had notified S1Administrator and S6CNA Supervisor of the allegations reported to her (S5LPN) by resident #1.</p> <p>On 08/06/2024 at 9:35 a.m., an interview with S3CNA revealed that she had worked with resident #1 on 08/01/2024 from 6:00 a.m. to 2:00 p.m. She further revealed that resident #1 reported that she (S3CNA) wiped his testicles too hard.</p> <p>During an interview on 08/06/2024 at approximately 5:30 p.m. with S1Administrator and S2Director of Nursing, S1Administrator confirmed that she had not initiated a report to the state agency after becoming aware of an allegation of abuse on 08/01/2024, involving resident #1 and S3CNA.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18118</p> <p>Based on record review and interviews, the facility failed to develop and implement a comprehensive person-centered care plan for each resident that includes measurable objectives and time frames to meet a resident's medical, nursing, mental and psychosocial needs. The facility failed to ensure CNAs implemented the care plan for 1 (#1) of 4 (#1, #2, #3, and #4) residents reviewed for Activities of Daily Living (ADLs).</p> <p>Findings:</p> <p>Resident 1</p> <p>Review of the medical record revealed that resident #1 was admitted to the facility on [DATE] with diagnoses including, left proximal humerus, schizophrenia, history of falling, generalized muscle weakness, unsteadiness on feet, cognitive communication deficit, and severe morbid obesity.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed that resident #1 had a documented brief interview for mental status score of 13. A score of 13-15 indicated the resident was cognitively intact with daily decision making skills.</p> <p>Review of the care plan with an initiated date of 06/25/2024, revealed resident #1 had an Activities of Daily Living (ADL) self-care performance deficit. Further review revealed resident #1 required two staff for repositioning, turning, dressing, and toilet use.</p> <p>On 08/06/2024 at 9:35 a.m., an interview with S3Certified Nursing Assistant (CNA) revealed that she worked on 08/01/2024 from 6:00 a.m. - 2:00 p.m. with resident #1. S3CNA confirmed that she assisted resident #1 with turning and repositioning by herself.</p> <p>On 08/06/2024 at 4:30 p.m., S4Medicare Case Manager/Registered Nurse (RN) confirmed resident #1's care plan revealed he required 2 person assistance with bed mobility, toilet use, dressing and transfers.</p>		