

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265797	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER Ridge Crest Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 706 South Mitchell Warrensburg, MO 64093	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39469</p> <p>Based on observation, interview and record review, the facility failed to ensure residents were adequately groomed by not offering showers or baths for four sampled residents (Resident #1, #2, #3, and #4) out of seven sampled residents. The facility census was 49 residents.</p> <p>Review of the facility's undated Policy, Professional Standards of Care, showed:</p> <ul style="list-style-type: none"> -Providing personal care for clients was the primary responsibility of the nursing assistant. -Often referred to as Activities of Daily Living (ADLs), personal care includes anything that a client needs to maintain hygiene, well-being, self-esteem, and dignity. -ADLs were the foundation of health and wellness and a part of providing holistic care. -Standard of two showers a week. -Residents had the right to refuse. -(Staff) would have revisited any refusals. -(Staff) would have care planned residents preference of showers. <p>1. Review of Resident #1's face sheet showed he/she had been admitted to the facility on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> -Unspecified fall. -Dementia (a group of thinking and social symptoms that interferes with daily functioning). -Epilepsy (a disorder in which nerve cell activity in the brain is disturbed, causing seizures) -Transient cerebral ischemic attack (TIA - a brief stroke-like attack that, despite resolving within minutes to hours, still requires immediate medical attention to distinguish from an actual stroke). <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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs).</p> <p>-Muscle weakness.</p> <p>-Difficulty in walking.</p> <p>-Unspecified lack of coordination.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment tool completed by the facility for care planning) dated 7/18/24 showed:</p> <p>-He/She was cognitively intact.</p> <p>-He/She used a walker and wheelchair.</p> <p>-He/She need substantial assistance for a shower or bath.</p> <p>Review of the resident's Care Plan dated 5/10/24 showed:</p> <p>-He/She required assistance to shower safely.</p> <p>-He/She would like to shower twice weekly, dated 12/28/24.</p> <p>Review of the residents' shower schedule showed the resident was scheduled to receive a shower on Wednesdays and Saturdays.</p> <p>Review of the resident's shower sheets dated July 2024 showed he/she received a shower on 7/1/24, 7/24/24 and 7/26/24.</p> <p>Review of the resident's records showed there were no showers completed 8/1/24 through 8/6/24.</p> <p>Observation and interview on 8/6/24 at 10:10 A.M. showed:</p> <p>-The resident was still in bed and declined an interview.</p> <p>-He/She looked unkept and his/her hair was oily in appearance.</p> <p>2. Review of Resident #2's face sheet showed he/she had been admitted to the facility on [DATE] with the following diagnoses:</p> <p>-Dementia.</p> <p>-Unspecified fall.</p> <p>-Chronic pain.</p> <p>-Presence of an artificial hip joint.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's Care Plan dated 5/24/24 showed:</p> <ul style="list-style-type: none"> -He/She had the potential for falls as evidenced by history of incidents and occasional unsteady gait. -Staff was to provide assistance required for bathing weekly and as needed. <p>Review of the resident's quarterly MDS dated [DATE] showed:</p> <ul style="list-style-type: none"> -He/She was moderately cognitively impaired. -He/She used a walker. -He/She needed moderate assistance to bathe. <p>Review of the resident's shower schedule showed the resident was scheduled to receive a shower on Wednesdays and Saturdays.</p> <p>Review of the resident's shower sheets dated July 2024 showed he/she received a shower on 7/30/24.</p> <p>Review of the resident's records showed there were no showers completed 8/1/24 through 8/6/24.</p> <p>During an interview on 8/6/24 at 10:45 A.M. the resident said:</p> <ul style="list-style-type: none"> -He/She does not often get a shower. -He/She had to clean himself/herself up at the sink. -His/Her hair felt dirty. -He/She had refused showers in the past but not for a long time. -There was not enough staff to give the residents even one shower a week. <p>3. Review of Resident #3's face sheet showed he/she had been admitted to the facility on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> -Paranoid schizophrenia (when a person experiences paranoia (fear) that feed into delusions(false belief) and hallucinations (a false perception of objects or events involving your senses; sight, sound, smell, touch or taste). -Mixed anxiety disorders. -Osteoarthritis of knee (when the flexible tissue at the end of the bone wears down). -Edema (water retention). <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Extrapyramidal and movement disorder (a variety of movement disorders as a result of taking antipsychotic drugs usually used to control psychosis (a mental disconnect with reality).</p> <p>Review of the resident's Care Plan dated 5/24/24 showed:</p> <p>-He/She had impaired vision.</p> <p>-He/She required assistance to compete daily activities of care safely related to current conditions.</p> <p>-Staff was to bathe him/her as per schedule.</p> <p>Review of the resident's quarterly MDS dated [DATE] showed:</p> <p>-He/She had debility.</p> <p>-He/She had a history of TIA.</p> <p>-He/She had Chronic Obstructive Pulmonary Disease (a group of lung diseases that blocks air flowing making it hard to breathe).</p> <p>-He/She needed partial assistance to bathe.</p> <p>Review of the resident's shower schedule showed the resident was scheduled to receive a shower on Wednesdays and Saturdays.</p> <p>Review of the resident's shower sheets dated July 2024 showed he/she received a shower on 7/1/24 and 7/30/24.</p> <p>Review of the resident's records showed there were no showers completed 8/1/24 through 8/6/24.</p> <p>During an interview on 8/6/24 at 10:30 A.M. the resident said:</p> <p>-He/She would like to have had a shower at least weekly, but there was not enough staff.</p> <p>-He/She would take a sponge bath at the sink but would have liked to have had a shower.</p> <p>-He/She did not feel as clean when only taking a sponge bath.</p> <p>-His/Her skin was dry and flaky.</p> <p>4. Review of Resident #4's face sheet showed he/she had been admitted to the facility on [DATE] with the following diagnoses:</p> <p>-Osteoarthritis, left hip.</p> <p>-Heart failure (when the heart does not pump blood as effectively as it should).</p> <p>(continued on next page)</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>39469</p> <p>Based on interview, and record review, the facility failed to have a certified Infection Preventionalist employed at the facility. The facility census was 49 residents.</p> <p>The facility did not have a policy for Infection Preventionalist.</p> <p>Record review of the Administrator's Certificate of Training dated 1/11/24 showed:</p> <p>-The Administrator had completed the first module of the Infection Prevention and Control Program on 1/11/24.</p> <p>-No other training was done.</p> <p>-He/She had not completed the Infection Prevention course.</p> <p>1. During an interview on 8/6/24 at 12:45 P.M. Graduate Practical Nurse (GPN) A said:</p> <p>-They have had COVID (a contagious disease caused by the coronavirus SARS-CoV-2) in the building since he/she had started.</p> <p>-He/She did not know where the Personal Protective Equipment (PPE - equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses) was stored.</p> <p>-He/She had not received any education about COVID or what was expected of him/her when a resident became positive.</p> <p>-He/She did not know if the facility had an Infection Preventionalist.</p> <p>During an interview on 8/6/24 at 1:45 P.M. the Director of Nursing (DON) said:</p> <p>-He/She has been doing the Infection Preventionalist's work such as the Antibiotic Stewardship and tracking infections and COVID.</p> <p>-He/She has not taken the Infection Preventionalist course nor was he/she certified.</p> <p>-The facility had an Infection Preventionalist but they quit six months ago.</p> <p>-The facility has been trying to hire an Assistant Director of Nursing (ADON) who would step into that roll, but at present there was no Infection Preventionalist employed at the facility and have not had one for the last six months.</p> <p>During a interview on 8/9/24 at 10:00 A.M. Licensed Practical Nurse (LPN) A said:</p> <p>-He/She was the Charge Nurse on the weekends.</p> <p>(continued on next page)</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The facility had provided some education on what to do with residents if they became positive with COVID.</p> <p>-He/She did not think the facility had anyone designated as the Infection Preventionalist.</p> <p>During an interview on 8/9/24 at 10:30 A.M. the Administrator said:</p> <p>-Both he/she and the DON were enrolled in the Infection Preventionalist on line class.</p> <p>-(Documentation showed he/she had completed one module in January 2024).</p> <p>-They have not had an Infection Preventionalist employed at the facility since February 2024.</p> <p>-They were trying to hire an ADON who would step into the Infection Preventionalist roll.</p>		