

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 02/10/2025
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** Based on observation, interview, and record review, the facility failed to ensure residents who required staff assistance with bathing received baths and/or showers to meet the needs of four sampled residents (Resident #1, Resident #3, Resident #4, and Resident #6) out of six sampled residents. The facility census was 50 residents.</p> <p>The facility was asked for the Bathing/Shower Policy and was provided with a copy of Code of State Regulations 19 CSR 30-85 (67 - 95).</p> <p>-The Administrator said the facility goes by the standard of care, generally two baths per week minimum, unless refused or care plan requests for one bath per week.</p> <p>1. Review of Resident #1's admission Record showed he/she was admitted to the facility on [DATE] with the following diagnoses:</p> <p>-Glaucoma (a group of eye conditions that can cause blindness).</p> <p>-Legal blindness (a significant level of vision impairment).</p> <p>Review of the resident's Care Plan dated 2/1/25 showed the resident did not have a Care Plan for Activities of Daily Living (ADLs) for the resident's cares.</p> <p>Review of the resident's entry Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning) dated 1/22/25 showed only the resident's identification information.</p> <p>Review of the resident's paper bath sheets from 1/22/25 to 2/9/25 showed no paper bath sheets were available for review on 2/10/25.</p> <p>Review of the resident's Electronic Medical Record (EMR) on 2/10/25 showed:</p> <p>-Baths for the previous 30 days were provided to the resident on 1/27/25.</p> <p>-Staff documented Not Applicable on 1/31/25 and 2/7/25.</p> <p>Observation and interview on 2/10/25 at 1:16 P.M., showed:</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident said he/she had only one shower since he/she was admitted to the facility on [DATE].</p> <p>-He/She had asked the staff for showers, but staff said they did not have the time and were shorthanded.</p> <p>-He/She wants a shower at least twice a week.</p> <p>-He/She had body odor and his/her hair was greasy and uncombed.</p> <p>2. Review of Resident #3's admission Record showed he/she was admitted to the facility on [DATE] and re-admitted on [DATE] with the following diagnoses:</p> <p>-Hemiplegia (paralysis on one side of the body) and Hemiparesis (muscle weakness on one side of the body) following cerebral infraction (stroke) affecting right dominant side.</p> <p>-Legal blindness.</p> <p>Review of the resident's undated Care Plan showed the resident required moderate assistance from staff for bathing.</p> <p>Review of the resident quarterly MDS dated [DATE] showed the resident:</p> <p>-Was moderately cognitively impaired.</p> <p>-Required substantial/maximum assistance by staff for bathing.</p> <p>Review of the resident's EMR on 2/10/25 showed baths for the previous 30 days were provided to the resident twice on 1/28/25, 1/29/25, 2/1/25, and 2/8/25.</p> <p>Review of the resident's paper bath sheets for the previous 30 days showed baths were offered and/or received:</p> <p>-The resident received two baths from 1/10/25 - 1/28/25.</p> <p>-The resident received one bath from 1/29/25 - 2/9/25.</p> <p>During an interview on 2/10/25 at 1:31 P.M., showed:</p> <p>-The resident had requested showers at least once a week but was not getting them.</p> <p>-He/She went about a month without a shower before finally getting one at the end of January.</p> <p>-He/She requires staff to help him/her with the bath/shower.</p> <p>-He/She does not care what day or time he/she just wants a bath/shower.</p> <p>-He/She feels dirty, and it upsets him/her when no showers are given.</p> <p>(continued on next page)</p>		

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