

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455670	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2025
NAME OF PROVIDER OR SUPPLIER  Ridgecrest Retirement and Healthcare Community		STREET ADDRESS, CITY, STATE, ZIP CODE  1900 W State Hwy 6 Waco, TX 76712	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42949</b></p> <p>Based on observation, interview and record review, the facility failed to review and revise the person-centered, comprehensive care plan for 3 of 12 residents (Residents #10, #11 and #12) reviewed for comprehensive care plans.</p> <ol style="list-style-type: none"> <li>1. The facility failed to ensure a care plan was developed to address Resident #10's falls on 4/19/2025 and 4/25/2025.</li> <li>2. The facility failed to ensure a care plan was developed to address fall interventions for Resident #11 after falls on 3/18/2025, 3/24/2025, and 3/28/2025.</li> <li>3. The facility failed to ensure a care plan was developed to address fall interventions for Resident #12 after falls on 3/13/2025 and two falls on 3/30/2025 .</li> </ol> <p>This deficient practice could place residents at risk for not receiving proper care and services due to inaccurate care plans.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. Record review of Resident #10's face sheet, dated 4/30/2025, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #10 had diagnoses which included: Pneumonia (infection of the lungs), metabolic encephalopathy (brain dysfunction caused by systemic illness or conditions that disrupt the body's chemical balances), Hypertension , chronic pain, heart disease, anxiety disorder , muscle weakness, unsteadiness on feet, lack of coordination and COPD (Chronic Obstructive Pulmonary Disease - inflammation of the airways in the lungs which leads to reduce oxygen intake.)</li> </ol> <p>Record review of Resident #10 's MDS assessment, dated 4/12/2025, reflected a BIMs of 10, which indicated mild cognitive impairment.</p> <p>Record review of Resident #10'care plan reflected the document was blank and had no problems or interventions listed.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Record review of Resident #11's face sheet, dated 4/30/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #11 had diagnoses which included: Huntington's disease , unsteadiness on feed, history of falling, muscle weakness, difficulty in walking, and abnormalities of gait and mobility.</p> <p>Record review of Resident #11's MDS assessment, dated 2/2/2025, reflected a BIMs of 11, which indicated mild cognitive impairment.</p> <p>Record review of Resident #11's current care plan reflected a problem Risk for falls related to unsteady gait due to Huntington's Disease with a revision date 8/26/2024 .</p> <p>3. Record review of Resident #12's face sheet, dated 4/30/2025, reflected an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #12 had diagnoses which included: Hypertension (high blood pressure), Heart Disease, Anxiety disorder , Alzheimer's disease (a progressive disease that destroys memory and other mental functions) , muscle weakness, chronic pain, arthritis (inflammation of the joints), and Chronic Obstructive Pulmonary Disease - COPD - (inflammation of the airways in the lungs which leads to reduce oxygen intake).</p> <p>Record review of Resident #12's quarterly MDS assessment, dated 2/14/2025, reflected the resident had a short- and long-term memory problem and A BIMs assessment could not be completed.</p> <p>Record review of Resident #12's current care plan reflected a problem I have had an actual fall with a revision date of 11/14/2024 .</p> <p>During an interview on 4/30/2025 at 4:20 PM, the MDS Coordinator stated the responsibility for updating care plans was a conglomeration between nursing and MDS. He stated falls were discussed in the morning meeting and once nursing decided what the interventions would be for a resident, he would go in and update the care plan. He was shown the care plans for Residents #10, #11 and #12 and noted Resident #10's care plan was blank and Residents #11 and #12 had not been updated since last year (2024 ) even though all 3 residents had falls in the last 30 days. He stated, I can't update the care plans until interventions are reviewed through investigation. He also stated he was the only MDS person for the facility and was not able to keep up with updating all the care plans adding they are on my list, but I just couldn't get to them. He stated he let the DON know he was not able to keep the care plans updated, but nothing had changed. He stated potential problems with not having care plans updated were staff would not know what interventions were in place and this could cause a resident fall again, they could break a vertebra in their spine, break a hip, crack their head - there was an opportunity for serious injury.</p> <p>During an interview on 4/30/2024 at 4:42 PM, the ADON stated the MDS coordinator was responsible for updating care plans. She stated they had morning meetings and discussed accidents/incidents and the care plans should be updated after that and anytime throughout the day. She stated it was her expectations that falls would be reviewed and come up with an intervention plan and MDS would update care plans. She stated potential concerns with care plans not being updated was lack of communication with staff on the residents; plan of care, and could expose residents to repeated falls, with a risk for serious injury, which included fractures and brain bleeds which could require hospitalization s.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/30/2025 at 4:49 PM, the ADM stated he was not aware care plans were not being updated. He stated falls were discussed in the morning meeting and the MDS Coordinator was responsible for updating care plans. He stated if care plans were not updated, then the staff would not know about the fall interventions put in place. This could affect the residents - if staff didn't know they could have another fall, could potentially be injured which included skin tears, fracture, any kind of injury. He stated his expectation was care plans would be updated after falls .</p> <p>Record review of the facility's incident report, dated 4/29/2025, (for the last 30 days of data) reflected the following:</p> <p>Resident #10 had unwitnessed falls on 4/19/2025 and 4/25/2025.</p> <p>Resident #11 had unwitnessed falls on 3/18/2025, 3/24/2025 and 3/28/2025.</p> <p>Resident #12 had unwitnessed falls on 3/13/2025, and two falls on 3/30/2025.</p> <p>A record review of the facility's, undated, Care Plans, Comprehensive Person-Centered policy, reflected A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p> <p>Policy Interpretation and Implementation</p> <p>1. The interdisciplinary Team (IDT) in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident .</p> <p>7. The Comprehensive, person-centered care plan:</p> <p>a. Includes measurable objective and time frames;</p> <p>b. Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including:</p> <p>1. services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment.</p> <p>2. any specialized services to be provided as a result of PASARR recommendations; and</p> <p>3. which professional services are responsible for each element of care;</p> <p>c. Include the resident's stated goals upon admission and desired outcomes;</p> <p>d. builds on the resident's strengths; and</p> <p>e. reflects currently recognized standards of practice for problem areas and conditions</p> <p>10. When possible, interventions address the underlying source(s) of the problem area (s), not just symptoms or triggers.</p> <p>(continued on next page)</p>		

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