

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555877	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/29/2024
NAME OF PROVIDER OR SUPPLIER  Ridgecrest Regional Transitional Care and Rehabili		STREET ADDRESS, CITY, STATE, ZIP CODE  1081 North China Lake Boulevard Ridgecrest, CA 93555	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>48901</p> <p>Based on observation, interview, and record review, the facility failed to monitor efficacy of the bed alarm to ensure it (bed alarm) was functioning for one of four sampled residents (Resident 1). This failure had the potential to result in Resident 1 having an unwitnessed fall and sustaining an injury.</p> <p>Findings:</p> <p>During an observation on 4/8/24 at 7:46 a.m. in Resident 1's room. Resident 1 was lying in bed with her eyes closed. Resident 1 had bilateral half upper side rails up, fall mats on both sides of bed, call light within reach, and room was free of clutter. Resident 1 opened her eyes slightly and then closed them again when being spoken to. Resident 1 did not say anything.</p> <p>During a review of Resident 1's Post Fall Review/Fall Risk Assessment (PFRFRA), dated 3/17/24, the PFRFRA indicated, 3/17/24 at 18:55 [6:55 p.m.] staff were alerted by tx [treatment] nurse [LVN 3]. Upon assessment resident [1] was laying on fall mat on side of bed closet to window; resident [1] was seated on bottom with knees bent. Resident [1] states she fell . Unwitnessed. Outcome: Major Injury. Transverse [crosswise] fracture of the right patella [bone at the front of the knee joint]. Contributing/Predisposing Factors: Forgetfulness, Impulsive Behavior/Practices, Impaired Balance, Cognitive Deficit [a loss/lacking], and Physical Deficit. Conclusion/Summary: Resident [1] attempted to get out of bed unassisted. Resident does not recall what she was trying to do at time of fall. LVN [Licensed Vocational Nurse] notes resident [1] was calling out for her mother. Resident [1] has occasional instances of attempting to get out of bed, brief was slightly wet; bed alarm was not activated.</p> <p>During a review of Resident 1's Plan of Care - FALLRISK, dated 3/28/22, the POCF indicated, At risk for falls and fall related injuries related to history of falls. Interventions. Effective date 3/10/23: Bed alarm when Resident [1] in bed.</p> <p>During a review of Resident 1's Minimum Data Set (MDS-assessment tool) dated 2/26/24, the MDS indicated, BIMS [Brief Interview for Mental Status] Summary Score 4 [severe cognitive impairment].</p> <p>During a concurrent interview and record review on 4/19/24 at 1:58 p.m. with MDS Coordinator (MDSC), Resident 1's Quarterly Assessment (QA), dated 2/26/24 was reviewed. The QA indicated, Fall Risk Score 24. MDSC stated a fall risk score of 24 indicates Resident 1 is high risk for fall.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/8/24 at 11:53 a.m. with LVN 1, LVN 1 stated Resident 1 is dependent with staff on care.</p> <p>During a review of Resident 1's Minimum Data Set (MDS-standardized assessment tool that measures health status in nursing home residents), dated 2/26/24, Resident 1's MDS indicated Section GG (Functional Abilities and Goals) - Resident 1 is dependent on transfers to and from a bed to a chair.</p> <p>During an interview on 4/15/24 at 9:05 a.m. with LVN 2, LVN 2 stated, I do not know if her bed alarm was on. LVN 2 stated she does not remember hearing the bed alarm go off prior to Resident 1's unwitnessed fall. LVN 2 stated bed alarms helps staff check on residents before they attempt to get out of bed and assess if they are being restless.</p> <p>During an interview on 4/15/24 at 10:38 a.m. with LVN 3, LVN 3 stated she heard Resident 1 yelling from her room. LVN 3 stated she noticed Resident 1 was sitting on the fall mat on the floor with her knees bent, on kneeling position, and her right arm on the bed. LVN 3 stated she did not hear any alarm going off when Resident 1 was yelling. LVN 3 stated there was no bed alarm turned on. LVN 3 stated when bed alarms are in use and goes off, they help alert staff to go check on residents right away and assist them if needing help.</p> <p>During an interview on 4/15/24 at 10:58 a.m. with Certified Nurse Assistant (CNA) 1, CNA 1 stated the bed alarm should have been on for Resident 1. CNA 1 stated he did not turn on or off the alarm prior to the fall. CNA 1 stated Resident 1 does not frequently try to get out of bed, but she is not alert and oriented.</p> <p>During an interview on 4/24/24 at 3:33 p.m. with CNA 1, CNA 1 stated he was supposed to check the bed alarms every shift. CNA 1 stated on the day of Resident 1's fall, he did not verify the bed pad alarm was on.</p> <p>During an interview on 4/17/24 at 1:14 p.m. with Director of Nursing (DON), DON stated Resident 1's bed pad alarm should be on when Resident 1 is in bed. DON stated Resident 1's bed pad alarm did not alarm. DON stated the bed pad alarm are very sensitive and is not sure why it did not alarm.</p> <p>During a review of Resident 1's Summary of Bed Alarm Investigation and QA [Quality Assurance] Intervention Report (SBAIQAIR), undated, the SBAIQAIR indicated, 1. On 3/17/24 Resident [1] sustained a fall. Initial investigation shows bed alarm was not turned on by the staff and the bed and bed alarm was functioning properly. Bed alarm was turned on upon resident's [1] transfer back to bed. 2. On 3/19/24, QA nurse determined and confirmed bed alarm was not activated by staff.</p> <p>During an interview on 4/29/24 at 11:04 a.m. with Administrator (ADM), the ADM stated there is no way for us to know if the bed alarm is functioning correctly other than when we get the residents up or turn them. If it is not working, then staff need to report it and complete a work order.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&amp;P) titled, Falls and Fall Risk, Managing, dated March 2018, the P&amp;P indicated, Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling. Fall Risk Factors. 8. Position-change alarms will not be used as the primary or sole intervention to prevent falls, but rather will be used to assist the staff identifying patterns and routines of the resident. The use of alarms will be monitored for efficacy and staff will respond to alarms in a timely manner.</p>		