

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 05/01/2024
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 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>50409</p> <p>Based on interview and record review, the facility failed to ensure care plan was implemented for one of three sampled residents (Resident 1) when the behaviors were not monitored hourly. This failure had the potential for Resident 1 to have increased behavioral changes due to unmonitored behaviors and delayed psychosocial interventions.</p> <p>Findings:</p> <p>During a review of Resident 1's SW (Social Worker) Note, dated 4/24/24, the SW Note indicated Resident 1 stated he will kill Licensed Vocational Nurse (LVN) 1.</p> <p>During a review of Resident 1's Care Plan (CP), dated 4/24/24, the CP indicated, Resident verbalized inappropriate statements including threat of life and safety of treatment nurse . Interventions .hourly rounding for location behavior and activity.</p> <p>During a review of Resident 1's Active Orders Report (AOR), dated 4/25/24, the AOR indicated, Hourly Rounding Monitor for location, behavior and activity. Document in comment section every hour.</p> <p>During a review of Resident 1's Administration Order Text (AOT), dated 4/25/24 and 4/26/24, the AOT indicated there were no documentation of behavior monitoring on the following dates and times:</p> <p>a. On 4/25/24 at 12 p.m., 1 p.m., 2 p.m., 3 p.m., 4 p.m., 5 p.m., 6 p.m., 7 p.m., 8 p.m., and 10 p.m.</p> <p>b. On 4/26/24 at 2 a.m., 3 a.m., 4 a.m., 5 a.m., 6 a.m., 7 a.m., 8 a.m., 9 a.m., 10 a.m., 11 a.m., 12 p.m., 1 p.m., 2 p.m., 3 p.m., 4 p.m., 5 p.m., 6 p.m., 7 p.m., 8 p.m., 9 p.m., 10 p.m., and 11 p.m.</p> <p>During an interview on 5/3/24 at 2:26 p.m. with Director of Nursing (DON), DON stated, I see that those [hourly documentation of behavior monitoring] are missing.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, dated March 2022, the P&P indicated, 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>

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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