

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 10/15/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39763</p> <p>Based on interview and record review, the facility failed to provide reasonable accommodations for two of three sampled resident (Resident 1 and Resident 2). This failure had the potential for delay in care.</p> <p>Findings:</p> <p>During an interview on 10/14/24 at 11:37 a.m. with Resident 2, Resident 2 stated call lights take 20 minutes to be answered sometimes. Resident 2 stated the wait time was not acceptable. Resident 2 stated what if there was an emergency.</p> <p>During a review of Resident 2's Minimum Data Set, (MDS - an assessment tool) dated 10/19/24, the MDS indicated, Resident 2's BIMS (Brief Interview for Mental Status) score was 15 (a score of 13 to 15 points indicates the resident has cognitive intactness).</p> <p>During an interview on 10/14/24 at 11:37 a.m. with Resident 1, Resident 1 stated the facility had lots of call offs recently. Resident 1 stated one day (no date given) there was an issue where she waited 2 hours in a wet brief. Resident 1 stated, I had to lay in my mess for two hours to be change. Resident 1 stated, Makes you fell less than human.</p> <p>During a review of Resident 1's MDS, dated [DATE], the MDS indicated, Resident 1's BIMS was 14.</p> <p>During an interview on 10/14/24 at 11:55 a.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated she can have 12 to 17 residents assigned to her on a day shift. CNA 1 stated she had 17 residents assigned to her 10/13/24. CNA 1 stated it was very hard to give showers and very hard to answer call lights. CNA 1 stated she feels rushed and hurried. CNA 1 stated the wait times are longer for the residents, and she was always apologizing for the wait time.</p> <p>During an interview on 10/14/24 at 12:08 p.m. with CNA 2, CNA 2 stated she had 11 to 14 residents assigned to her on a day shift. CNA 2 stated she had 14 residents more often than not. CNA 2 stated she always feels rushed and hurried. CNA 2 stated she often cannot take her 15-minute breaks.</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
---	-------	-----------

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 10/15/2024
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 0558</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&P) titled, Staffing, Sufficient and Competent Nursing, revised August 2022, the P&P indicated, Sufficient Staff 1. Licensed nurses and certified nursing assistants are available 24 hours a day, seven days a week to provide competent resident care services including: a. assuring resident safety; b. attaining or maintaining the highest practicable physical, mental and psychosocial well-being of each resident; . c. responding to resident needs.</p> <p>During a review of the facility ' s P&P titled, Call System, Residents, revised September 2022, the P&P indicated, 6. Calls for assistance are answered as soon as possible, but no later than 5 minutes. Urgent requests for assistance are addressed immediately.</p>

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 10/15/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>39763</p> <p>Based interview and record review, the facility failed to ensure medication were administered as ordered for one of three sampled residents (Resident 1). This failure had the potential for Resident 1 to have adverse outcomes.</p> <p>Findings:</p> <p>During an interview on 10/14/24 at 11:37 a.m. with Resident 1, Resident 1 stated she was sent to an appointment out of town (no date given) with an insulin (medication used to treat diabetes [chronic disease that occurs when the body does not produce enough insulin or does not use insulin properly resulting in high blood sugar levels]) pen but no needle. Resident 1 stated she did not receive insulin before lunch recently (no date given). Resident 1 stated she was supposed to get her Ozempic (medication used to treat diabetes) on Friday but did not get it until Saturday. Resident 1 stated Ozempic should be given timely so it will be effective.</p> <p>During an interview on 10/14/24 at 12:46 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated medications can be administered one hour before and one hour after scheduled time frame.</p> <p>During a concurrent interview and record review on 10/31/24 at 1:21 p.m. with Quality Assurance Nurse (QAN) Resident 1 ' s Medication Record, for September 2024 and October 2024, were reviewed.</p> <p>Resident 1 ' s Medication Record, for September 2024</p> <p>09/20/24 . Ozempic 2 mg Doses 8 mg/3ml Solution Give 2 mg Subcutaneous Every Bedtime weekly On Friday . for . diabetes .</p> <p>The MR indicated, on 9/27/24 for the 9 p.m. administration time, H (medication was held) was documented, there were no licensed staff initials in the box for Resident 1 ' s Ozempic, to indicate the medication was administered.</p> <p>4/21/24 . (Insulin . 100 u/1 ML solution. per sliding scale . injection before meals & nightly . for . diabetes .</p> <p>The MR indicated, on 9/5/24 for the 11 a.m. administration time, M (missed dose) was documented, there were no licensed staff initials in the box for Resident 1 ' s insulin, to indicate the medication was administered.</p> <p>9/3/24 (Insulin . 100 u/1 ML solution give 32 units subcutaneous Twice daily . for . diabetes .</p> <p>The MR indicated, on 9/5/24 for the 9 a.m. administration time, M was documented, there were no licensed staff initials in the box for Resident 1 ' s insulin, to indicate the medication was administered.</p> <p>Resident 1 ' s Medication Record, for October 2024</p> <p>(continued on next page)</p>

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 10/15/2024
NAME OF PROVIDER OR SUPPLIER Ridgecrest Regional Transitional Care and Rehabil		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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>09/20/24 . Ozempic 2 mg Doses 8 mg/3ml Solution Give 2 mg Subcutaneous Every Bedtime weekly On Friday . for . diabetes .</p> <p>The MR indicated, on 10/11/24 for the 9 p.m. administration time, M was documented, there were no licensed staff initials in the box for Resident 1 ' s Ozempic, to indicate the medication was administered.</p> <p>9/16/24 (Insulin . 100 u/1 ML solution give 30 units subcutaneous Twice daily . for . diabetes .</p> <p>The MR indicated, on 10/3/24 for the 9 a.m. administration time, H was documented, there were no licensed staff initials in the box for Resident 1 ' s insulin, to indicate the medication was administered.</p> <p>9/16/24 . (Insulin . 100 u/1 ML solution . per sliding scale . injection before meals & nightly . for . diabetes .</p> <p>The MR indicated, on 10/3/24 for the 11 a.m. administration time, H was documented, there were no licensed staff initials in the box for Resident 1 ' s insulin, to indicate the medication was administered.</p> <p>QAN confirmed the findings. QAN reviewed Resident 1 ' s medical record and was unable to find documentation for the missed medications. QAN stated the Ozempic was held (9/27/24) due to a data entry error QAN confirmed Resident 1 ' s Ozempic was not administered per order. QAN stated the facility would like to have a note indicating why the medications were held or missed.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Administering Medications, revised April 2019, the P&P indicated, Medications are administered in a safe and timely manner, and as prescribed. 4. Medications are administered in accordance with prescriber orders, including any required time frame. 5. Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include: a. enhancing optimal therapeutic effect of the medication; . 7. Medication are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). 21. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose.</p>		