

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2020
NAME OF PROVIDER OF SUPPLIER RIDGEWOOD LIVING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 1624 HIGHLAND DRIVE WASHINGTON, NC 27889	
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)		
F 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and staff interviews, the facility failed to ensure a resident who was at risk for falls was wearing shoes according to the care plan for the resident (Resident #1) who fell during an independent transfer for 1 of 3 residents reviewed for accidents. The findings included: Resident #1 was admitted to the facility 02/09/11 with [DIAGNOSES REDACTED]. The quarterly Minimum Data Set ((MDS) dated [DATE] revealed Resident #1 was severely cognitively impaired. She was sometimes understood and sometimes understands. She had no behaviors or rejection of care. She required extensive assistance for transfers and dressing. She needed limited assistance to walk in the room. She was not steady and required staff assistance to stabilize with all areas of balance during transfers. The care plan dated 4/5/19, which was in effect on 8/31/20 revealed Resident #1 was at risk for falls related to [MEDICAL CONDITION] drug use, impaired mobility and incontinence. One of the interventions dated 8/5/19 read ensure Resident #1 had proper fitting shoes on. Resident #1's medical record revealed on 08/31/20 at 3:52 PM Nurse #2 was called to Resident #1's room due to the resident fell on the floor. The note specified Resident #1 was sitting in her chair when the nurse arrived. On 09/17/20 at 3:45 PM Nurse #2 stated Resident #1 was already sitting in the chair when she arrived in the room on 8/31/20. Nurse #2 reported Resident #1 had a blanket around her lower body, was wearing white socks and was not wearing shoes. Nurse #2 stated the socks were not slip resistant socks. Nurse #2 stated Nurse #3 was the nurse who assessed Resident #1 and assisted her back into the chair. On 09/17/20 at 2:30 PM Nurse #3 stated she responded to Resident #1's fall on 8/31/20. Nurse #3 said she assessed Resident #1 then assisted her back into the chair. She stated the resident had no apparent injuries. Nurse #3 reported it looked like Resident #1 tried to get from her chair into the wheelchair and she fell. Nurse #3 stated when she assessed Resident #1 after the fall on 8/31/20, the resident was not wearing shoes and was wearing regular socks. The care plan updated 09/02/20 indicated Resident #1 had an actual fall and was at risk for falls due to impaired mobility, use of [MEDICAL CONDITION] drugs and incontinence. The intervention of ensure Resident #1 had proper fitting shoes remained on the care plan. On 09/16/20 at 12:15 PM Resident #1 was observed in her room sitting in her chair. She was dressed in pants, shirt, sweater and regular white socks. She was not wearing shoes. A pair of shoes was observed inside a plastic bag tied to the outside of the resident's clothing hamper. On 09/16/20 at 12:15 PM Nursing Assistant (NA) #2 was observed in Resident #1's room assisting her with the setup of her lunch. NA #2 stated Resident #1 was not wearing shoes because the shoes were soiled. She reported Resident #1 had another pair of shoes but those did not fit. NA #2 said Resident #1 did not have any slip resistant socks because her family provided the clothes and the white socks were the only socks she had. She stated the supply clerk would have slip resistant socks. She was unable to say why she had not obtained slip resistant socks for Resident #1 since she had no shoes. The Director of Nursing (DON) was interviewed on 09/17/20 at 3:15 PM and reported fall investigations were reviewed in the morning meetings. The team discussed what happened and to decide on interventions. She stated she was not aware Resident #1 was wearing regular socks and not wearing shoes when she fell on [DATE]. She stated Resident #1 should have slip resistant socks if she was not wearing shoes and slip resistant socks were available in the supply room.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observations, record review, resident and staff interviews, the facility failed to ensure hand hygiene was performed between residents (Resident #2, Resident #3, and Resident #4), failed to post signage related to Coronavirus disease 2019 (COVID-19) on 2 of 2 isolation units, and failed to ensure hand hygiene was performed by 2 of 2 visitors during the entrance screening process. This failure occurred during a COVID-19 pandemic. 1. A facility policy titled Infection Control Guidelines for all Nursing Procedures dated 1/24/19, read in part, employees must wash their hands before and after all patient contact. During an observation on 9/15/20 at 9:30 AM Nursing Assistant (NA) #1 was observed leaving Resident #2's room, a quarantine room, after providing care. She was observed not performing hand hygiene after care. NA #1 placed her used gloves in a receptacle placed in the doorway of the room. During an interview with NA #1 on 9/15/20 at 9:32 AM she stated she was preparing to give Resident #3 and Resident #4 a bath. She indicated she forgot to perform hand hygiene after leaving Resident #2's room. An interview was conducted with the Infection Control Nurse on 9/15/20 at 9:51 AM who stated NA #1 should have performed hand hygiene prior to leaving Resident #2's room. An interview was conducted with the Director of Nursing on 9/15/20 at 4:40 PM who indicated NA #1 should have performed hand hygiene prior to leaving Resident #2's room. 2. Centers for Disease Control (CDC) guidelines titled Responding to the Coronavirus (COVID-19) in Nursing Homes updated 4/30/20 read in part, place signage at the entrance to the COVID-19 care unit that instructs Health Care Personnel they must wear eye protection and an N-95 or higher-level respirator (or facemask if a respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms. During an observation on 9/15/20 at 10:00 AM no signage was observed on the doors to COVID-19 unit A. During an observation on 9/15/20 at 10:03 AM no signage was observed on the doors to COVID-19 unit B. An observation was conducted on 9/15/20 at 2:15 PM no signage was observed on the entrance to COVID-19 unit B. An interview was conducted with the Infection Control Nurse on 9/15/20 at 2:35 PM who stated there should be signs on the entrances to both COVID-19 units. She reported signs were not placed on the COVID-19 units because she ran out of signs. Rooms on COVID-19 unit B were observed to have signs at each doorway. 3. A facility policy titled COVID-19, dated 5/11/20 read in part, if visitation is granted, visitor(s) must perform hand hygiene. During the screening process to enter the facility on 9/15/20 at 9:00 AM, two of two state surveyors were not required to perform hygiene. The Medical Records Clerk, Administrator, and Receptionist were present during screening process. Observation on 9/15/20 at 9:10 AM revealed a state surveyor was not required to perform hand hygiene upon reentry into the building. An interview was conducted with the Medical Records Clerk on 9/15/20 at 3:25 PM who stated all individuals completing the screening procedure on the agency kiosk should use hand sanitizer prior to using the kiosk and afterwards. She indicated the state surveyors were not asked to perform hand hygiene during the screening process on 9/15/20 at 9:00 AM. During an interview with the Director of Nursing on 9/15/20 at 4:40 PM she stated the state surveyors should have been asked to use hand sanitizer during the screening process on 9/15/20. An interview was conducted with the Administrator on 9/15/20 at 4:49 PM who stated the state surveyors should have been asked to use hand sanitizer during the screening process on 9/15/20. He indicated that when he entered the lobby during the screening process he believed the state surveyors had completed hand hygiene.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.