

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 05/30/2020
NAME OF PROVIDER OF SUPPLIER RIDGECREST RETIREMENT AND HEALTHCARE COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review the facility ensure that the resident can exercise his/her rights without interference, coercion, discrimination, or reprisal from the facility for one (Resident #1) of two residents reviewed for resident rights. The facility posted a sign with information about Resident #1 and family at the main entrance of the facility. This failure placed residents at risk of having personal information revealed to all residents and visitors who entered the facility. Findings include: Review of Resident #1's face sheet reflected a 93-years old male who was admitted on [DATE]. [DIAGNOSES REDACTED]. Review of Resident #1's MDS assessment, dated 05/03/2020, reflected a BIMS score of 8, indicating a moderate cognitive impairment. Review of Resident #1's Care Plan, dated 05/19/2020, reflected Resident #1 had an ADLs self-care performance deficit related to fracture of left femur and clavicle, fluid volume overload related to disease process of [MEDICAL CONDITION], risk for fall related to history of fall. In an interview on 05/30/2020 at 8:56 a.m., the complainant stated, at the facility's only entrance, in the waiting area, just above the COVID 19 sign in sheet there was a sign taped next to other signs which Reflected Resident #1. Complainant stated this had violated Resident #1's HIPPA rights. Review of the sign, provided by family on 5/30/2020 at 9:00 a.m. reflected: Resident #1 Family . Allowed to visit (9A-7P--- written in pen) . ONE AT A TIME! . IF THEY ARE FOUND WITHOUT WEARING A FACE MASK THEY WILL BE TOLD TO LEAVE AND NOT ALLOWED BACK IN! . (Room sanitized after each individual visitor---written in pen) In an interview on 05/30/2020 at 11:53am, ADON stated the administrator had put a note up at the main entrance, just above the COVID 19 sign in table regarding Resident #1's family visitation. She also stated she did not read the note and will not be able to say what was on it. ADON stated the DON did see the note because she had reviewed it to make sure it did not violate HIPPA. In an interview on 05/30/2020 at 12:50pm, Receptionist stated the administrator had put a sign just above the COVID 19 sign-in table at the entrance relating to Resident #1 and family. The receptionist stated the note indicated when Resident #1's family was allowed to visit, they would be screen, once in the room they were not allowed to come out, and only one family member at a time. In an interview on 05/30/2020 at 1:58pm, Administrator stated he had posted a sign up at the entrance just above the COVID 19 sign-in table regarding Resident #1's family. He stated the facility was not open to the public so only staff, who worked at the facility, and residents, who lived in the facility, would see it. Administrator stated the sign only referenced Resident #1's last name and did not say his first name and did not reflect health information. Administrator stated this sign was for the person who would check people in and would know what to do. Review of facility policy titled Residents Rights under Federal Law undated reflected: --The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.		
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.