

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115478	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/07/2025
NAME OF PROVIDER OR SUPPLIER  Ridgecrest Rehab & Skilled Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8329 Stevens Lane Columbus, GA 31909	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on staff interviews, record review, and review of the policy titled Care Plan Policy, the facility failed to develop a care plan for one resident (R) (R19) related to psychotropic/antianxiety medication use. The sample size was 25 residents. Findings include: A review of the facility policy titled Care Plans, last reviewed September 2025, revealed that the facility would ensure timely reviews of residents' statuses and any changes in their needs. A further review revealed that the Director of Nursing (DON) was responsible for ensuring that care was provided in accordance with the care plan. A review of the Minimum Data Set (MDS) OBRA Quarterly Assessment, dated 9/24/2025, revealed that Section N (Medications) revealed that psychotropic medications were administered and prescribed for R19 during the look-back period. A review of the physician's orders for R19, dated 2/27/2025, revealed an order for lorazepam 0.5 milligrams (mg) orally (PO) daily at bedtime for generalized anxiety disorder. A review of the care plan for R19 revealed no care plan area for psychotropic/antianxiety medication. During an interview with the Director of Nursing (DON) on 12/6/2025 at 10:25 am, she stated R19 was admitted to the facility on [DATE] and was prescribed lorazepam 0.5 mg daily on 2/27/2025. She confirmed that the R19 did not have a care plan addressing the use of psychotropic or antianxiety medications. Additionally, she stated that it was her and the Unit Manager's responsibility to audit the residents' care plan to ensure that all care areas were updated to reflect the residents' care and treatment. She acknowledged that the oversight was an error.</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
---	-------	-----------