STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265797	A. BUILDING _____ B. WING _____	C 02/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE CREST NURSING CENTER	706 SOUTH MITCHELL WARRENSBURG, MO 64093

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure residents who required staff assistance with bathing received baths and/or showers to meet the needs of four sampled residents (Resident #1, Resident #3, Resident #4, and Resident #6) out of six sampled residents. The facility census was 50 residents. The facility was asked for the Bathing/Shower Policy and was provided with a copy of Code of State Regulations 19 CSR 30-85 (67 - 95). -The Administrator said the facility goes by the standard of care, generally two baths per week minimum, unless refused or care plan requests for one bath per week. 1. Review of Resident #1's Admission Record showed he/she was admitted to the facility on 1/22/25 with the following diagnoses: -Glaucoma (a group of eye conditions that can cause blindness). -Legal blindness (a significant level of vision impairment). Review of the resident's Care Plan dated 2/1/25 showed the resident did not have a Care Plan for Activities of Daily Living (ADLs) for the resident's cares. Review of the resident's entry Minimum Data Set (MDS - a federally mandated assessment	F 677		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

LA Vanhine RN, Infu 2/25/25

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.

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F 677	Continued From page 1	F 677		

instrument completed by facility staff for care planning) dated 1/22/25 showed only the resident's identification information.

Review of the resident's paper bath sheets from 1/22/25 to 2/9/25 showed no paper bath sheets were available for review on 2/10/25.

Review of the resident's Electronic Medical Record (EMR) on 2/10/25 showed:
-Baths for the previous 30 days were provided to the resident on 1/27/25.
-Staff documented "Not Applicable" on 1/31/25 and 2/7/25.

Observation and interview on 2/10/25 at 1:16 P.M., showed:
-The resident said he/she had only one shower since he/she was admitted to the facility on 1/22/25.
-He/She had asked the staff for showers, but staff said they did not have the time and were shorthanded.
-He/She wants a shower at least twice a week.
-He/She had body odor and his/her hair was greasy and uncombed.

2. Review of Resident #3's Admission Record showed he/she was admitted to the facility on 10/30/24 and re-admitted on 12/30/24 with the following diagnoses:
-Hemiplegia (paralysis on one side of the body) and Hemiparesis (muscle weakness on one side of the body) following cerebral infraction (stroke) affecting right dominant side.
-Legal blindness.

Review of the resident's undated Care Plan showed the resident required moderate

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F 677	Continued From page 2	F 677		

assistance from staff for bathing.

Review of the resident quarterly MDS dated 12/31/24 showed the resident:
-Was moderately cognitively impaired.
-Required substantial/maximum assistance by staff for bathing.

Review of the resident's EMR on 2/10/25 showed baths for the previous 30 days were provided to the resident twice on 1/28/25, 1/29/25, 2/1/25, and 2/8/25.

Review of the resident's paper bath sheets for the previous 30 days showed baths were offered and/or received:
-The resident received two baths from 1/10/25 - 1/28/25.
-The resident received one bath from 1/29/25 - 2/9/25.

During an interview on 2/10/25 at 1:31 P.M., showed:
-The resident had requested showers at least once a week but was not getting them.
-He/She went about a month without a shower before finally getting one at the end of January.
-He/She requires staff to help him/her with the bath/shower.
-He/She does not care what day or time he/she just wants a bath/shower.
-He/She feels dirty, and it upsets him/her when no showers are given.
-He/She was given a shower on 2/8/25.

3. Review of Resident #4's Admission Record showed he/she was admitted to the facility on 7/21/23 and re-admitted on 12/6/24 with a diagnosis of Hemiplegia (a medical condition that

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F 677	Continued From page 3	F 677		

causes paralysis or weakness on one side of the body) and Hemiparesis following a cerebral infraction affecting his/her left non-dominant side.

Review of the resident's undated Care Plan showed the resident required max assistance of two staff with showering twice weekly and as necessary.

Review of the resident's quarterly MDS dated 10/11/24 showed the resident:
-Was moderately cognitively impaired.
-Was totally dependent on staff for bathing.

Review of the resident's EMR on 2/10/25 showed baths for the previous 30 days were provided to the resident on 1/17/25 and 1/30/25. Staff documented "not applicable" on 1/14/25, 1/21/25, and 2/4/25.

Review of the resident's paper bath sheets from 1/10/25 to 2/9/25 showed no paper bath sheets were provided on 2/10/25.

Observation and interview on 2/10/25 at 2:01 P.M., showed:
-The resident did not answer any questions.
-He/She just sat in his/her wheelchair and looked down at the floor.
-He/She had body odor and his/her hair was greasy.

4. Review of Resident #6's Admission Record showed he/she was admitted to the facility on 9/25/24 with a diagnosis of unspecified dementia (the loss of cognitive functioning, thinking, remembering, and reasoning that interferes with daily life and activities).

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F 677	Continued From page 4	F 677		

Review of the resident's undated Care Plan showed the resident:
-Provide sponge bath when a full bath or shower cannot be tolerated.
-The resident requires partial/moderate assistance by one staff with showering twice a week in the afternoon and as necessary.

Review of the resident's quarterly MDS dated 1/6/25 showed the resident:
-Was severely cognitively impaired.
-Required substantial/maximal assistance by staff for bathing.

Review of the resident's EMR on 2/10/25 showed baths for the previous 30 days were provided to the resident on 1/15/25, 1/19/25, and 1/26/25. Staff documented "not applicable" on 1/12/25.

Review of the resident's paper bath sheets from 1/10/25 to 2/9/25 showed no paper bath sheets were provided on 2/10/25.

Observation and interview on 2/10/25 at 2:15 P.M., showed:
-The resident was not interview able due to being severely cognitively impaired.
-His/her hair was greasy.

5. During an interview on 2/10/25 at 2:29 P.M., Certified Nursing Assistant (CNA) A said:
-They have a bath aide to give the residents their baths/showers when he/she had the time.
-No baths/showers are given on the days the bath aide was off because there was not enough staff to give them.
-Resident should get two baths/showers a week and as needed.
-Each bath/shower should be documented in the

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F 677	Continued From page 5	F 677		

resident's chart.

During an interview on 2/10/25 at 2:46 P.M., Licensed Practical Nurse (LPN) A said:
-Residents are to be offered two baths/showers a week.
-They do not have enough staff to give two baths/showers a week.
-They do have a bath aide that works 12-hour days for three days then off two days.
-The bath aide gets pulled to work the floor as a CNA and is not able to give all of the residents scheduled that day a bath/shower.
-No baths/showers are given on the bath aides days off.
-The CNAs were expected to give the residents on the hall that they were working on a shower if due, but they do not have enough help to do that.
-A shower sheet was to be filled out anytime a resident was given a bath/shower or refuses a bath/shower.

During an interview on 2/10/25 at 3:41 P.M., the Administrator said:
-The bath/shower aide was pulled to work the floor on some days when a CNA was needed.
-When that happens, all CNAs are responsible for giving their assigned residents a bath/shower if it was the residents assigned day.
-The residents were not receiving showers on the bath aide's days off.
-He/she had been working on making sure the residents get their baths/showers on the bath aide's days off by educating the staff that all CNAs are responsible for bath/showers.
-He/she had hired a new bath aide for evenings and they start work on 2/11/25.
-The shower days are to be scheduled days and not moved around to when every they have time

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RIDGE CREST NURSING CENTER	**706 SOUTH MITCHELL WARRENSBURG, MO 64093**

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F 677	Continued From page 6 to give the bath/shower. -Some CNAs chart bath/showers in EMR and other CNAs fill out shower sheets and give then to the nurses. -They go by the standard of care generally two baths/showers per week minimum, unless refused or care plan requests for one bath/shower per week. MO00249049 MO00249262	F 677		

Missouri Department of Health and Senior Services

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	06640A	A. BUILDING: _____ B. WING _____	C 02/10/2025

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A4076	19 CSR 30-85.042(67) Clean, Dry, Odor Free Each resident shall be clean, dry, and free of body and mouth odor that is offensive to others. I/II This regulation is not met as evidenced by: Class II 1. Refer to F677 MO00249049 MO00249262	A4076		

Missouri Department of Health and Senior Services

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

L Hawkins — Rn, Surv — 2/25/25

PLAN OF CORRECTION

Provider Name:	RIDGE CREST NURSING CENTER
Street Address, City, Zip:	706 S MITCHELL WARRENSBURG, MO 64093
Date of Survey:	02/10/2025
Provider number:	265797

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Ridge Crest Nursing Center agrees with the allegations and citations listed on the statement of deficiencies. Ridge Crest Nursing Center maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by the regulation. This plan of correction shall operate as Ridge Crest Nursing Center with written credible allegation of compliance. By submitting this plan of correction, Ridge Crest Nursing Center does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Ridge Crest Nursing Center reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.	
F677	What corrective action will be accomplished for those residents found to have been affected? Residents # 1 was discharged. Residents 3,4 and 6 have received bathing hygiene. How will you identify other residents having the potential to be affected by the same deficient practice. All residents are at risk of this alleged deficient practice. What measures/actions will be put into place or systematic changes you will make to ensure the deficient practice does not recur:	3/10/2025

	Angel rounds will be instituted for all department heads to perform weekly to monitor any care concerns, educational needs and appearance of all residents. Angel rounds will be discussed in daily stand up meeting and corrective action will occur for every concern noted on going. How will the facility plan to monitor its performance to make sure that solution is sustained. Director of nurses will monitor and track showers daily 5 times weekly for 3 weeks, then 3 times weekly for 3 weeks, then weekly ongoing. The facility must develop a plan for ensuring that correction is achieved and sustained, this plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system; and The director of nurses will report to the QAA committee monthly total number of showers, bed baths, hospice assisted hygiene and resident refusals for evaluation. The QAA committee will augment reporting and tracking process as needed.	
MO00249049	Refer to F677	03/10/2025
MO00249262	Refer to F677	03/10/2025
A4076	Refer to F677	03/10/2025

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.

L Hamlin RN, Admin