STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345133	A. BUILDING _____ B. WING _____	C 01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE VALLEY CENTER FOR NURSING AND REHABILITATION	1000 COLLEGE STREET WILKESBORO, NC 28697

(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 000	INITIAL COMMENTS A unannounced complaint investigation survey was conducted on 01/08/2025. The following intakes was investigated NC00222211, NC00225239, NC00225526, and NC00225539. 21 of the 21 complaint allegations did not result in deficiency. Event ID# VHID11.	F 000		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff	F 761	Resident #3 was not impacted by the	1/22/25

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

Electronically Signed | 01/21/2025

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F 761	Continued From page 1 interviews, the facility failed to secure an opened tube and an opened container of topical ointment for 1 of 1 Resident reviewed for medication storage. (Resident #3). The findings included: Resident #3 was admitted to the facility on 05/02/23. The annual Minimum Data Set (MDS) assessment dated 01/01/25 coded Resident #3 with an intact cognition. During an observation conducted on 01/08/25 at 10:53 AM, an opened tube containing approximately 1.5 ounces of zinc oxide ointment 20 % (a topical ointment for treating or preventing skin irritation related to diaper rash) was found unattended on top of the over-bed table in Resident #3's room. A further observation revealed another opened container of zinc oxide ointment with the same strength with approximately 3 ounces remaining in the container left unattended on top of Resident #3's bedside table. An interview was conducted with Resident #3 on 01/08/25 at 10:55 AM. She stated the ointments were for her diaper rash and she was dependent on the staff to apply the ointment for her. She added these ointments had been left unattended in her room for at least 2 weeks. During an interview conducted on 01/08/25 at 11:00 AM, Nurse #1 confirmed the zinc oxide ointments were for Resident #3 and nurse aides (NAs) had been using it to apply to the buttock areas for treatment or prevention of diaper rash.	F 761	deficient practice. Residents residing in the facility have the potential to be affected by the deficient practice. The Director of Nursing, Assistant Director of Nursing and Regional Nurse Consultant completed a facility wide sweep of resident rooms to ensure there were no medicated ointments left at the bedside. The Director of Nursing and Assistant Director of Nursing completed education with nurses, medication aides and certified nurse aides regarding the need to keep medicated ointments secured and out of patient reach. Nurses, medication aides and certified nurse aides that have not had the education by 1/21/2025 will not be able to work until education is completed. Newly hired nurses, medication aides and certified nurse aides will receive the education during orientation from the Assistant Director of Nursing or designee. The Director of Nursing or designee will conduct an audit of ten resident rooms five times a week for four weeks, then ten resident rooms twice a week for eight weeks to ensure there are no medicated ointments in the room. The Director of Nursing or designee will review the data for patterns and trends and will take this information to the Quality Assurance Performance Improvement Committee monthly for three months. The Quality Assurance Performance	

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F 761	Continued From page 2 She stated the ointments should be kept in the wound care medication cart instead of leaving them unattended in Resident #3's room. She did not notice the ointments were in Resident #3's room when she did medication pass on 01/08/25 in the morning. An interview was conducted with NA #1 on 01/08/25 at 11:03 AM. She recalled providing care for Resident #3 in her room on 01/08/25 in the morning around 9:00 - 9:30 AM. She noticed the container of zinc oxide was sitting on the bedside table next to Resident #3's bed. She stated she did not know that zinc oxide ointment was not supposed to be left unattended. Otherwise, she would have reported the findings to the hall nurse. During an interview conducted with the Director of Nursing (DON) on 01/08/25 at 11:09 AM, she confirmed Resident #3 was dependent on the staff to apply zinc oxide ointment to her buttock areas. She expected all the zinc oxide ointments to be kept in the wound care medication cart. It was her expectation for the facility to remain free of unattended medications. An interview was conducted with the Administrator on 01/08/25 at 4:08 PM. She expected all the medications to be stored in the wound care medication cart or medication storage room to ensure the facility was free of unattended medications.	F 761	Improvement Committee will evaluate the effectiveness of the above plan and will add interventions or continued monitoring as needed. Date of Compliance: January 22, 2025	