

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/29/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106061	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2023
NAME OF PROVIDER OR SUPPLIER Ridgecrest Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 North Stone Street Deland, FL 32720	
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30969</p> <p>Based on observations, interviews, record reviews, and facility policy and procedure review, the facility failed to ensure that drugs and biologicals used in the facility were safely stored for two (Resident #4 and #1) of nine residents sampled for unsecured medications.</p> <p>The findings include:</p> <p>1. During an interview with Resident #4 on 2/14/2023 at 9:45 AM, a large white oval pill was observed on her overbed table. (Photographic evidence obtained) Resident #4 speculated it was her muscle relaxer. She stated, The morning nurse often leaves pills in my room.</p> <p>A medical record review for Resident #4 indicated she was admitted to the facility on [DATE] with diagnoses of chronic obstructive pulmonary disease (COPD) with chronic exacerbation, acute respiratory failure with hypoxia and unspecified fracture of the upper end of her left humerus.</p> <p>A review of physician's orders for Resident #4 included an order dated 2/8/2023 for Glucophage (Metformin) 1000 milligrams twice a day at 0900 (9:00 am) and 2100 (9:00 pm) for diabetes. No orders were found stating Resident #4 could self-administer her medication.</p> <p>On 2/14/2023 at 2:00 PM, an interview was conducted with Employee T, Unit Manager and Licensed Practical Nurse (LPN) concerning medications left in resident rooms. She stated, residents must have a physician's order to keep medication at bedside or to self-administer their medications.</p> <p>On 2/14/2023 at 2:05 PM, an interview was conducted with Employee R, Registered Nurse (RN) assigned to Resident #4. Employee R was asked to review Resident #4's medications to identify the white oval pill left on the overbed table this morning. Using the photographic evidence and pharmacy issued blister packs of medicines, Employee R positively identified the white pill as Metformin (a medication used to treat diabetes). When Employee R was asked if she was supposed to stay with her residents while they took their medication. She replied, Yes, always. Employee R had had no explanation why she left the pill in Resident #4's room.</p> <p>A review of Resident #4's medication administration record (MAR) found her morning dose of Glucophage (Metformin) was signed off as administered by Employee R on 2/14/2023. (Photographic evidence obtained)</p> <p>(continued on next page)</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

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Director of Nursing (DON) on 2/14/2023 at 3:10 PM, she stated, she was unsure what the policy for self-administration of medication and medication storage was. After reading the policies and reviewing Resident #4's record, she confirmed that Resident #4 did not have an order for the self-administration of her medication. The DON also acknowledged that the medication should not have been left in the resident's room.</p> <p>30905</p> <p>2. On 2/14/2023 at 11:40 AM, a tube of zinc oxide ointment (a medicated cream) was observed lying on top of the Resident #1's dresser in his room. The medicated cream had no label from the pharmacy indicating it was for Resident #1's use. (Photographic evidence obtained)</p> <p>During an interview with Employee C, LPN on 2/14/2023 at 4:00 PM, she confirmed the tube of zinc oxide was in Resident #1's room. She went in his room and picked it up off the shelf on the dresser and confirmed the medicated cream did not have a label from the pharmacy indicating it was for Resident #1's use. (Photographic evidence obtained) She stated, We always have kept this in the resident's room. Is it supposed to be in the cart? She dropped it in a plastic storage bin on the resident's dresser and left the room without taking it to the cart. (Photographic evidence obtained)</p> <p>A review of physician's orders for Resident #1 included an order dated 1/1/2023 for house barrier cream. Apply to buttocks/coccyx as needed for preventative. (Photographic evidence obtained)</p> <p>A review of the facility's Standards and Guidelines: Medication Storage implemented, reviewed, and revised on 3/1/2021 revealed:</p> <p>1. Medications, drugs and biologicals shall be stored in packaging, containers or other dispensing systems in which they are received, unless otherwise necessary.</p> <p>2. The nursing staff shall be responsible for maintaining medication storage and preparation areas in a clean, safe and sanitary manner .</p> <p>7. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts and boxes) containing medications, drugs and biologicals shall be locked when not in use and trays or carts used to transport such items shall not be left unlocked if out of a nurse's view. (Photographic evidence obtained)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30905</p> <p>Based on observations and staff interviews, the facility failed to ensure the ice machines in 3 of 3 dining rooms had clean and sanitary ice dispensers free from contamination. Failure to clean and sanitize the ice machines is important in health care settings serving nursing home residents due to the risk of serious complications from foodborne illness because of their compromised health status. Unsafe food handling practices represent a food safety hazard and a potential source of pathogen exposure for residents.</p> <p>Resource:</p> <p>4-602.11 Equipment Food-Contact Surfaces and Utensils.</p> <p>(A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be cleaned: (E) Except when dry cleaning methods are used as specified under S 4-603.11, surfaces of UTENSILS and EQUIPMENT contacting FOOD that is not TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be cleaned:(4) In EQUIPMENT such as ice bins and BEVERAGE dispensing nozzles and enclosed components of EQUIPMENT such as ice</p> <p>makers, cooking oil storage tanks and distribution lines, BEVERAGE and syrup dispensing lines or tubes, coffee bean grinders, and water vending EQUIPMENT: (a) At a frequency specified by the manufacturer, or (b) Absent manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold.</p> <p>United States Food and Drug Administration Food Code, U.S Public Health Service 2017 http://www.fda.gov/cder/approval/index.htm</p> <p>The findings include:</p> <p>During a tour of the [NAME] Unit dining room on 2/14/2023 at 11:45 AM, the ice machine dispensing shoot was observed to have a dark brown biological substance and a yellow biological substance growing inside of it. (Photographic evidence obtained) Residents on the unit were in the dining room waiting for the lunch meal to be served. Three certified nursing assistants (CNAs) were observed dispensing ice from the machine into the glasses and serving the residents the drinks.</p> <p>On 2/14/2023 at 11:50 AM, an interview was conducted with Employee F, CNA who was working in the [NAME] Unit dining room at lunch. After being shown the biological growth on the shoot of the ice machine, she confirmed it was a biological growth, and said, That should not be there, I was not unaware of it, Oh, that's gross! She stated, they could not give the residents ice out of the machine until it was cleaned. She stated, We can get ice from the ice machine in the kitchen and put it in a cooler until they clean it. She was not sure who was responsible for cleaning the ice machine or when it was cleaned last.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 2/14/2023 at 11:52 AM with Employee D, CNA, she looked up into the ice machine shoot and expressed disgust at the sight of the biological growth. She stated, she had no idea that it was there. She confirmed, she was not responsible for the cleaning of the ice machine and that they use it to dispense ice for the residents' drinks at meal time and for the water cups in their rooms.</p> <p>30969</p> <p>During an inspection of the ice machine in the main dining room on 2/14/2023 at 12:20 PM, the clear plastic chute of the machine was coated with copious amounts of pink, orange, brown and black slimy biological growth. (Photographic evidence obtained)</p> <p>On 2/14/2023 at 12:55 PM, an inspection of the ice machine on the 300 hall was attempted, however, the maintenance assistant had disassembled the machine and was cleaning it. He confirmed he was made aware of the condition of the ice machines. When asked who was responsible for cleaning the machines on each unit and how often they were to be cleaned, he said, maybe maintenance, maybe housekeeping. He did not know.</p> <p>During an interview with the Maintenance Director on 2/14/2023 at 2:34 PM, he stated, he was not aware of the ice machines having biological growth in the shoots. He was not sure if the facility had a contract with any company to clean the ice machines. He stated, he thought it was the maintenance department's duty to clean them on a quarterly basis but he did not keep a log of the cleanings. He explained that he had a tool to clean the shoots and he would clean them all today. When asked if there was an ice machine cleaning/maintenance policy, he replied, No.</p> <p>Review of the 2022 U.S. Food and Drug Administration Food Code found it states under section 204.17:</p> <p>Ice Units, Separation of Drains.</p> <p>Liquid waste drain lines passing through ice machines and storage bins present a risk of contamination due to potential leakage of the waste lines and the possibility that contaminants will gain access to the ice through condensate migrating along the exterior of the lines. Liquid drain lines passing through the ice bin are, themselves, difficult to clean and create other areas that are difficult to clean. The potential for mold and algal growth in this area is very likely due to the high moisture environment. Molds and algae that form on the drain lines are difficult to remove and present a risk of contamination to the ice stored in the bin.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30905</p> <p>Based on observations, interviews, record review, and facility policy and procedure review, the facility failed to maintain an effective pest control program to ensure the facility was free of pest. Failure to maintain an environment free of pests may lead to transmission of disease and infection.</p> <p>The findings include:</p> <p>On 2/14/2023 at 11:30 AM, a live cockroach (roach) was observed in the bathroom of room [ROOM NUMBER]. (Photographic evidence obtained)</p> <p>On 2/14/2023 at 11:35 AM, a live roach was observed crawling on the floor in room [ROOM NUMBER] next to the A bed. (Photographic evidence obtained)</p> <p>During a tour of the [NAME] Unit dining room on 2/14/2023 at 11:40 AM, dead roaches and live spiders were observed in cabinets under the counter where the food and drinks are placed and prepared for service. (Photographic evidence obtained)</p> <p>During an interview on 2/14/2023 at 11:50 AM with Employee F, CNA working in The [NAME] Unit dining room at lunch, she was shown the dead roaches and two live spiders under the counter where the food and drinks for the residents are placed for the meal service. She stated, they see live roaches in the dining room and in the resident rooms on this unit. They are supposed to report it when they see them and put it on the Pest Sighting Log. She did not think it was her responsibility to clean up the dead roaches.</p> <p>During an interview on 2/14/2023 at 11:53 AM with Employee D, CNA, she stated, she sees live roaches on a regular basis. They are supposed to write it on the Pest Sighting Log when they see them, so the pest control company knows where to spray. She was not told to clean up the dead roaches. She thinks housekeeping does that.</p> <p>During an interview on 2/14/2023 at 11:55 AM with Employee E, CNA, she stated, she also sees live roaches on a regular basis. She was unaware of the dead roaches and live spiders in the cabinets in the dining room. She was told to write it on the Pest Sighting Log when she sees them.</p> <p>During an interview with Employee C, Licensed Practical Nurse (LPN) on 2/14/2023 at 12:20 PM, she confirmed she sees roaches on The [NAME] Unit. She stated that the facility has a pest control company, they come out and spray, but she still sees them.</p> <p>A review of the Pest Sighting Logs for the facility dated from 12/01/2022 through 1/14/2023 revealed multiple staff sightings and family reports of sightings of roaches and ants in all areas of the building.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the contracted pest control contract for service dated 3/31/2021 revealed it read: Covered Areas: Interior and immediate exterior perimeter. Covered Pests: Cockroaches, ants, spiders, rats, mice, stinging insects and occasional invaders. General Scope Includes: Interior inspection and treatment of dietary and common areas, preventative baiting, dusts and crack/crevice treatment in common pest entry areas and harborages. Addressing any current pest issues and responding to work orders - Patient rooms as needed. Exterior service - 3 feet up and out liquid treatment, 6 feet out granular treatment, and removal of spider webs, wasps nests and mud daubers up to 15 feet. Extreme infestations may require additional services. Additional Notes: This facility requires an initial intensive inspection/treatment for German Roaches. Service Frequency - On property 2 times per month. 4. Customer's responsibility to correct conditions conducive to pest infestations: [Contracted Company] will notify customer of the need to correct or eliminate certain identified conditions in or around the facility that are conducive to an infestation by a serviced pest. (Copy obtained)</p> <p>Review of the contracted pest control last receipt for service dated 2/02/2023 revealed it read: Pest Activity: None noted. Multiple conditions requiring corrective action by the facility were noted on the receipt. The areas of concern were in the kitchen, back door, and outer perimeter of the facility. The Comments section read: Interior: Today I treated the interior and exterior of the establishment. I spoke with management who told me of room with roach concerns. Treated each callback for German roaches. Found two nests in room [ROOM NUMBER] and 233. With the assistance of [staff member] performed a clean-out in both rooms with vacuum and igr. Treated interior area with roach gel and preventative measures. Noticed many openings throughout business that were documented in the photo folder. You should expect to see minimal activity moving forward. Sealing gaps and openings throughout the business will help prevent pests from making nests in the future. (Copy obtained)</p> <p>Review of the contracted pest control receipts for service revealed the facility was serviced on 1/19/2023, 1/05/2023, 12/15/2022, 12/08/2022, 12/06/2022, 12/01/2022. Upon each service receipt the conditions requiring action by the facility were the same and no pest activity was noted.</p> <p>During an observation of Resident #2's room on 2/14/2023 at 2:30 PM, a family member came to visit him. During a brief interview, the family member reported the roaches in Resident #2's room come and go.</p> <p>During an interview with the Maintenance Director on 2/14/2023 at 2:34 PM, he stated, he had worked at this facility for one year. He confirmed, he was aware of the live roaches in the building. He acknowledged that residents and staff have told him about the roaches and that he had seen them as well. He was not aware of the live spiders in The [NAME] Unit dining room. He explained that the contracted pest control company is looking at the logbooks on each nursing unit to see which rooms have roaches. They then spray those rooms only. He confirmed the last time the pest control company treated for roaches was 2/03/2023. He is not happy with the pest control company and wants to get a different company. He wants them to treat a whole wing each time they are here instead of just the rooms on the log. He knows the roaches run to other rooms when a room is sprayed. You won't get rid of them just spraying the rooms where they are seen. He knows the building is infested with roaches. He stated it has been that way since he started here a year ago. He talked to the company on 2/11/2023 to have them start spraying a whole wing at time. They have not done it yet. He acknowledged there is a problem with the pest control program and that it is not effective.</p> <p>(continued on next page)</p>		

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's policy and procedure entitled, Pest Control Program dated 3/01/2021 read: It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents. Definition: Effective pest control program is defined as measures to eradicate and contain common household pests (e.g. bed bugs, lice, roaches, ants, mosquitos, flies, mice and rats). Guidelines: 4. Facility will utilize a variety of methods in controlling certain seasonal pests i.e., flies. These will involve indoor and outdoor methods that are deemed appropriate by the outside pest service and state and federal regulations. (Copy obtained) 30969		