STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015060	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeway Rehabilitation & Senior Living	4201 Bessemer Super Highway Bessemer, AL 35020

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21055 Based on observations, interviews, resident record review, and review of a facility policy titled Nebulizer Therapy the facility failed to ensure Resident Identifier (RI) #8's nebulizer mask and tubing was maintained in a manner to prevent contamination on four of four days of the survey from 01/06/2025 through 01/09/2025 when RI #8's nebulizer mask was not stored in a zip lock bag per policy and RI #8's nebulizer mask and tubing had not been changed since 12/22/2024. This deficient practice affected RI #8, one of two residents sampled for Respiratory Care. Findings include: Review of a facility policy titled Nebulizer Therapy with a Copyright date of 2024, revealed the following: . Policy Explanation and Compliance Guidelines: . Care of the Equipment . 7. store . in a zip lock bag . RI #8 was admitted to the facility on [DATE] and had diagnoses to include Chronic Obstructive Pulmonary Disease. Review of RI #8's January 2025 physician orders revealed RI #8 was to be given a vial of Ipratropium-Albuterol Solution for inhalation daily for nebulizer treatment. On 01/06/2025 at 6:45 PM RI #8's nebulizer mask was observed lying on the inside of the nebulizer machine, not stored in a covering. The tubing connected to the mask was dated 12/22/2024. On 01/07/2025 at 12:21 PM, the surveyor observed the nebulizer mask to remain uncovered. On 01/08/2025 at 3:47 PM, RI #8's nebulizer mask remained not stored in a covering. On 01/09/2025 at 8:45 AM, RI #8's nebulizer tubing remained with the date of 12/22/2024. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015060	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeway Rehabilitation & Senior Living	4201 Bessemer Super Highway Bessemer, AL 35020

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 01/09/2025 at 08:45 AM, an interview was conducted with Licensed Practical Nurse (LPN) #3. LPN #3 said, RI #8 received nebulizer treatments in the mornings, the nebulizer mask should be stored in a Ziploc bag, and when not stored in that manner there was a potential for infection. LPN #3 said, the tubing on the mask should be changed on Sunday evenings. LPN #3 said, the date on RI #8's tubing was 12/22/2024 (Sunday) and should have already been changed. LPN #3 said, with the tubing not being changed in a timely manner there was a potential for infection. On 01/09/2025 at 2:03 PM, the surveyor conducted an interview with the Infection Preventionist (IP). The IP said, nebulizer masks should be stored in a Ziploc bag. The IP said, when not stored in that manner there was a potential for bacterial growth. The IP said, oxygen/nebulizer tubing should be changed weekly and when not changed as needed, there was also a potential for bacterial growth.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015060	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeway Rehabilitation & Senior Living	4201 Bessemer Super Highway Bessemer, AL 35020

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33738 Based on observations, interviews, and review of a facility policy titled Code of Dress and Personal Appearance the facility failed to ensure: 1.) the Dietary Manager (DM) wore a beard guard around food while in the kitchen on 01/06/2025 and 01/08/2025; 2.) Residents were served on dinnerware instead of paper plates during the evening dining observation on 01/06/2025 and; 3.) the kitchen stove hood and vents were clean and free of a grease and dust like substance on 01/06/2025 during the initial tour of the kitchen. This had the potential to affect 52 out of 52 residents who received meals from the kitchen. 1.) A review of a facility policy titled Code of Dress and Personal Appearance dated 2020, revealed: . Guideline: All Dining Services employees will comply with printed and posted personal hygiene guidelines, sanitation practice, and dress code of this community. Procedure: . a. Employees will use effective hair restraints, such as hairnets, hair bonnets, and beard guards to prevent contamination of food or food contact surfaces. On 01/06/2025 at 5:11 PM during the initial kitchen tour the DM was observed without a beard guard on. On 01/08/2025 at 4:49 PM the surveyor observed the DM without a beard guard on in the kitchen. On 01/08/2025 at 5:08 PM the DM, without wearing a beard guard, began placing macaroni salad into bowls. On 01/09/2025 at 2:01 PM the DM was asked about the facility policy for beard guards. The DM stated, they have to wear a beard guard in the kitchen. The DM stated, he did serve macaroni salad into bowls without wearing a beard guard. The DM stated, he had not worn a beard guard on Monday, Tuesday, and Wednesday (01//6/2025 - 01/08/2025). The DM stated, it was important to wear a beard guard so hair would not fall into the food. 2.) On 01/06/2025 at 6:22 PM four of nine residents observed in the dining room were eating from blue and white paper plates instead of dinnerware. RI #44 was admitted to the facility on [DATE]. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER: Ridgeway Rehabilitation & Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE: 4201 Bessemer Super Highway Bessemer, AL 35020	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 01/09/2025 at 10:54 AM RI #44, one of the residents observed on 01/06/2025 who was served on paper plates, was asked what type of plate his/her meal was served on Monday 01/06/2025. RI #44 stated, a paper plate. RI #44 stated, he/she often was served on paper plates. RI #44 said, he/she preferred a nicer plate. RI #44 said, everyone in the facility knew about the use of paper plates but he/she had not talked to the DM about the paper plates. On 01/09/2025 at 11:17 an interview was conducted with a Dietary Aide (DA) #6. DA #6 was asked why were residents eating from paper plates. DA #6 stated, because they ran out of plates. DA #6 was asked how often residents were served on paper plates. DA #6 stated the residents had been eating from paper plates for a week. DA #6 stated that residents were not supposed to be served food from paper plates. On 01/09/2025 at 2:01 PM an interview was conducted with the DM and he was asked why residents were served food on paper plates. The DM stated, maybe all of the dishes not had not come back to the kitchen. The DM stated, it was important that residents were not served food on paper plates and it was the facility policy to only serve residents on paper plates when they were on isolation or sick. The DM stated, there was not a shortage of plates in the kitchen. The DM stated, he was responsible for making sure residents were not served food on paper plates. 3.) On 01/06/2025 at 05:11 PM the surveyor observed the stove vents and light bulbs under the stove hood to be dirty with a grease like and dust like substance on them. On 01/08/2025 at 4:30 PM and observation was made of the stove with the DM. The DM said, there was grease on the back of the stove hood, the vents under the stove hood, and on the hood light bulbs. On 01/09/2025 at 1:01 PM an interview was conducted with the DM. The DM stated, there was grease on the vents under the stove hood and he saw grease on the back of the stove hood. The DM stated, he saw grease on the light bulbs. The DM said, it was there and because it had not been cleaned. The DM stated, it was important for the vents to be cleaned so nothing would drip into the food and to make sure there was proper venting.