

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515087	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/13/2023
NAME OF PROVIDER OR SUPPLIER Cedar Ridge Center		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Cedar Ridge Road Sissonville, WV 25320	

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 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure the activities program is directed by a qualified professional.</p> <p>49751</p> <p>Based on staff interview and record review, the facility failed to provide a qualified activity professional for recreational services. This failed practice was a random opportunity for discovery and had the potential to affect all residents. Facility census: 110.</p> <p>Findings included:</p> <p>a) Activity Professional</p> <p>On 12/12/2023 at 3:00 PM the appointed Recreation Director (RD) #105 stated she has not had the activity professional qualification course but was set to have it in the upcoming January 2024 class.</p> <p>During an Interview on 12/13/2023 at 10:00 AM the Administrator stated the RD was enrolled into the Modular Education Program for Activity Professionals (MEPAP) course in November 2023 through National Certification Council for Activity Professional (NCCAP).</p> <p>Record review showed a copy of the enrolment email for RD #105 to attend the (MEPAP) course with an enrollment date of 11/03/23.</p> <p>During an interview on 12/13/23 at 11:03 AM Activity Consultant Certified (ACC) #301 Instructor verified the facilities recreation director was enrolled in MEPAP the course starting January 8th, 2024. ACC #301 stated the certification course would take 3 months and would be completed March 8th, 2024.</p> <p>Through staff interview and record review it showed that the facility has not had an Qualified Activity Professional at facility since 08/23/23.</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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