

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 11/12/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation and staff interviews, the facility failed to maintain an environment free of accident hazards for 1 out of 26 residents. Facility census 112. Scope and Severity D On 11/11/25 at approximately 11:07 p.m., observed a medicine cup with 1 pill in it located on the bedside table of resident #8. I then notified the Director of Nursing (DON) to come to the room and verify that there was a medication cup with 1 pill in it on the bedside table. The DON verified that the medication cup was on resident #8 bedside table. The DON and myself went and checked 26 residents (Rms 1-16) and there was only 1 out of 26 residents that had the medication cup with meds left at their bedside. The DON verified that medication pill pass was performed by employee # 81. The medication identified was a 1/2 tab of Senokot. On 11/11/25 at approximately 11:08 p.m., interview the DON verified that employee #81 did leave a medication cup with a 1/2 tablet of Senokot on the bedside table of resident #81. This deficiency was also again verified by the DON and acknowledged by the Administrator upon exit interview on 11/12/25 at approximately 12:30 p.m.</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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