

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  02/24/2026
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)		
F 0732  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Post nurse staffing information every day.  Based on record review and staff interview, the facility failed to ensure the posted daily nurse staffing information was accurate for one (1) of 20 days reviewed, resulting in incorrect staffing and census information being displayed. Facility Census: 117 Findings include: Review of the facility's nurse staffing posting on 02/18/26 for staffing dated 07/06/25 showed the posted Hours Per Patient Day (HPPD): 2.19 and the posted facility census: 109 residents. During surveyor review, the facility administrator provided verified staffing documentation and census reports showing actual HPPD for 07/06/25 was 2.58 and actual facility census for 07/06/25 was 105 residents. During an interview the discrepancies were reviewed with the facility administrator. On 02/19/26 at 11:00 AM when the administrator confirmed the staffing posting contained incorrect HPPD and census information.		

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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>Based on observation and staff interview the facility failed to ensure the residents received the proper portion sizes. This failed practice has the potential to affect more than an isolated number of residents and was a random opportunity for discovery found during the completion of the dining observation pathway during the long-term care survey process. Resident #44 and #91. Facility Census: 117. Findings include:</p> <p>a) The Healthcare Services Group policy 004 titled Menus shows the following:</p> <p>Menus will be planned in advance to meet the nutritional needs of the residents / patients in accordance with established national guidelines. Menus will be developed to meet the criteria through the use of an approved menu planning guide.</p> <p>Menu Cycles will include standardized recipes.</p> <p>Menu cycles will include nutrient analysis to ensure that all clients nutritional needs are met in accordance with the most recent edition of the Food and Nutrition Board, Institute of Medicine, National Academics, and the Dietary Guidelines for Americans, 2020 - 2025 edition.</p> <p>Menus will be served as written, unless a substitution is provided in response to preference, unavailability of an item, or a special meal.</p> <p>A menu substitution log will be maintained on file.</p> <p>02/17/2026 at 12:30 PM this surveyor made a dining room observation, and Resident #44's tray ticket did not totally match what the kitchen sent out to her. She received a bowl of green bean salad that was regular consistency and she is on a Dysphagia advanced diet. The employee that was assisting Resident #44 discarded the green bean salad since it was not on her tray ticket. The recipe given to the surveyor by the Healthcare Services Group Director of Operations showed that the green bean salad should have been transferred to a food processor and chopped to pea size pieces before serving. She was also supposed to receive a half cup (4 oz) of applesauce for her dessert, and she only received 2 ounces of applesauce.</p> <p>The surveyor approached employee #48 and the Healthcare Services Group (HCSG) Director of Operations (DO) about this observation. The DO said that the green bean salad was sent by mistake. The surveyor asked Employee #48 how many ounces of applesauce the resident was served. The dietary account manager poured the applesauce into a two (2) ounce scoop and said, It seems only 2 ounces. The surveyor asked the manager and the Director to please give the remaining residents the 4-ounce serving, like the menu and diet guides called for, and to please give Resident #44 and any other residents that was in the dining room that may have received the smaller serving size the correct amount.</p> <p>The menu posting did not match the menu week at a glance, that was given to the surveyor for the week. At 10:25 Am, on 02/18/26 the surveyor asked Employee #48 why it was changed, and he said It was the resident choice meal of the month. The surveyor asked Employee #48 for the menu substitution log and the policy. The menu substitution log did not reflect the menu change that the Registered Dietitian (RD) is supposed to approve, per the facility's policy.</p> <p>(continued on next page)</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b) Resident #91</p> <p>Resident #91's diet order, written on 11/20/25, was for a consistent carbohydrate diet, regular texture, thin liquids consistency, with double vegetable portions and large portions for breakfast.</p> <p>On 02/8/26 at 1:23 PM, Resident #91's diet tray ticket was reviewed. It did not specify for the resident to receive double vegetable portions. The resident had already finished his meal.</p> <p>Resident #91's meal and tray ticket were observed on 02/19/25 at 1:13 PM. The tray ticket did not specify for the resident to receive double vegetable portions. The resident had three (3) potato wedges, which was the amount received by the other residents in the facility.</p> <p>On 02/19/26 at 1:25 PM, the Dietary Manager stated orders for extra portions should be printed on the tray tickets so dietary staff are aware extra portions are to be given. He stated Resident #91 used to have instructions for extra portions on his tray tickets, but he doesn't know what happened that the tickets no longer say this.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and food tray temperatures, the facility failed to serve food to residents that was palatable and at an appetizing temperature. Based on resident interview and staff interview, the facility failed to ensure hot foods were served hot and cold foods were served cold. This failed practice was true for one (1) of one (1) hallways tested for food tray temperatures throughout the complaint survey process. Resident #35. Facility census: 117. Findings include: a) The facility was not taking and documenting all food temperatures prior to sending the food to the residents. The facility was also sending cold food out above the FDA Food Code temperature of 41 degrees Fahrenheit. The Healthcare Services Group policy 016 titled Food Preparation shows the following: All foods are prepared in accordance with the FDA Food Code. Cold foods at 41 degrees F or below and hot foods at 135 degrees F or above before it leaves the kitchen. This surveyor asked for a copy of the service line checklist dated 02/01/2026 - 02/15/2026 that shows the temperature of the food items that are prepared and what the temperatures are before the kitchen staff sends the food to the residents. They were all missing temperatures and there were eleven total cold food items that were documented at 42 degrees Fahrenheit before the items left the kitchen. b) Resident #91 stated during an interview on 02/16/2026 at 11:37 AM that food was not always hot when it was served to him. Resident #60 stated during an interview on 02/16/2026 at 1:29 PM, The food is not hot when I get it. Resident #9 stated during an interview on 02/16/2026 at 12:30 PM, The food sucks. At 12:58 pm, the dietary manager took the temperature of room [ROOM NUMBER]-A meal tray. The temps were as follows: Spaghetti w meat sauce 120.7 degrees F Green Beans 112.1 degrees F Vanilla ice cream 23.5 degrees F The hot foods are supposed to be 120 degrees F or above at point of service per the FDA food code. The cold foods are supposed to be at 41 degrees F or below before it leaves the kitchen. Per the FDA food code and the facilities policy &amp; procedure this was not followed.</p>