

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  03/18/2026
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)
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, staff interview and resident interview the facility failed to provide necessary safety to a resident who eloped the facility. Resident #18 eloped from the facility on 03/08/26 at approximately 9:00 AM. No action was taken by the facility until 1:30 PM, although a staff member seen Resident #18 walking down the street at approximately 9:00 AM. This neglectful practice placed Resident #18 in immediate risk for serious harm and or death. Resident identifier: #18 Facility Census: 113.The State Agency (SA) determined the facility's failure to act on a known elopement resulted in an Immediate Jeopardy situation when: staff witnessed Resident #18 walking down a public street at approximately 9:00 AM on 03/08/26 but failed to intervene or report the sighting. The facility remained unaware of the resident's absence and took no search or recovery actions for 4.5 hours, until 1:30 PM. This deficient practice created a likelihood for serious injury, harm, or death, as Resident #18 was left unsupervised in an unsecured community environment for an extended period. The SA determined this failed practice to be Past non-compliance, as the facility had corrected and put procedures/educations in place prior to surveyors entering the facility. Findings Include:a) Record ReviewA timeline of Resident #18's reported elopement on 03/08/26 was provided by the facility and was reviewed. The following is the timeline provided: 7:20 am Food cart delivered to the unit. (Resident #18 states he ate breakfast)8:00 am Breakfast tray was delivered to the resident room. Resident#18 was seen laying in bed.9 am Activities assistant #139 identified resident outside of the facility.9:01 am Activities assistant notified Social Worker #140 of resident location.9:05 am Activities assistant #139 clocked into shift9:06 am Documentation shows medication received.9:15 am Received medication around (per nurse statement)9:30 am Assigned CNA (Certified Nursing Assistant) began round (cna statement)10:30 am Assigned CNA answered the call light for Resident #18's roommate who wanted vienna sausages in his snack closet. CNA stated she assumed the resident was in the bathroom due to being independent for ADL's. 1:30 pm Activities assistant notified MOD (Manager on Duty) that resident was not at smoke break.1:54 pm Notified Administrator by MOD of missing resident.2:09 pm Administrator notified authorities.5:57 pm Resident located CIC ( Change in Condition) completed03/09/2026- Elopement books audited.03/09/2026- Elopement education and drills.03/09/2026- Investigation initiated, statements collected.03/13/2026- Five Day Investigation submittedFurther record review completed on 03/17/26 revealed Resident #18 had a Brief Interview for Mental Status (BIMS) score completed on 12/02/25 and his score was a 14 which indicates the resident is cognitively intact. The elopement evaluation score on this same date is 0 which indicates the resident is at low risk for elopement. On 12/03/25, the physician deemed Resident #18 lacked capacity to make health care decisions. Resident's MDS (Minimum Data Set) (section P) on 12/09/25 is marked no for wander/elopement alarm used less than daily. Initial Care Plan on 12/16/25 has a focus stating Resident/Patient is at risk for or is experiencing adjustment issues related to Change in customary lifestyle and routines and/or difficulty accepting placement in center. Date initiated 12/05/25. Goals for this focus state, Resident/Patient will demonstrate improved coping skills to adjust to changes in circumstances or new environment by next review. Interventions for this care (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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>plan are: Encourage family members/friends to visit or call resident/patient to support his/her adjustment. Provide resident/patient with opportunities for choice during care/other activities to provide a sense of control. Encourage resident/patient to make decisions independently and provide positive feedback. Encourage expression of thoughts and feelings associated with the change or loss. The hours per patient day report (HPPD) was reviewed for 03/08/26 and it was 2.89 and the census for that day was 114. Interviews A phone interview was completed on 03/17/26 at 11:40 AM. Resident #18, who stated he was trying to get to [NAME], WV to attend to personal business and a phone call would not suffice. Resident #18 continued to state he hitchhiked to South [NAME], WV to find out the Greyhound Bus Station was not open. So he started walking to hopefully find a ride. The resident states a man pulled up to him while walking and asked if he needed a ride and if he was hungry, so he joined the man in his car and rode to Hardee's in South [NAME] and that was when the girl from the nursing home picked him up. In an interview with both Nursing Home Administrator (NHA) and Director of Nursing (DON) on 03/17/26 at 2:35 PM, both parties explained the timeline and confirmed the event did take place for approximately five hours from roughly 9:15 AM to 1:55 PM. In an interview with Licensed Practical Nurse (LPN) #93, (who was responsible for taking care of Resident #18 on the day of the elopement), on 03/17/26 at 4:00 PM, it was noted that elopement timeline matches up with the time line the NHA provided. Employee #93 stated the resident was given morning medicine at the time listed on the elopement timeline. Employee #93 stated a brief conversation of exchanging pleasantries with Resident #18 that specific morning as well. On 03/17/26 at 4:25 PM, CNA #52 stated, Resident #18 was in the room during breakfast at 7:00 AM, When I (CNA #52) went into the room around 10:30 AM to give Resident #18's roommate Vienna sausages, Resident #18 was not there; I thought he was in the bathroom. CNA #52 continued to state, 'We delivered lunch at 12:00 PM and when I went to get the tray, I thought he was out smoking. Later, Activity Assistant #139 stated he wasn't out there smoking and was still gone, we started to look for him. During a phone interview on 03/17/26 at 4:40 PM with Activity Assistant #139, (who was terminated from her position for this incident) said, She clocked in at 9:03 to 9:05 that morning. I saw (Resident #18 name) at around 9:00 AM at the store. I immediately called our manager on duty to tell her. I told her. I did not mention or question anything because I have been told to report to my supervisors which is what I did. I did what I was told. I was fired on ground of neglect because I did not report the neglect to the Administrator or Director of Nursing (DON). During a phone interview with Licensed Social Worker (LSW) #140 on 3/17/26 at 4:47 PM, (The LSW was terminated for the incident.) The employee verified they were the Manager on Duty for the day and clocked in at 7:00 AM. The LSW said, she did not realize anything was going on until around 2:00 PM. I called the Activity Assistant first because she was running late. The LSW was in the middle of talking to other residents and I pulled the phone away from my ear to hear what they were saying and I missed her saying that he was at the store. The Immediate Jeopardy was issued on 03/17/26 at 5:25 PM. This was a past non-compliance tag and signed off by the NHA at this time. A Plan of Correction was completed by the facility and provided. In-services on elopement of a patient, abuse/neglect policy, and elopement drill was started on 03/09/26 and all staff educated/in-services and post tests were completed on 03/16/26. The following questions were asked by the State Agency (SA) team on 03/17/26 at approximately 2:00 PM: Can you give the residents the door code? If you see a resident walking around outside, what do you do? Were you provided training regarding resident elopements? The Following staff members were interviewed by the SA, their interviews found: -Nursing assistant (NA) and Central Supply Clerk # 14- Answered all questions appropriately. -Licensed Practical Nurse (LPN) #42- Answered all questions appropriately. -Registered Nurse (RN) #16- Answered all questions appropriately. -NA #50- Answered all questions appropriately. -Housekeeper ##135- Answered all questions appropriately. Plan of Correction Review of the facilities plan of correction was completed on 03/17/26 at approximately 3:30 PM and found the following in-services, educations, and post tests were started 03/08/26: Resident # 18's care plan was edited (continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>on 03/08/26 to show risk of elopement. First in-service provided to all staff read as follows; Cedar Ridge Center In-Service Sign-in Sheet3/8/26(Director of nursing name here)II OPSIII Elopement of Patient.pdfAssessment/Evaluation:Identify patient's elopement risk upon admission, re-admission, quarterly, or with a significant change in condition as defined by RAI Manual criteria utilizing the nursing assessment, social services assessment, and other disciplinary assessments. For patients identified as at risk, an interdisciplinary elopement prevention patient-centered care plan will be developed withpatient participation and patient representative (hereinafter representative) when applicable. Obtain a current photograph of the patient. Complete the Elopement Risk Identification form for all patients at risk of elopement and place in a binder that is easily accessible to staff in designated area(s). Witnessed Attempted or Actual Elopement: Staff witnessing a confused patient or an identified elopement risk patient attempting to leave the Unit and/or Center unaccompanied will intervene as appropriate to redirect the patient to a safe area and prevent elopement. Unwitnessed Elopement:- If the door alarm goes off &amp; noresidents are in sight- what do you do? Complete a head check to ensure all residents are accounted for to identify if any resident is missing. Notify the supervisor that the patient is missing. Supervisor will alert all staff of missing patient with anannouncement to activate missing patient protocol. A designee from each unit and department will report to the location that announced the missing patient to learn of the patient's name, when the patient was last seen, and a description of the patient. Staff will search: Room to room and all areas of the Center (including occupied and unoccupied spaces): patient rooms, closets, under beds, shower rooms, utility rooms, offices, dining rooms, stairwells, laundry, kitchen (including walk-in refrigerators and freezers), bathrooms, dayrooms/lounges, courtyards, and employee lounges; and Outside building perimeter and grounds. Review Release of Responsibility for Leave of Absence/Therapeutic Leave record to verify if patient is on leave of absence. The supervisor will notify the Administrator and Director of Nursing regarding the status of the search. If the patient is not found after the search of the Center and grounds, notify law enforcement and any state agencies, where applicable. Center may also, if appropriate, notify local hospitals, public transportation providers, etc. Provide law enforcement and other search party members a copy of the Elopement Risk Identification form. Center staff will follow directions and guidance offered by law enforcement. If indicated, Center staff will expand search beyond the Center and grounds into the extended community. Administrator, Director of Nursing, or designee will notify patient representative and physician/advanced practice provider (APP).Follow-up:Once the patient is found:Perform a physical examination and psychosocial evaluation. Notify physician/APPOf any changes from baseline. Notify all parties previously contacted (patient representative, law enforcement, etc.) to inform them of the patient's return or status. Review the details associated with the elopement and revise the patient's care plan as indicated to mitigate elopement risk. Review with staff and patient representative. Documentation/Investigation: The nurse will: Document the elopement in the Nurses' Notes including date, time, place, notification, and other pertinent information; Enter the elopement into the PCC Risk Management Portal as a new event within 24 hours of the occurrence. The Elopement Investigation will be completed within five days. Elopement drills will be conducted a minimum of twice per year and documented in TELS.Second in-service provided to all staff read as follows;In-Service Sign in Sheet regarding Cedar Ridge Center All Staff Re-EducationPresenter: (First and Last Name of NHA) NHA Topic &amp; Description: Residents have an emergency pack of cigarettes if they are needed, please call the administrator. An email announcement from NHA was sent to all email addresses in the Cedar Ridge Center Address book that reads the following: Hello, I am reaching out to everyone to inform you that the front door code is now changed. Going forward we would like to please allow staff to enter the code to let you out of the facility. When exiting the facility, please be mindful of any surrounding residents that may be trying to exit without staff awareness. Please do not let residents out of the facility and please do not give the residents the code. Doing this allows us to best protect our residents and keep them safe at Cedar Ridge.Posttest's were given to all staff to be completed as part of the facilities educations (continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>and in-services first post test reads as follows;Cedar Ridge Posttest: Elopement Prevention and ResponseInstructions: Please select the best answer for each question.1. According to the provided policy, when must a patient's elopement risk be identified or re-evaluated?A. Only upon admission.B. Upon admission, and whenever a staff member witnesses an attempted elopement.C. Upon admission, re-admission, quarterly, or with a significant change in condition as defined by RAI Manual criteria.D. Annually, as part of the mandatory facility audit.2. If a patient is identified as being at risk for elopement, which of the following is an essential follow-up step for the interdisciplinary team?A. Immediately notifying local law enforcement.B. Developing an interdisciplinary, patient-centered care plan with patient and representative participation and applying a wanderguard bracelet.C. Scheduling an elopement drill within 24 hours.D. Completing the Elopement Investigation within five days.3. During an unwitnessed elopement (e.g., door alarm goes off and no residents are in sight), what is the first action staff should take after hearing the alarm?A. Notify the Administrator and Director of Nursing.B. Announce the missing patient protocol to all staff.C. Complete a head check to ensure all residents are accounted for.D. Immediately search the outside building perimeter and grounds.4. If a patient is not found after the initial search of the Center and grounds, what is the next required step for the supervisor?A. Review the Release of Responsibility for Leave of Absence/Therapeutic Leave record.B. Perform a physical examination and psychosocial evaluation on all remaining patients.C. Notify law enforcement and any applicable state agencies.D. Contact the patient's representative and physician/APP.5.Once a patient who eloped is found and returned to the facility, what documentation or follow-up action is required within 24 hours of the occurrence?A. The nurse must document the elopement in the Nurses' Notes and enter the elopement into the PCC Risk Management Portal as a new event.B. The Elopement Investigation must be completed.C. A mandatory Elopement drill must be conducted.D. Law enforcement must be provided with a copy of the Elopement Risk Identification form.Signature: Date: _ Print Name: _Second Post Test reads as follows:Cedar Ridge Center -Post Test Abuse/NeglectInstructions:Read each statement carefully. Circle True (T) or False (F).True I False Questions1. Abuse only occurs when there is intent to harm a resident.^ True ^ False2. Resident-to-resident altercations do not need to be reported if both residents have dementia.^ True ^ False3. Verbal threats, yelling, or intimidating language toward a resident can be considered abuse.^ True ^ False4. Bruising of unknown origin should always be investigated if resident does not have the ability to recall what happened as a potential abuse allegation.^ True D False5. If a resident cannot explain how an injury occurred, staff may wait to see if it happens again before reporting.^ True ^ False6. Failure to provide necessary care, such as assistance with meals, can be considered neglect.^ True ^ False7. Only nurses and administrators are responsible for reporting abuse or neglect.^ True ^ False8. Staff who witness abuse but fail to report are directly involved and responsible for not protecting residents.^ True D False9. A resident refusing care means staff are no longer responsible for offering or documenting interventions.^ True ^ False10. All allegations of abuse must be reported within 2 hours.^ True ^ False11. Fear of retaliation is an acceptable reason not to report suspected abuse. True False12. Protecting the resident is the first priority when abuse or neglect is suspected. True FalseName/Date:Score:Graded by: The Third Post Test reads as follows: Elopement Post-Test 3/10/26-Cedar Ridge 1.T or F- Residents are not to be given the door code.Answer:2. T or F- If a door alarm is going off, it is OK to turn off the alarm and not check outside. The resident should be fine if they exit.Answer:3. Tor F- If you see a resident walking around outside, you must first ensure their safety and immediately notify your supervisor.Answer:Staff Name/Date: _Grader Name/Date: _Score:Fourth Post Test reads as follows:Cedar Ridge Posttest: Elopement Prevention and ResponseInstructions: Please select the best answer for each question.1. According to the provided policy, when must a patient's elopement risk be identified or re-evaluated?A. Only upon admission.B. Upon admission, and whenever a staff member witnesses an attempted elopement.C. Upon admission, re-admission, quarterly, or with a significant change in condition as defined by RAI Manual criteria.D. Annually, as part of the mandatory facility audit.2. If a patient is (continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>identified as being at risk for elopement, which of the following is an essential follow-up step for the interdisciplinary team?A. Immediately notifying local law enforcement.B. Developing an interdisciplinary, patient-centered care plan with patient and representative participation and applying a wanderguard bracelet.C. Scheduling an elopement drill within 24 hours.D. Completing the Elopement Investigation within five days.3. During an unwitnessed elopement (e.g., door alarm goes off and no residents are in sight), what is the first action staff should take after hearing the alarm?A. Notify the Administrator and Director of Nursing.B. Announce the missing patient protocol to all staff.C. Complete a head check to ensure all residents are accounted for.D. Immediately search the outside building perimeter and grounds.4. If a patient is not found after the initial search of the Center and grounds, what is the next required step for the supervisor?A. Review the Release of Responsibility for Leave of Absence/Therapeutic Leave record.B. Perform a physical examination and psychosocial evaluation on all remaining patients.C. Notify law enforcement and any applicable state agencies.D. Contact the patient's representative and physician/APP.5. Once a patient who eloped is found and returned to the facility, what documentation or follow-up action is required within 24 hours of the occurrence?A. The nurse must document the elopement in the Nurses' Notes and enter the elopement into the PCC Risk Management Pqrtal as a new event.B. The Elopement Investigation must be completed.C. A mandatory Elopement drill must be conducted.D. Law enforcement must be provided with a copy of the Elopement Risk Identification form.Signature: Date: PnntName: _It was confirmed that all staff completed in-services, educations, and post tests by 03/16/26.</p>		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on a record review and staff interviews, it was determined that the facility failed to provide a 30-day discharge notice to a resident prior to their discharge. This failed practice had the potential to affect a minimal number of residents within the long-term care facility. Resident identifier: #98 Facility Census 113. Findings include:On 03/10/26 the State Agency received a complaint indicating Resident #98 was being discharged to a hotel on this date. The complainant indicated the facility told the resident they would pay for the first 28 days but after that the resident was on his own. The complainant indicated the resident did not have any income and was not sure how he would eat or get his medications. Record review completed on 03/18/26 revealed the following:A Social Service note dated 03/06/26 documented discharge planning discussions and a referral to the Take Me Home program at the resident's request.An assessment note dated 03/10/26 indicated discharge plan documentation was completed.A Social Service note dated 03/10/26 at 1:17 PM documented the resident was discharged that day to a Motel in [NAME], with home health services arranged, a wheelchair provided, medications supplied, and a follow-up appointment scheduled.A nursing note dated 03/10/26 at 2:45 PM documented the resident was educated on medications, blood glucose monitoring, emergency response, and home health services prior to discharge.However, there was no evidence in the medical record that Resident #98 was provided a written 30-day notice of discharge prior to leaving the facility.This deficient practice has the potential to affect Resident #98 by limiting the resident's ability to adequately prepare for discharge and exercise rights regarding the discharge process.During an interview on 03/08/26 at 2:00 PM, the Social Worker (SW), in the presence of the Administrator, stated Resident #98 had previously stayed at a hotel for 17 months and chose discharge to the [NAME] area at a motel. The Administrator said the facility paid for the first 28 days at the hotel and provided medications for 14 days. The Administrator further said the resident has a primary care appointment scheduled for 03/19/26 and receives approximately \$300 weekly in unemployment benefits, though the resident refused to allow the facility to manage his funds. SW also confirmed the resident was not issued a 30 day notice of discharge.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, and staff interview the facility failed to update an activity care plan after Resident #46 had a significant change in her participation. This failed practice was found true for (1) one of (1) one residents reviewed for activities during the complaint survey process. Resident identifier #46. Facility Census 113. Findings Include: a) Resident #46A record review on 03/17/26 at 9:30 AM, revealed Resident #46 had a fall on 02/18/26 and was sent to a local emergency room for pain to her right and left leg. Further record review of the Diagnostic Radiology reports from the hospital showed the following: Left Femur: Anterior apex angulated fracture of the distal femur diaphyseal fracture with impaction. Right Knee: Impaction and comminuted anterior apex angulated fracture distal fifth metaphysis present. Osteopenia noted. During an interview on 03/18/26 at 11:40 AM, Resident #46 who has capacity and a Brief Interview for Mental Status (BIMS) of 15 stated, Nobody understands what this has done to me. I went from being able to stand and pivot and getting in my wheelchair, to now this. I was even walking 100 feet with therapy. Now I can't even get in the wheelchair. I have a rod in my left leg. It was completely broke and have to wear this brace on my right leg cause it is fractured below my knee. I am president of Resident Council, I cannot even go to the meetings now. I love going to church and just being around people all of that has changed. What no one understands is that my family promised my mom after she was gone we would all still get together. My family gets together every other Sunday. I was supposed to make my first appearance. That's what I was working toward and now this. I did not even get to go. I am not sure I ever will. The State Agency (SA) asked, Do the Activity Staff come to visit you. Resident #46 stated, Not very often, and I cannot even go out to the groups I like. Resident #46 was observed to be tearful during the interview. A record review on 03/18/26 at 12:00 PM revealed, Resident #46 was sent out to the hospital for the fractures from the fall on 02/18/26 and returned on 02/24/26. Resident #46 had a Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/27/26 indicating a significant change in the resident. Further record review revealed an activity care plan that read as follows: Focus: Prefers to go by (Resident #46 name) states that it is important that she has the opportunity to engage in daily routines that are meaningful relative to her preferences. Date Initiated: 04/11/2024 Created on: 10/23/2020 Revision on: 03/03/2025 Goal: (Resident #46 name) will have opportunities to make choices related to self-directed involvement in meaningful activities through next review. Interventions: (Resident #46 name) enjoys in room visits, has expressed interest in joining food committee, sharing her recipes. Revision on: 04/12/2024 (Resident #46 name) request to leave her Christmas tree up year around. Revision on: 04/11/2024 Place objects within residents viewing range. Revision on: 04/11/2024 Encourage and facilitate (Resident #46 name) activity preferences. Revision on: 04/11/2024 Prefers to choose her own clothes. Revision on: 03/03/2025 (Resident #46 name) likes to snack between meals and prefer candy bars, little [NAME] cakes, dr. pepper Revision on: 04/11/2024 It is important for (Resident #46 name) to choose her bedtime and she prefer to go to bed whenever she want. Revision on: 04/11/2024 It is important for (Resident #46 name) to have family or a close friend involved in discussions about her care.) Revision on: 04/11/2024 (Resident #46 name) enjoys listening to music and prefer religious, bluegrass, and/or country. Revision on: 04/11/2024 (Resident #46 name) would like pet visits and prefer cats and dogs. Revision on: 04/11/2024 Prefers to keep up with the news by listening tv and radio. Revision on: 03/03/25 (Resident #46 name) likes to participate in singing, cooking, and/or church with groups of people.) Revision on: 03/03/2025 (Resident #46 name) likes to listen to music, lay down/rest, pray, read, watch TV/movies, by herself in her bedroom, common spaces, outdoors. Revision on: 03/03/2025 It is important for (Resident #46 name) to engage in her favorite activities: church, sewing, cooking, reading, gardening. Revision on: 03/03/2025 It is important for (Resident #46 name) to go outside when the weather is good and enjoy (continued on next page)</p>		

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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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>gardening. Revision on: 03/03/2025 (Resident #46 name) would like to participate in religious services/practices such as church.Revision on: 03/03/25 It is important for (Resident #46 name) to vote. Revision on: 04/11/2024 (Resident #46 name) uses a wheelchair for physical limitations.Revision on: 04/11/2024 (Resident #46 name) would benefit from accommodations for visual impairments by using audio books/books on tape, and/or someone to read to them.Revision on: 04/11/2024 A review of Resident #46's activity participation records from 01/01/2026 to present revealed that she was participating in out of room activities before her fall with fractures and significant change and has no out of room participation since her readmission from the hospital. The participation records also revealed that since her significant change she has only had (2) two one to one visits both occurring on 03/04/26. During an interview on 03/18/26 at 12:10 PM, The Director of Recreation (DR) #21 stated, She has not attend group activities since she got back from the hospital. She is non-weight bearing for 10 weeks. Before she attended Resident council, food committee, sometimes parties and socials. Anything we do with her now is in room. The State Agency (SA) asked, Why is she not getting one to one visits? DR #21 replied, She does not get one to one per say, If we do a social visit we do not document that. The SA pointed out to the Administrator and DR #21,that Resident #46 has only had (2) two documented one to one visits since her return from the hospital, and that she has a significant difference in her activity participation, with no interventions added or changed on her care plan since 01/2025. The Administrator and DR #21 confirmed that this is what the documentation revealed.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor each resident's preferences, choices, values and beliefs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, resident interview, staff interview and record review the facility failed to ensure Resident #46 received ongoing opportunities to participate in meaningful activities consistent with her interests, and preferences. Specifically, following a significant change in condition after a fall resulting in multiple fractures, the facility failed to revise the resident's activity care plan and failed to provide consistent, individualized activity interventions. This resulted in a decline in activity participation and social isolations. This failed practice was found true for (1) one of (1) one residents reviewed for quality of life during the complaint survey. Resident identifier #46. Facility Census 113.a) Record review Resident #46A record review on 03/17/26 at 9:30 AM, revealed that Resident #46 had a fall on 02/18/26 and was sent to a local emergency room for pain to her right and left leg Further record review of the Diagnostic Radiology reports from the hospital showed the following: Left Femur: Anterior apex angulated fracture of the distal femur diaphyseal fracture with impaction. Right Knee: Impaction and comminuted anterior apex angulated fracture distal fifth metaphysis present. Osteopenia noted. A record review on 03/18/26 at 12:00 AM revealed that Resident #46 was sent out to the hospital for the fractures from the fall on 02/18/26 and returned on 02/24/26. Resident #46 had a Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/27/26 indicating a significant change in the resident. Section F of the MDS indicates that it is important for Resident #46 to do things with groups of people, participate in her favorite activities, and attend church services. Further record review revealed an activity care plan that read as follows: Focus: Prefers to go by (Resident #46 name) states that it is important that she has the opportunity to engage in daily routines that are meaningful relative to her preferences. Date Initiated: 04/11/2024 Created on: 10/23/2020 Revision on: 03/03/2025 Goal: (Resident #46 name) will have opportunities to make choices related to self-directed involvement in meaningful activities through next review. Interventions: (Resident #46 name) enjoys in room visits, has expressed interest in joining food committee, sharing her recipes. Revision on: 04/12/2024 (Resident #46 name) request to leave her Christmas tree up year around. Revision on: 04/11/2024 Place objects within residents viewing range. Revision on: 04/11/2024 Encourage and facilitate (Resident #46 name) activity preferences. Revision on: 04/11/2024 Prefers to choose her own clothes. Revision on: 03/03/2025 (Resident #46 name) likes to snack between meals and prefer candy bars, little [NAME] cakes, dr. pepper Revision on: 04/11/2024 It is important for (Resident #46 name) to choose her bedtime and she prefer to go to bed whenever she want. Revision on: 04/11/2024 It is important for (Resident #46 name) to have family or a close friend involved in discussions about her care.) Revision on: 04/11/2024 (Resident #46 name) enjoys listening to music and prefer religious, bluegrass, and/or country. Revision on: 04/11/2024 (Resident #46 name) would like pet visits and prefer cats and dogs. Revision on: 04/11/2024 Prefers to keep up with the news by listening tv and radio. Revision on: 03/03/25 (Resident #46 name) likes to participate in singing, cooking, and/or church with groups of people.) Revision on: 03/03/2025 (Resident #46 name) likes to listen to music, lay down/rest, pray, read, watch TV/movies, by herself in her bedroom, common spaces, outdoors. Revision on: 03/03/2025 It is important for (Resident #46 name) to engage in her favorite activities: church, sewing, cooking, reading, gardening. Revision on: 03/03/2025 It is important for (Resident #46 name) to go outside when the weather is good and enjoy gardening. Revision on: 03/03/2025 (Resident #46 name) would like to participate in religious services/practices such as church. Revision on: 03/03/25 It is important for (Resident #46 name) to vote. Revision on: 04/11/2024 (Resident #46 name) uses a wheelchair for physical limitations. Revision on: 04/11/2024 (Resident #46 name) would benefit from accommodations for visual impairments by using audio books/books on tape, and/or someone to read to them. Revision on: 04/11/2024 b) Interviews During an interview on 03/18/26 at 11:40 AM, Resident #46 who has capacity and a Brief Interview for Mental Status (BIMS) of 15 stated, Nobody understands what this (continued on next page)</p>		

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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 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>has done to me. I went from being able to stand and pivot and getting in my wheelchair, to now this. I was even walking 100 feet with therapy. Now I can't even get in the wheelchair. I have a rod in my left leg. It was completely broke and have to wear this brace on my right leg cause it is fractured below my knee. I am president of Resident Council, I cannot even go to the meetings now. I love going to church and just being around people all of that has changed. What no one understands is that my family promised my mom after she was gone we would all still get together. My family gets together every other Sunday. I was supposed to make my first appearance. That's what I was working toward and now this. I did not even get to go. I am not sure I ever will. The State Agency (SA) asked, Do the Activity Staff come to visit you. Resident #46 stated, Not very often, and I cannot even go out to the groups I like. Resident #46 was observed to be tearful during the interview. During an interview on 03/18/26 at 12:10 PM, The Director of Recreation (DR) #21 stated, She has not attend group activities since she got back from the hospital. She is non-weight bearing for 10 weeks. Before she attended Resident council, food committee, sometimes parties and socials. Anything we do with her now is in room. The State Agency (SA) asked, Why is she not getting one to one visits? DR #21 replied, She does not get one to one per say, If we do a social visit we do not document that. The SA pointed out to the Administrator and DR #21, that Resident #46 has only had (2) two documented one to one visits since her return from the hospital, and that she has a significant difference in her activity participation, with no interventions added or changed on her care plan since 01/2025. The Administrator and DR #21 confirmed that this is what the documentation revealed.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, staff interview, and resident interview the facility failed to provide a program of activities to meet the interest and needs of Resident #46 who has had a significant change in her activity participation. This failed practice was found true for (1) one of (1) one residents reviewed for activities during the complaint survey. Resident identifier #46. Facility Census: 113. Findings Include:a) Resident #46A record review on 03/17/26 at 9:30 AM, revealed that Resident #46 had a fall on 02/18/26 and was sent to a local emergency room for pain to her right and left legFurther record review of the Diagnostic Radiology reports from the hospital showed the following:Left Femur: Anterior apex angulated fracture of the distal femur diametaphyseal fracture with impaction.Right Knee: Impaction and comminuted anterior apex angulated fracture distal fifth metaphysis present. Osteopenia noted. During an interview on 03/18/26 at 11:40 AM, Resident #46 who has capacity and a Brief Interview for Mental Status (BIMS) of 15 stated, Nobody understands what this has done to me. I went from being able to stand and pivot and getting in my wheelchair, to now this. I was even walking 100 feet with therapy. Now I can't even get in the wheelchair. I have a rod in my left leg. It was completely broke and have to wear this brace on my right leg cause it is fractured below my knee. I am president of Resident Council, I cannot even go to the meetings now. I love going to church and just being around people all of that has changed. What no one understands is that my family promised my mom after she was gone we would all still get together. My family gets together every other Sunday. I was supposed to make my first appearance. That's what I was working toward and now this. I did not even get to go. I am not sure I ever will. The State Agency (SA) asked, Do the Activity Staff come to visit you. Resident #46 stated, Not very often, and I cannot even go out to the groups I like. Resident #46 was observed to be tearful during the interview.A record review on 03/18/26 at 12:00 AM revealed that Resident #46 was sent out to the hospital for the fractures from the fall on 02/18/26 and returned on 02/24/26.Resident #46 had a Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/27/26 indicating a significant change in the resident. Section F of the MDS indicates that it is important for Resident #46 to do things with groups of people, participate in her favorite activities, and attend church services.Further record review revealed an activity care plan that read as follows:Focus:Prefers to go by (Resident #46 name) states that it isimportant that she has the opportunity toengage in daily routines that aremeaningful relative to her preferences.Date Initiated: 04/11/2024Created on: 10/23/2020Revision on: 03/03/2025 Goal: (Resident #46 name) will have opportunities tomake choices related to selfdirected involvement inmeaningful activities throughnext review. Interventions: (Resident #46 name) enjoys in room visits, has expressed interest in joining food committee, sharingher recipes.Revision on: 04/12/2024 (Resident #46 name) request to leave her Christmas tree up year around.Revision on: 04/11/2024 Place objects within residents viewing range.Revision on: 04/11/2024 Encourage and facilitate (Resident #46 name) activity preferences.Revision on: 04/11/2024 Prefers to choose her own clothes.Revision on: 03/03/2025 (Resident #46 name) likes to snack between meals and prefer candy bars, little [NAME] cakes, dr. pepper Revision on: 04/11/2024 It is important for (Resident #46 name) to choose her bedtime and she prefer to go to bed whenever she want. Revision on: 04/11/2024 It is important for (Resident #46 name) to have family or a close friend involved in discussions about her care.) Revision on: 04/11/2024 (Resident #46 name) enjoys listening to music and prefer religious, bluegrass, and/or country. Revision on: 04/11/2024 (Resident #46 name) would like pet visits and prefer cats and dogs. Revision on: 04/11/2024 Prefers to keep up with the news by listening tv and radio.Revision on: 03/03/25 (Resident #46 name) likes to participate in singing, cooking, and/or church with groups of people.) Revision on: 03/03/2025 (Resident #46 name) likes to listen to music, lay down/rest, pray, read, watch TV/movies, by herself in her bedroom, common spaces, outdoors. Revision on: 03/03/2025 It is important for (Resident #46 name) to engage in her favorite activities: church, (continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Cedar Ridge Center		STREET ADDRESS, CITY, STATE, ZIP CODE  302 Cedar Ridge Road Sissonville, WV 25320	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>sewing, cooking, reading, gardening. Revision on: 03/03/2025 It is important for (Resident #46 name) to go outside when the weather is good and enjoy gardening. Revision on: 03/03/2025 (Resident #46 name) would like to participate in religious services/practices such as church. Revision on: 03/03/25 It is important for (Resident #46 name) to vote. Revision on: 04/11/2024 (Resident #46 name) uses a wheelchair for physical limitations. Revision on: 04/11/2024 (Resident #46 name) would benefit from accommodations for visual impairments by using audio books/books on tape, and/or someone to read to them. Revision on: 04/11/2024 A review of Resident #46's activity participation records from 01/01/2026 to present revealed that she was participating in out of room activities before her fall with fractures and significant change and has no out of room participation since her readmission from the hospital. The participation records also revealed that since her significant change she has only had (2) two one to one visits both occurring on 03/04/26. During an interview on 03/18/26 at 12:10 PM, The Director of Recreation (DR) #21 stated, She has not attend group activities since she got back from the hospital. She is non-weight bearing for 10 weeks. Before she attended Resident council, food committee, sometimes parties and socials. Anything we do with her now is in room. The State Agency (SA) asked, Why is she not getting one to one visits? DR #21 replied, She does not get one to one per say, If we do a social visit we do not document that. The SA pointed out to the Administrator and DR #21, that Resident #46 has only had (2) two documented one to one visits since her return from the hospital, and that she has a significant difference in her activity participation, with no interventions added or changed on her care plan since 01/2025. The Administrator and DR #21 confirmed that this is what the documentation revealed.</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident?s preferences and goals.</p> <p>Based on record review, staff interviews, family interviews, and resident interviews, the facility failed to provide care and services in accordance with professional standards of practice. Resident #46 was walking with Restorative Therapy, without a Gait belt and fell. The State Agency (SA) determined harm occurred to Resident #46; the fall resulted in a break in her left femur and a fracture below her right knee. This failed practice was found true for (1) one of (1) one residents reviewed for falls during the complaint survey process. Resident identifier #46. Facility Census: 113. Findings Include:a) Resident #46A record review on 03/17/26 at 9:30 AM, revealed that Resident #46 had a fall on 02/18/26 and was sent to a local emergency room for pain to her right and left legFurther record review of the Diagnostic Radiology reports from the hospital showed the following:Left Femur: Anterior apex angulated fracture of the distal femur diametaphyseal fracture with impaction.Right Knee: Impaction and comminuted anterior apex angulated fracture distal fifth metaphysis present. Osteopenia noted. During an interview on 03/17/26 at 10:00 AM, Physical Therapy Assistant (PTA) #111, showed the SA where Resident #46 fell and stated, They did not have a gait belt on her while they were walking her.During an interview on 03/17/26 at 10:10 AM, The Director of Rehab (DOR) stated, (Resident #46 name) is blind and needs specific instruction when ambulating. We transferred her to restorative with the recommendation to use a gait belt when walking with her. We always used a gait belt when ambulating with her. On the day of the fall they did not have a gait belt on her. It is for the safety of the resident and the staff when ambulating residents. We must use a gait belt for resident safety.A record review on 03/17/26 at 10:30 AM of the Excel spreadsheet (which the SA was informed is how the Restorative Therapy Department gets its orders and recommendations from therapy) reads as follows: Ambulation, walker, gait belt, wheelchair behind resident, ambulate up to 70 feet with 2-wheeled walker, Range of motion and strengthening exercise.Further record review revealed a Physician's order dated 03/03/26 that read as follows: Restorative Nursing Program: Ambulating and ROM.During an interview on 03/17/26 at 11:30 AM, The DOR stated, When we discharge residents to restorative the physician looks over our notes and recommendations and then puts in an order for Restorative therapy. If the order says Ambulating and Range of Motion, Restorative should refer back to our recommendations on the spreadsheet for what needs to be used for safety.During an interview on 03/17/26 at 11:40AM, Resident #46 who has capacity and a Brief Interview for Mental Status (BIMS) of 15 stated, I was walking with (Restorative Therapy employee named) up front and I said I am getting tired. They had the girl behind me push the wheelchair up closer to me but I guess it wasn't close enough. When I went down, I went down hard. They said I got tangled up in the wheelchair, but they lied. They did not have a gait belt on me. If they would have had that on me I would not have fallen so hard.During an interview on 03/17/26 at 12:01PM, The Director of Nursing (DON) stated, I was not aware of that Excel spreadsheet. The DON confirmed that the recommendations from therapy were not carried over for Restorative Therapy to follow and further stated, We are using gait belts for all ambulation with assistance now.</p>		