STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515087	A. Building B. Wing	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Ridge Center	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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident interviews and staff interviews the facility failed to ensure a safe clean and homelike environment. Various cosmetic imperfections were found and two (2) residents did not have bed linens. These were random opportunities for discovery and have the potential to effect more than an isolated number of residents. Room identifiers: #15, #16, #24, #28, #32, #33, #35, #36, #37, #39, and #42. Resident identifiers: #76, and #130. Facility Census: 115. a) A facility walk through on 06/17/26 at 10:35 AM, with the facility administrator found and confirmed the following environmental issues in Resident Rooms #15, #16, #24, #28, #32, #33, #35, #36, #37, #39, and #42: b) room [ROOM NUMBER]: The caulking around the sink and countertop was cracked with missing pieces and had dark, discolored debris buildup. Bathroom toilet base was blackish with missing pieces, Missing paint chips around entry door and bathroom door, Resident's wheel chair cushion with heavy food crumb and dirt buildup underneath. c) room [ROOM NUMBER]: The caulking around the sink and counter top was cracked with missing pieces and had a dark discolored debris build up, Bathroom toilet base caulking was blackish in color with missing pieces, Bathroom corners had a dirty build up of debris and cob webs around the wall edges, Chips of paint missing on the bathroom back wall. d) room [ROOM NUMBER]: Whitish stain on the privacy curtain, reddish stain on the sheet of bed #2, caulking around the sink and counter top was cracked with missing pieces and had a dark discolored debris build up. e) room [ROOM NUMBER]: The caulking around the sink and countertop was cracked with missing pieces and had dark, discolored debris build up. f) Room # 28: The caulking around the sink and countertop was cracked with missing pieces and had dark, (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

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	going to wet them anyway. n) Resident #130 Resident #130 stated he did not know why he did not have a sheet today but they never put one on the bed. While on the tour the director of nursing (DON) checked the linen cart and there was only one sheet on the cart. We then went to laundry and several sheets were available but had not been placed on the unit for use

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, policy review and staff interviews, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections regarding resident ambulatory equipment and the screening for tuberculosis. This failed practice was a random opportunity for discovery. Resident identifiers: #102, #126, #37, #110, #36 and #98. Facility Census: 115 Findings included: a) Resident #102 Resident wheelchair, Geri-chair and rollator/walker: During an interview with Resident #102 on 06/16/2026 at 3:33 PM, it was found that Resident #102's wheel chair (w/c) had rips and tears across the front edges of the seat exposing the inner padding. In an interview with the Director of Nursing (DON) on 06/16/2026 at 3:45 PM, she confirmed the exposed padding of Resident # 102's w/c she removed the chair and stated she would order her a new one. b) Resident #36 During a facility walk through on 06/17/26 at 10:35 AM, with the facility administrator found and confirmed, Resident #36's Rollator/walker seat with exposed inner padding due to a tear in the right side of the plastic seat covering. c) Resident #98 During a facility walk through on 06/17/26 at 10:35 AM with the facility administrator it was observed that Resident # 98's Geri-chair had tears down both sides of the back rest, also exposing the inner padding. The issues above create porous surfaces that cannot be cleaned effectively, fostering an environment for bacteria growth. d) Resident #126 Resident #126 was admitted on [DATE]. Review of the immunization tab revealed no documentation of the administration of the TB Two Step skin test. e) Resident #37 Resident #37 was admitted on [DATE]. Review of the immunization tab revealed no documentation of the administration of the TB Two Step skin test. f) Resident #110 Resident #110 was admitted on [DATE]. Review of the immunization tab revealed no documentation of the administration of the TB Two Step skin test. Interview with DON 06/23/26 at 11:00 am confirmed that NO TB Two Step PPD skin tests were administered at the time of admission per the facility TB policy. Genesis policy states: All patients will be screened for tuberculosis (TB) on admission to the Center, according to Centers for CDC and local /state Health Department regulations, and recommendations. Policy IC 500 Effective Date: 09/01/04. Revision date: 09/15/25. CDC guidance indicates .Skin tests should be administered to all new residents and employees as soon as their residency or employment begins unless they have documentation of a previous positive reaction. A two-step procedure is advisable for the initial testing of residents and employees in order to establish a reliable baseline