

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  04/16/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>49467</p> <p>Based on observation and resident interview, the facility failed to ensure Resident #94 was treated in a dignified manner, by allowing him to sit in a soiled brief for an extended period of time. This was a random opportunity for discovery. Resident Identifier: 94. Facility census: 111.</p> <p>Findings included:</p> <p>A) Observation</p> <p>At approximately 9:05 PM on 4/14/25, the call light for Resident #94's room was observed ringing in the North hall of the facility. At approximately 9:16 PM, Resident #94 was observed yelling Hello multiple times from inside his room, but did not receive an answer. During this time, Licensed Practical Nurse (LPN) #36 and Nurse Aide (NA) #21 were on the hallway. LPN #36 was passing medications and NA #21 was observed going back and forth between other resident rooms. At approximately 9:20 PM, NA #21 went to a soiled linen bin outside of Resident #94's room, at which time he yelled , Can I get an aide please? NA #21 placed items into the soiled linen bin, walked down the hallway, and did not acknowledge the resident. At approximately 9:23 PM NA #13 entered the Hallway next to Resident #94's room and answered another resident's call light. At approximately 9:25 PM, LPN #36 answered Resident #94's call light. Upon entering the resident's room she asked Resident #94 what he needed, to which he responded I need changed. LPN #36 stated, I'll find out who your aide is and let them know. LPN #36 proceeded to turn the resident's light off and go back to the medication cart. At approximately 9:33 PM, LPN #36 stated to NA #13 [Resident #94's name] needs changed. NA #13 then stated, I'm on back hallway, I'm just covering this until [NA #15's name] gets back. NA #13 then proceeded to walk past Resident #94's room, did not address the resident, and did not enter the room. When Resident #94 saw the aide walk by, he yelled, Did we find an aide yet? At approximately 9:36 PM, LPN #36 told NA #15, [Resident #94's name) needs help. He needs changed. I told the other aide earlier but she didn ' t change him. NA #15 acknowledged Resident #94's needs and retrieved a cart with meal trays on it and pushed it to the dining room. Upon returning to the hallway at approximately 9:45 PM, NA #15 entered Resident #94's room and provided care.</p> <p>B) Resident Interview</p> <p>Resident #94 has a Brief Interview for Mental Status (BIMS) Score of 15, indicating he is cognitively intact.</p> <p>(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
---	-------	-----------

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  04/16/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At approximately 10:00 PM, an interview was conducted with Resident #94 regarding his wait time for care. Resident #94 was asked how long his light had been on. Resident #94 stated Since about nine (9:00) o'clock, about 40 to 45 minutes. Resident #94 then stated, I know they're understaffed around here and I try to be sympathetic to them because of that. But when they let you lay in your own crap for over 40 minutes, it's really hard to be sympathetic.</p>		

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  04/16/2025
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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>51553</p> <p>Based on record review, staff interview and resident interview, the facility failed to ensure the residents' right to to receive mail on Saturdays was honored. This was a random opportunity for discovery and had the potential to affect more than a limited number of residents. Facility Census: 111.</p> <p>Findings included:</p> <p>a) The facility's policy and procedure stated, The Recreation Director or designee will: .1.2 Ensure that mail is delivered to the person unopened or postmarked (for outgoing mail) within 24 hours, including Saturdays.</p> <p>b) On 04/14/25 at 02:05 PM during the Resident Council Meeting, the residents reported that mail was not delivered on Saturdays.</p> <p>c) On 04/15/25 at 10:13 AM, the Administrator confirmed mail was to be delivered on Saturdays. The Administrator stated, Mail was supposed to be delivered. She reported the two activities directors will begin working the weekends since they had recently had an assistant leave and there are two open positions in that department. The Administrator reported she will educate and begin an audit for the residents to receive mail timely and on Saturdays.</p>

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  04/16/2025
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>51553</p> <p>Based on record review and resident interview, the facility failed to ensure the resident's right to voice a grievance to the facility without fear of reprisal for Resident #58. This was a random opportunity for discovery and had the potential to affect more than a limited number of residents. Resident Identifier: #58. Facility Census: 111.</p> <p>Findings included:</p> <p>a) Policy Review</p> <p>The facility's policy and procedure stated, The patient/resident (hereinafter patient) has the right to voice grievances to the Center or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other patients, and other concerns regarding their Center stay.</p> <p>b) Resident Council</p> <p>A resident Council Meeting was held on 04/14/25 at 02:05 PM. The residents expressed you couldn't voice a concern at times without worrying that someone will get back at them. Several residents reported the staff will argue with you and it depends on the staff.</p> <p>c) Interview with Resident #58</p> <p>On 04/14/25 at 02:55 PM, after the Resident Council Meeting, Resident #58 reported a couple of nights ago she had waited for one hour and a half for urine to be drained from her bladder by Licensed Practical Nurse (LPN) #35. Resident #58 reported she was in pain to the point of tears and by then she had waited over two hours. The resident went into the hall to find a nurse and two (2) were around the corner. LPN #35 asked the resident what she needed and gave attitude to the resident per Resident #58's report. The resident reported LPN #35 stated, I'll get to you when I get to you.</p> <p>Resident #58 reported LPN #35 came into her room, holding the catheterization kit, and went off on me. The resident stated the nurse said she had not been told by the CNA and the resident reported Nursing Assistant #33 had been told. The resident stated, I admit I was rude, but I was hurting. and I try to give them grace.</p> <p>Resident # 58 reported later that night when she needed changed, Nursing Assistant #33 was rude in the way she talked to me during my care and she snapped at me. The resident reported when she was finished with care, Nursing Assistant #33 said, Okay. I'm done. Bye.</p> <p>Resident #58 gave the state surveyor verbal permission to investigate this incident.</p> <p>d) Interview with Administrator</p> <p>(continued on next page)</p>

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  04/16/2025
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The state surveyor reported Resident #58's allegation to the Administrator on 04/14/25 at 3:10 PM. The Administrator stated, I will report this now. On 04/15/25, the state surveyor reviewed the Facility Reported Incident which was submitted and reported timely to the appropriate entities.</p>

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  04/16/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</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> 31826</p> <p>Based on observation, resident interview, staff interview and record review, the facility failed to ensure Resident #26 and Resident #70 were not neglected. Resident #70 asked for a snack for over 30 minutes she was eventually given a snack but it was the wrong consistency. The nurse aide then had to take it from her which upset the resident. The facility also failed to give Resident #26 his medication even though it was available in the pyxis machine. This was true for two (2) of seven (7) residents reviewed for the care area of abuse during the long term care survey. Resident Identifiers: #70 and #26. Facility Census: 111.</p> <p>Findings Included:</p> <p>a) Resident #26</p> <p>An interview with Resident #26 on 04/13/25 at 2:44 PM found the Licensed Practical Nurse's (LPN) often let him run out of medication and he don't get it until it comes in from the pharmacy. When asked if knew what medications he runs out of he stated, I don't know the names of them, but I know one of them was for my restless leg syndrome. He indicated it was miserable with his legs jerking and moving all night.</p> <p>A review of Resident #26's medication administration record (MAR) for 04/2025, on 04/16/25, found the following doses of medication were not checked off to indicate they were administered:</p> <p>-- Gabapentin 600 milligrams by mouth two (2) times a day. Missed on 04/02/25 at 9:00 AM. The doses for 04/02/25 at 9:00 PM and for 04/03/25 at 9:00 am were documented on the controlled substance log but were not documented as administered on the MAR.</p> <p>-- Ropinirole 2 mg take two (2) tablets by mouth two (2) times a day for restless leg syndrome. Missed on 04/03/25 at 10:00 PM.</p> <p>-- Synthroid Oral Tablet 100 mcg take one (1) tablet by mouth one time a day. Missed on 04/03/25 at 6:30 AM.</p> <p>An interview with Registered Nurse (RN) #77, in the afternoon of 04/16/25, confirmed Resident #26 missed doses of his Gabepentin, Synthroid, and Ropinirole. She was asked if these medications were available in the pyxis system. She stated, We can go check. RN #77 checked the pyxis system and confirmed the medications were available and could have been pulled by the on duty nurse but were not.</p> <p>b) Resident #70</p> <p>On 04/14/25 at 9:05 PM the facility was entered on night shift due to resident complaints of care on the night shift. Upon entrance to the facility Resident #70 was observed sitting in the doorway of the Cafe. The resident was yelling for help and asking for a snack. She later began asking for a specific snack of a peanut butter sandwich. Numerous staff were in the area of the resident and could have easily heard her asking for a snack.</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This continued until about 9:33 PM when Nurse Aide (NA) #55 walked by and Resident #70 asked her for a peanut butter sandwich. NA #55 then stated to another employee, I think she is puree I will get her an apple sauce or pudding in just one (1) minute. Shortly after this exchange the Resident asked LPN #4 for a peanut butter sandwich. LPN #4 then went to the refrigerator retrieved a sandwich and gave it to Resident #70 (the sandwich was not pureed). As resident #70 was trying to open her sandwich NA #55 reentered the cafe and said she is on a pureed diet she can't have that sandwich she then proceeded to take the sandwich from Resident #70. The resident stated, I want to eat that give it to me. The nurse aide took the sandwich at which time she offered her a pudding or applesauce which the resident turned down she stated, I want a peanut butter sandwich.</p> <p>RN #1 pulled up Resident #70's diet order on her computer at 9:39 PM and confirmed she was on a pureed diet. LPN #4 then stated, I did not know that this is the first time I have had her since she has been back. They did not tell me that in report. Resident #70 was readmitted to the facility on [DATE].</p> <p>At 9:48 PM, RN #84 approached Resident #70 and asked her what was wrong. Resident #70 stated, I'm unhappy. RN #84 asked her why and she stated, They won't give me a peanut butter sandwich. RN #84 explained she could not have that and then asked her if she would like some chocolate pudding.</p> <p>At 9:58 PM the resident was finally provided with a snack she could eat.</p> <p>These observations were discussed with the Director of Nursing and Nursing Home Administrator prior to the surveyor leaving the facility at 11:30 PM on 04/14/25.</p>		

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  04/16/2025
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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>51553</p> <p>Based on record review and staff interview, the facility failed to complete a Minimum Data Set (MDS) for Resident #13 upon discharge from the facility. This was true for one (1) of thirty-eight (38) residents. This was a random opportunity for discovery and was true for Resident #13. Resident Identifier: #13. Facility Census : 111.</p> <p>Findings included:</p> <p>a) Resident #13</p> <p>Resident #13's date of stay was from 10/23/24 through 11/11/24.</p> <p>The following Minimum Data Sets were completed for Medicare: Entry/MDS 3.0, Medicare 5 -Day/MDS 3.0 and Admission -None PPS/MDS 3.0.</p> <p>A discharge MDS was not found during the record review.</p> <p>On 04/16/25 at 1:34 PM, the state surveyor interviewed MDS Coordinator #77. MDS Coordinator #77 confirmed a discharge MDS had not been completed. The MDS Coordinator stated, I did miss it. and We will fix it.</p>

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  04/16/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31826</p> <p>49467</p> <p>Based on observation, record review, and staff interview, the facility failed to ensure the care plan was implemented regarding pain management interventions for Resident #42, and regarding tracheostomy care for Resident #111. This was true for two (2) of 38 resident care plans reviewed during the survey process. Resident identifiers: #42, #111. Facility census: 111.</p> <p>Findings included:</p> <p>a) Resident #42</p> <p>Resident #42 is receiving hospice services due to an end stage diagnosis of History of CVA (cerebrovascular accident).</p> <p>Resident #42 has an order for: Morphine Sulfate (Concentrate) Solution 20 MG/ML. Give 10 mg by mouth every two (2) hours as needed for pain/dyspnea. Give 0.50 ML. Hold for Sedation 0.50 ml, every two hours as needed for pain.</p> <p>At approximately 11:30 AM on 4/13/25, during observations in the North hall of the facility, Resident #42 was observed to be yelling out. Review of the resident's record on 4/13/25, it was noted some indicators for pain were yelling out, restlessness, tenseness. Resident #42 was observed to be yelling out again at approximately 1:30 PM, 2:40 PM, and 3:08 PM.</p> <p>At approximately 9:05 PM on 4/14/25, Resident #42 was heard yelling out in his room. His door was pulled around, almost shut completely, left barely cracked open. This surveyor stood in front of the resident's door until approximately 9:45 PM. No one entered the room to check on the resident during this time period. All three (3) Nurse Aides (NA), #13, #15, #21, assigned to that side of the facility, walked by and Licensed Practical Nurse (LPN) #36 was on the medication cart in the hallway. At approximately 9:45 PM, someone could be heard yelling from inside the room Please help me! Still, no staff member entered the room to check on the resident. At approximately 9:50 PM, this surveyor told LPN #36 Someone in the room is yelling for help. The LPN stated He's usually confused, but I'll check on him. Upon entering the room, Resident #42 was still yelling out. LPN # 36 asked Resident #42 if he was in pain and he indicated he was. She asked him what he needed, and he held up his index finger and thumb, as if he was holding something between them. The nurse asked Do you need your pain medication? Resident #42 indicated he did. LPN #36 administered the pain medication at approximately 9:55 PM. Approximately 20 minutes later, the resident was found to be calmer and yelling out less. LPN #36 was asked what the resident's indicators of pain were. LPN #36 stated his indicators were yelling out, tenseness, and restlessness. LPN confirmed the resident exhibited all symptoms at this time. LPN was asked how the resident communicated pain, to which she stated he was nonverbal and the staff look for things such as yelling out, tenseness, restlessness. LPN #36 stated at this point, the resident should be assessed for pain.</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Upon review of the resident's Medication Administration Record (MAR) for the month of April 25, on 4/15/25, it was noted zero (0) nonpharmacological interventions for pain management had been implemented, as the entire month, up to 4/15/25 was empty.</p> <p>Review of the narcotic sheet on 4/15/25, for the morphine, indicated on 4/9/25 at 8:45 PM, 0.25 ml of morphine was signed out on the log and administered to the resident. 0.25 was signed out and administered at 5:24 AM on 4/10/25. Resident #42 was given half of his ordered dose at this time, as he had an active order for 0.5 ml of Morphine at the time of administration. Progress for those days state the resident was administered 0.5 ml on both occasions, despite the narcotic log stating 0.25 ml was signed out.</p> <p>Upon review of the resident's care plan, the following interventions were noted regarding pain management:</p> <p>Observe for pain. Attempt non-pharmacologic interventions to alleviate pain and document effectiveness. Administer pain medication as ordered and document effectiveness/side effects.</p> <p>Observe for pain and administer as ordered per MD and position for comfort.</p> <p>Resident and HCS will achieve the highest possible level of peace by the time of death as evidenced by alleviated pain and resident exhibited calmness.</p> <p>Assess for pain, restlessness, agitation, constipation and other symptoms of discomfort. Medicate as ordered and evaluate effectiveness. Provide non-pharmacological approaches to aide in decreasing discomfort.</p> <p>Offer non-pharmacologic interventions prior to PRN pain medication administration.</p> <p>Observe for non-verbal signs/symptoms of pain and medicate as ordered.</p> <p>Observe for nonverbal signs of pain: increase in agitation, grimace, resistance to care.</p> <p>During an interview with the Director of Nursing (DON), on 4/16/25 at approximately 4:00 PM, it was confirmed, based on observations and review of the narcotic log and MAR, Resident #42's care plan was not being implemented regarding his pain management. The DON also confirmed LPN #36 expressed to her Resident #42 was in pain upon the DON's arrival to the facility at approximately 9:50 PM on 4/14/25, as the nurse told the DON she was preparing to administer the resident's morphine.</p> <p>b) Resident #111</p> <p>A review of Resident #111's medical record found the resident was admitted to the facility on [DATE].</p> <p>A review of the residents care plan found the following care plan:</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Focus statement:</p> <p>-- Resident exhibits alteration in respiratory status related to trach. This focus statement was initiated on 03/24/25.</p> <p>Goals Include:</p> <p>Resident will have no sign/symptoms of respiratory infection through next review. This was initiated on 03/24/25 and the target date was 04/07/25.</p> <p>Interventions included but were not limited to:</p> <p>-- Keep a spare trach/orturator trach kit at bedside. Added to the care plan 03/24/25.</p> <p>-- Type of trach: 6.5 size of trach 6 keep spare trach and ambu bag at beside. Added to the care plan on 03/24/25.</p> <p>Observations of Resident #111 with the Director of Nursing (DON) at approximately 11:45 am on 04/15/25 found the resident did not have a size six (6) trach at her bed side. She was then asked if she could show the surveyor that she had one in the facility. She summoned the RT who looked in the supplies they were unable to locate a size 6. He then went to the residents room to see what size trach was currently in place. The RT determined it was a size 7.5 instead of a 6.5. He was then able to locate the size 7 trach kit which would have been the size down. He stated this is what she needs. He agreed it needed to be at bed side and not in the storage area as directed by the care plan.</p>

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  04/16/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>42120</p> <p>Based on observation, record review, residen interview, staff interview, and facility policy review, the facility failed to assist dependent residents with activities of daily living (ADL's) in accordance with the residents assessed needs for care. This was true for two (2) of five (5) residents reviewed for ADL care. Resident Identifiers: #416 and #85. Facility Census: 111.</p> <p>Findings Included:</p> <p>a) Resident #416</p> <p>On 04/16/25 at 11:28 AM, a review of Resident #416's toileting / toileting hygiene documentation in November 2024 found:</p> <p>--Day shift- three (3) entries of 97- Not applicable in 30 days.</p> <p>--Evening shift- three (3) entries of 97- Not applicable in 30 days.</p> <p>--Night shift- 12 entries of 97- Not applicable in only 30 days.</p> <p>During an Interview on 04/16/25 at 12:08 PM the Director of Nursing (DON) verified there was no documentation that Resident #416 received Toileting hygiene as needed.</p> <p>49467</p> <p>b) Resident #87</p> <p>At approximately, 12:45 PM on 4/13/25, an interview was conducted with Resident #87. During the interview, the resident was asked if he received assistance from the staff with Activities of Daily Living (ADLs), such as bathing/showering. Resident #87 stated, I'm supposed to have them on Monday and Friday, but sometimes they just put them off. They are working short a lot of the time and they tell me they will get it done, but they never do. I usually have bed baths, which is fine, but I haven't had one in a while. I wouldn't mind a shower every now and then either.</p> <p>Upon review of the resident's bathing/showering task history for the last 90 days, it was revealed he did not receive a bed bath or shower on the following days:</p> <p>Friday, 01/24/25</p> <p>Friday, 01/31/25</p> <p>Monday, 02/3/25</p> <p>Friday, 02/14/25</p> <p>Friday, 02/21/25</p> <p>(continued on next page)</p>

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  04/16/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Friday, 02/28/25</p> <p>Monday, 03/3/25</p> <p>Friday, 03/28/25</p> <p>Friday, 04/11/25</p> <p>During an interview with the Director of Nursing (DON), at approximately 4:00 PM on 4/16/25, she confirmed the missing dates for the resident's bathing. The facility did not provide any additional documentation by the end of the survey process.</p>

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  04/16/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>31826</p> <p>51553</p> <p>Based on record review, observation, staff interview and resident interview, the facility failed to follow a physician's order for no straws for Resident #10 and failed to ensure Resident #26 received medication as ordered. These failed practices had the potential to affect more than a limited number of residents. Resident Identifiers: #10 and #26. Facility Census: 111.</p> <p>Findings included:</p> <p>a) During the initial interview process on 04/14/25 at 11:00 AM, the state surveyor observed a straw in Resident #10's water pitcher. Additional observations with the straw in the resident's water pitcher were completed at 12:16 PM, and 12:40 PM.</p> <p>The resident reported she drinks water out of the pitcher. Review of the resident's eating task found the resident to be set-up to independent for eating. At 12:50 PM, Registered Nurse #69 reported the resident had no straws because they were a high risk for aspiration. The straw was not removed at that time. The straw was observed to be removed from the water pitcher at 1:18 PM. Registered Nurse #69 stated, I know her well. At 01:45 PM, the Director of Nursing (DON) reported the resident does not have a straw because she is an aspiration risk.</p> <p>During a night observation completed by the state surveyor on 04/14/25, Resident #10 had a fresh pitcher of ice and water at bedside with a straw. Registered Nurse #1 at 10:40 PM, reported there was a straw in the resident's water pitcher, but stated, I checked her diet and took it out. Registered Nurse #1 stated, It was in there.</p> <p>On 04/15/25 at 11:59 AM, a phone interview was completed with the Speech-Language Pathologist (SLP). The SLP reported the resident had been NPO and had been upgraded to thin liquids. The SLP reported, the resident strangles pretty bad with a straw. The SLP stated using a straw puts the liquid too far back in the throat. She reported the resident does great from a cup.</p> <p>b) Resident #26</p> <p>An interview with Resident #26 on 04/13/25 at 2:44 PM, found the Licensed Practical Nurse (LPN) often let him run out of medication and he don't get it until it comes in from the pharmacy. When asked if he knew what medications he runs out of he stated, I don't know the names of them, but I know one of them was for my restless leg syndrome. He indicated it was a miserable night with his legs jerking and moving all night.</p> <p>A review of Resident #26's medication administration record (MAR) for 04/2025 on 04/16/25 found the following doses of medication was not checked off to indicate they were administered:</p> <p>-- Gabapentin 600 milligrams by mouth two (2) times a day. Missed on 04/02/25 at 9:00 AM. The doses for 04/02/25 at 9:00 PM and for 04/03/25 at 9:00 am were documented on the controlled substance log but were not documented as administered on the MAR.</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-- Ropinirole 2 mg take two (2) tablets by mouth two times a day for restless leg syndrome. Missed on 04/03/25 at 10:00 PM.</p> <p>-- Synthroid Oral Tablet 100 mcg take one (1) tablet by mouth one time a day. Missed on 04/03/25 at 6:30 Am.</p> <p>An interview with Registered Nurse (RN) #77, in the afternoon of 04/16/25, confirmed Resident #26 missed doses of his Gabapentin, Synthroid, and Ropinirole. She was asked if these medications were available in pyxis system. She stated, We can go check. RN #77 checked the pyxis system and confirmed the medications were available and could have been pulled by the on duty nurse but were not.</p>		

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  04/16/2025
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31826</p> <p>Based on water temperature measurement and staff interview the facility failed to ensure the resident environment over which it had control was as free from accident hazards as possible.</p> <p>The hot water temperature in the hand washing sink located in the main dining room was at an unsafe temperature for resident use.</p> <p>The water temperature in the hand sink in the main dining room was tested with facility equipment by the facility's maintenance director at approximately 2:30 PM on 04/16/25 the temperature was 139.2 degrees Fahrenheit.</p> <p>The water temperature in the sink in the main dining room at 2:56 PM was obtained in the same manner mentioned above and was 125 degrees Fahrenheit.</p> <p>The state agency (SA) felt this put any resident who was able to wash their hands in this sink at an immediate risk for serious injury and/or death and created an Immediate Jeopardy (IJ) situation.</p> <p>The SA notified the facility of the IJ at 3:56 PM on 04/16/25. The SA accepted the facility's plan of correction (POC) at 4:07 PM on 04/16/25. After staff interviews, reviewing the education and facility water temperature measurements for all resident areas, and observing the water was turned off to the main dining room the SA abated the IJ at 6:12 PM on 04/16/25.</p> <p>This failed practice to effect the following residents who were identified by the facility as the residents who could potentially access the hand sink in the main dining room, #166, #14, #216, #44, #81, #66, #49, #71, #96, #34, #104, #167, #87, #21, #84, #8, #168, #53, #7, 80, #51, #62, #31, #1, #22, #101, #28, #11, #57, #59, #91, #35, #107, #73, #27, #40, #10, #72, #102, #45, #46, #19, #8, #93, #61, #82, #48, #43, #3, #106, #47, #60, #217, #266, #6, #15, #52, #108, #29, #77, #83, #50, #108, #29, #77, #83, #50, #58, #26, #64, #68, #12, #74, #103, #78, #39, #6, #17, #88, and #30. Facility Census: 111.</p> <p>Findings Included:</p> <p>a) On 04/16/25 at approximately 2:20 PM the surveyor noticed a hand sink in the main dining room. Because this hand sink is accessible to residents, the surveyor felt the hot water in the sink The water was hot to the touch. The surveyor could not comfortably keep her hand under the stream without withdrawing due to the risk of burns. The maintenance director was asked to come to the dining room to measure the temperature of the hot water in the hand sink.</p> <p>The water temperature in the hand sink in the main dining room was tested with facility equipment by the facility's maintenance director at approximately 2:30 PM on 04/16/25 the temperature was 139.2 degrees Fahrenheit.</p> <p>(continued on next page)</p>		

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  04/16/2025
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The water temperature in the hand sink in the main dining room at 2:56 PM was obtained in the same manner mentioned above and was 125 degrees F. (Please note the maintenance director immediately turned off the hot water to the hand sink after the first measurement at 2:30 PM. He turned the water back on to obtain this measurement.)</p> <p>The maintenance director was asked which tank the hot water to the hand sink came from. He indicated initially it was the same tank that fed the resident rooms and shower rooms. He was then asked to obtain temperatures in the back shower room, which was 98.7 degrees F, and in room [ROOM NUMBER] which was 95.0 degrees F. It was immediately after these readings that the second reading from the hand sink in the main dining room was obtained and was 125 degrees F.</p> <p>An interview with the Maintenance Director at approximately 2:45 PM confirmed he does not routinely check the temperature in the hand sink in the dining room. He indicated that he checks the water temperature in the shower rooms and resident rooms. When asked what tank fed the hand sink in the dining room, he indicated it was the same tank that fed resident areas. However, the water temperatures obtained in the shower room and room [ROOM NUMBER] were both less than 100 degrees Fahrenheit. He stated, I'm going to have to look in the attic to determine what tank this water is coming from.</p> <p>The facility self-identified the following residents were able to wash their hands in the main dining hand sink without the assistance of staff: Resident #166, #14, #216, #44, #81, #66, #49, #71, #96, #34, #104, #167, #87, #21, #84, #8, #168, #53, #7, 80, #51, #62, #31, #1, #22, #101, #28, #11, #57, #59, #91, #35, #107, #73, #27, #40, #10, #72, #102, #45, #46, #19, #8, #93, #61, #82, #48, #43, #3, #106, #47, #60, #217, #266, #6, #15, #52, #108, #29, #77, #83, #50, #108, #29, #77, #83, #50, #58, #26, #64, #68, #12, #74, #103, #78, #39, #6, #17, #88, and #30.</p> <p>According to Table 1 in the Guidance to Surveyors related to comfortable/safe water temperatures, found in Appendix PP of the CMS State Operations Manual, a third (3rd) degree burn can occur at 120 degrees F with an exposure time of five (5) minutes, at 124 degrees F with an exposure time of three (3) minutes, at 127 degrees F with an exposure time of one (1) minute, at 133 degrees F with an exposure time of 15 seconds, and at 140 degrees F with an exposure time of 5 seconds, noting that burns can occur even at water temperatures below that level depending on the exposed individual's condition and the length of exposure.</p> <p>The facility submitted the following plan of correction to the AS (typed as written):</p> <p>F689</p> <p>The Maintenance Director (MD) turned the water off to the dining room sink on 4/16/25 immediately upon discovery. The Nursing Home Administrator (NHA) posted an out of service sign on the dining room sink on 4/16/25 at 2:45pm.</p> <p>All the residents of the facility have the potential to be affected.</p> <p>The Director of Maintenance/designee completed an audit on 4/16/25 of water temperatures from point of use on each resident room, resident care areas, and shower rooms to ensure water temperature is 110 degrees or below with any corrective action immediately upon discovery.</p> <p>(continued on next page)</p>		

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  04/16/2025
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Re-education was provided by the Nursing Home Administrator (NHA) /Designee to all maintenance employees starting on 4/16/25 to ensure water temperatures from point of use in the facility is 110 degrees or below. A Post-test to validate understanding. Any maintenance employees not available during this time frame will be provided re-education, including post-test and return demonstration by DON/designee upon the beginning of next shift to work. New maintenance employees will be provided education, including post-test during orientation by the DON/designee.</p> <p>The Maintenance Director (MD) /Designee will monitor facility water temperatures from point of service on each hallway a random room, resident care areas, and shower rooms starting on 4/16/25 to ensure water temperatures are 110 degrees or below daily across all shifts for 2 weeks including weekends and holidays, then 3 times a week for 2 weeks then randomly thereafter.</p> <p>Results of monitors will be reported by the Unit Manager (UM)/designee monthly to the Quality Improvement Committee (QIC) for any additional follow-up and or in-servicing until the issue is resolved, then randomly thereafter as determined by the QIC committee.</p> <p>An additional interview with the Maintenance Director at Approximately 6:00 PM confirmed the hot water tank which fed the hand sink in the main dining room was tied in with the tank that fed the kitchen. He stated, It would have been hotter because the kitchen water has to be hotter.</p>		

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  04/16/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50795</p> <p>Based on observation, interview, and record review, the facility failed to notify the physician of a newly admitted resident's indwelling catheter, and failed to obtain a physician's order for the care and maintenance of the catheter. In addition, the facility failed to provide the appropriate catheter care to prevent potential Catheter Associated Urinary Tract Infections (CAUTI's). This was true for one (1) of five (5) residents reviewed for catheter care. Resident Identifier: #266. Facility census: 111.</p> <p>Findings Included:</p> <p>a) Resident #266</p> <p>During an interview on 04/13/25 at approximately 2:14 PM, Resident #266 stated she was looking forward to getting her catheter removed. Upon being asked if the facility provided catheter care, resident stated the staff usually emptied her catheter bag when it filled up.</p> <p>A review of the Minimum Data Set (MDS) data presented to the surveyors upon entry indicated Resident #266 was admitted to the facility on [DATE]. The MDS did not show Resident #266 had an indwelling urinary catheter.</p> <p>A review of Resident #266's records, on 04/14/25 at 9:30 AM, revealed no orders pertaining to a catheter, or catheter related care.</p> <p>On 04/14/25 at approximately 12:15 PM, Licensed Practical Nurse (LPN) #26 confirmed there were no orders entered, and in fact the MDS did not identify the resident had a catheter.</p> <p>During an interview with the Unit Manager (UM) #97 on 04/14/25 at 12:25 PM, UM #97 confirmed there were no physicians' orders for catheter care. A request for the task sheets for catheter care revealed the resident was designated as Independent. No documentation was available confirming the facility had provided catheter care to the resident.</p> <p>During an interview with the Director of Nursing (DON) on 04/14/25 at 1:00 PM, she confirmed no orders had been obtained from the physician for catheter care.</p>		

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  04/16/2025
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 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31826</p> <p>Based on observation, record review, and staff review, the facility failed to ensure Resident #111 received respiratory care to ensure Resident #111's airway remained intact and was able to be reestablished immediately if the tracheotomy tube would become dislodged. This was true for one (1) resident reviewed for the care area of Respiratory care during the long term care survey process.</p> <p>The facility failed to ensure they had the supplies at bedside to replace Resident #111's tracheotomy cannula. The physician orders and Resident #111's care plan dictated the supplies were to be kept at bedside. When the staff was asked where the supplies were to replace the cannula were located, it took greater than 15 minutes to find the needed supplies in the supply closet. They were not kept at bedside as directed in the physician order and care plan.</p> <p>The failure to replace Resident #111's tracheotomy cannula timely could result in the immediate loss of a secure airway leading to severe hypoxia, anoxic brain injury, cardiopulmonary arrest and potentially death. Medical literature affirms that timely intervention is critical. Delayed recognition or failure to reestablish the airway within minutes can cause irreversible harm.</p> <p>The State Agency (SA) determined this failure put Resident #111 in an Immediate Jeopardy (IJ) situation. The facility was notified of the immediate jeopardy at 5:03 PM on 04/15/25. The facility submitted and the SA accepted a plan of correction (POC) at 5:20 PM. After observation of implementation of the POC the IJ was abated at 6:27 PM on 04/15/25.</p> <p>After the IJ was abated and the immediacy was removed, but a deficient practice remained for Resident #97. Resident #97 was ordered to have continuous oxygen but it was not in place. After the abatement the scope and severity was decreased from a J to a D.</p> <p>Resident Identifiers: #111 and #97. Facility Census: 111.</p> <p>Findings Included:</p> <p>a) Resident #111</p> <p>Resident #111 was admitted to the facility on [DATE]. The resident record contained the following physician orders related to trach care:</p> <p>-- Type of Trach 6.5 size of trach 6 spare trach kept at bedside and ambu bag at bedside.</p> <p>A review of the residents care plan found the following care plan interventions related to the trach included:</p> <p>-- Keep a spare trach/orturator trach kit at bedside. Added to the care plan 03/24/25.</p> <p>-- Type of trach: 6.5 size of trach 6 keep spare trach and ambu bag at beside. Added to the care plan on 03/24/25.</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Observations of Resident #111 with the Director of Nursing (DON) at approximately 11:45 am found the resident did not have a size six (6) trach at her bed side. She was then asked if she could show the surveyor that she had one in the facility. She summoned the Respiratory Therapist (RT) who looked in the supplies they were unable to locate a size 6.</p> <p>The RT then went to Resident #111's room to see what size trach was currently in place. The RT determined it was a size 7.5 instead of a 6.5. He was then able to locate the size 7 trach kit which would have been the size down. It took greater than 15 minutes to locate the trach kit which according to the physicians orders and care plan should have been located at bed side. He agreed it needed to be at bed side and not in the storage area.</p> <p>An additional interview with the RT, on 04/15/25 at 1:25 PM, confirmed he was one who ordered the wrong size trach. He stated that when she arrived the hospital did not send orders with her regarding the size of her trach. He stated that he looked at it and they are new and have different numbers. He stated that he looked at the chart and made an error when putting in the orders and the care plan. When asked what type of circumstances would cause the trach to dislodge the RT stated, A deep cough moving around just about anything could make it pop out.</p> <p>An interview with Licensed Practical Nurse #60 (LPN), confirmed if the trach would come out he would hold the oxygen over the hole and call a Registered Nurse. He confirmed, he was not allowed to replace the trach.</p> <p>A review of the facility's procedure related to Tracheotomy Tube Change/reinsertation,found primary licensed staff inserts the new tube. The DON indicated this meant an LPN can reinsert the new tube. She stated he knew that so I don't know why he told you that.</p> <p>Further review of the procedure for Tracheotomy Tube Change/reinsertation found the following, .9. Verify size of trach that patient has in place to assure appropriate tube size and type. 10. Verify the two replacement trachs, current size and one size below, are available at bedside along with manual resuscitator .</p> <p>An additional interview with the RT at, 04/15/25 at 2:26 PM, revealed he should have ordered a 6un75H in the trach and she should have had a 5un70h at bedside. He stated that he went by the diameter of 7.5 instead of the size of the trach. However the ordered reflected a 6.5 not the diameter of 7.5. The RT confirmed the residents trach is uncuffed and they are more likely to dislodge.</p> <p>A follow up interview with the DON after the facility's was notified of the IJ confirmed it took greater than 15 minutes to find the correct size trach. She stated, But we was not in an emergency situation. She felt they would have found it quicker had the trach been dislodged however the chaos of any emergency likely would cause further delay. She agreed the spare trach should have been at bedside.</p> <p>b) Facility's Plan of Correction</p> <p>The facility's plan of correction read as follows (typed as written):</p> <p>The Director of Nursing (DON)/designee placed the emergency trach as ordered by the resident's 11 bedside on 4/15/25 @ 500pm.</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>All residents with tracheostomies of the facility have the potential to be affected.</p> <p>As of 4/15/25 no other residents with tracheostomies in the facility at this time.</p> <p>Re-education was provided by the Director of Nursing(DON)/Designee to all licensed nurses starting on 4/15/25 to ensure residents with a tracheostomy tube in place will have a spare tracheostomy tube with obturator of the same manufacturer brand and size currently used AND one size smaller at the bedside. A Post-test to validate understanding. Any licensed nurses not available during this time frame will be provided re-education, including post-test and return demonstration by DON/designee upon the beginning of next shift to work. New Licensed nurses will be provided education, including post-test during orientation by the DON/designee. Annual in-servicing will be provided to licensed nurses regarding the care of indwelling urinary catheters.</p> <p>The Unit Managers (UM)/Designee will conduct observations starting on 4/15/25 to ensure residents with a tracheostomy tube in place will have a spare tracheostomy tube with obturator of the same manufacturer brand and size currently used and one size smaller at the bedside daily across all shifts for 2 weeks including weekends and holidays, then 3 times a week for 2 weeks then randomly thereafter.</p> <p>Results of observations will be reported by the Unit Manager (UM)/designee monthly to the Quality Improvement Committee (QIC) for any additional follow-up and or in-servicing until the issue is resolved, then randomly thereafter as determined by the QIC committee.</p> <p>c) Resident #97</p> <p>The facility failed to provide oxygen via nasal cannula for Resident #97 who was ordered oxygen continuously. On 04/16/25 at 10:25 AM, the state surveyor observed Resident #97 not wearing his oxygen and the concentrator turned off. Resident #97's physician's order stated, Oxygen at 2 L/min via Nasal Cannula continuously. Licensed Practical Nurse (LPN) #60 confirmed the resident was not wearing his oxygen. LPN #60 placed the resident's nasal cannula, turned the oxygen concentrator on, and changed the the liters to two (2) liters per minute from the setting of three (3) liters per minute. LPN #60 stated, It's supposed to be two (2) liters it was three (3) liters. The resident's oxygen saturation level was 96%.</p> <p>51553</p>		

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  04/16/2025
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 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>31826</p> <p>Based on observation, record review and staff interview, the facility failed to ensure orders and interventions were followed to control pain for Residents #42 and #87. This was true for two (2) of six (6) residents reviewed for pain management during the survey process. Resident identifiers: #42, #87. Facility census: 111.</p> <p>The State Agency (SA) determined physical harm was caused to Resident #42 when the facility failed to check on, and assess, Resident #42 for pain, for approximately 50 minutes, despite him yelling out the entire duration, until surveyor intervention. At which time, it was discovered by Licensed Practical Nurse (LPN) #36, Resident #42 was in pain and requested pain medication. Furthermore, physical harm was determined based upon the review of the Medication Administration Record (MAR), orders, and care plan, which revealed the resident had not gotten the correct dose of pain medication, had not received any nonpharmacological interventions for pain as ordered, and was not receiving interventions for pain management that were in place in his care plan.</p> <p>Findings Include:</p> <p>a) Resident #42</p> <p>Resident #42 received hospice services due to an end stage diagnosis of History of CVA (cerebrovascular accident).</p> <p>Resident #42 has an order for: Morphine Sulfate (Concentrate) Solution 20 MG/ML. Give 10 mg by mouth every two (2) hours as needed for pain/dyspnea. Give 0.50 ML. Hold for Sedation 0.50 ml, every two hours as needed for pain.</p> <p>At approximately 11:30 AM on 4/13/25, during observations in the North hall of the facility, Resident #42 was observed to be yelling out. Review of the resident's record on 04/13/25, revealed indicators for pain were yelling out, restlessness, tenseness. Resident #42 was observed to be yelling out again at approximately 1:30 PM, 2:40 PM, and 3:08 PM.</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>At approximately 9:05 PM on 4/14/25, Resident #42 was heard yelling out in his room. His door was pulled around, almost shut completely, left barely cracked open. This surveyor stood in front of the resident's door until approximately 9:45 PM. No one entered the room to check on the resident during this time period. All three (3) Nurse Aides (NA), #13, #15, #21, assigned to that side of the facility, walked by and Licensed Practical Nurse (LPN) #36 was on the medication cart in the hallway. At approximately 9:45 PM someone could be heard yelling from inside the room, Please help me. Still, no staff member entered the room to check on the resident. At approximately 9:50 PM, this surveyor told LPN #36 Someone in the room is yelling for help. The LPN stated, He's usually confused, but I'll check on him. Upon entering the room, Resident #42 was still yelling out. LPN #36 asked Resident #42 if he was in pain and he indicated he was. She asked him what he needed, and he held up his index finger and thumb, as if he was holding something between them. The nurse asked Do you need your pain medication? Resident #42 indicated he did. LPN #36 administered the pain medication at approximately 9:55 PM. Approximately 20 minutes later, the resident was found to be calmer and yelling out less. LPN #36 was asked what the resident's indicators of pain were. LPN #36 stated his indicators were yelling out, tenseness, and restlessness. LPN confirmed the resident exhibited all symptoms at this time. LPN was asked how the resident communicated pain, to which she stated he was nonverbal and the staff look for things such as yelling out, tenseness, restlessness. LPN #36 stated at this point, the resident should be assessed for pain.</p> <p>Upon review of the resident's Medication Administration Record (MAR) for the month of April 25, on 04/15/25, it was noted zero (0) nonpharmacological interventions for pain management had been implemented, as the entire month, up to 04/15/25 was empty.</p> <p>It was also noted, from the resident's MAR, he was administered morphine at 8:25 PM on 04/13/25 and did not receive it again until 9:52 PM on 4/14/25, going over 24 hours without receiving it.</p> <p>Review of the narcotic sheet on 04/15/25, for the morphine, indicated on 04/9/25 at 8:45 PM, 0.25 ml of morphine was signed out on the log and administered to the resident. 0.25 was signed out and administered at 5:24 AM on 04/10/25. Resident #42 was given half of his ordered dose at this time, as he had an active order for 0.5 ml of Morphine at the time of administration. Progress notes for those days stated the resident was administered 0.5 ml on both occasions, despite the narcotic log stating 0.25 ml was signed out.</p> <p>Upon review of the resident's care plan, the following interventions were noted regarding pain management:</p> <p>Observe for pain. Attempt non-pharmacologic interventions to alleviate pain and document effectiveness. Administer pain medication as ordered and document effectiveness/side effects.</p> <p>Observe for pain and administer as ordered per MD and position for comfort.</p> <p>Resident and HCS will achieve the highest possible level of peace by the time of death as evidenced by alleviated pain and resident exhibited calmness.</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Assess for pain, restlessness, agitation, constipation and other symptoms of discomfort. Medicate as ordered and evaluate effectiveness. Provide non-pharmacological approaches to aide in decreasing discomfort.</p> <p>Offer non-pharmacologic interventions prior to PRN pain medication administration.</p> <p>Observe for non-verbal signs/symptoms of pain and medicate as ordered.</p> <p>Observe for nonverbal signs of pain: increase in agitation, grimace, resistance to care.</p> <p>During an interview with the Director of Nursing (DON) on 04/16/25 at approximately 4:00 PM, it was confirmed, based on observations and review of the narcotic log and MAR, Resident #42's care plan was not being implemented regarding his pain management. He had received the incorrect dose of morphine (0.25 ml instead of the prescribed 0.5 ml); He did not receive nonpharmacological interventions for pain management as ordered. The DON also confirmed LPN #36 expressed to her Resident #42 was in pain upon the DON's arrival to the facility at approximately 9:50 PM on 04/14/25, as the nurse told the DON she was preparing to administer the resident's morphine.</p> <p>b) Resident #87</p> <p>A review of Resident #87's medical record on the morning of 04/16/25 found the resident was ordered Hydrocodone 5-325 by mouth every 6 hours for pain,</p> <p>The medication administration record for the month of 03/2025 and the month of 04/2025 along with the controlled substance log coinciding with these month was requested.</p> <p>Upon review of the MAR and the controlled substance log it was found on 04/06/25 at 6:00 PM the medication was initialed as administered but was not signed out on the controlled substance log. This indicated the medication was not administered because it was not removed from the medication card. This same situation occurred again on 04/13/25 for the 6:00 am dose.</p> <p>This was confirmed with Corporate Registered Nurse (CRN) #132 at 5:00 PM at on 04/16/25.</p> <p>49467</p>		

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  04/16/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50795</b></p> <p>Based on observation, interview and record review, the facility failed to follow administration directions for medications prescribed for the control of phosphorous levels for dialysis patients. This was true for 5 of 5 residents on dialysis. Resident Identifiers: Residents #33, #88, #94, #105 and #108. Facility census:111.</p> <p>Findings Include:</p> <p>a) Resident #33</p> <p>Record review and interview on 04/13/25 at 2:35 PM revealed, Resident #33 is a [AGE] year-old female on hemodialysis diagnosed with the following conditions:</p> <p>Chronic systolic heart failure</p> <p>Chronic respiratory failure with hypoxia</p> <p>Type 2 diabetes mellitus with polyneuropathy</p> <p>End-stage renal disease on hemodialysis</p> <p>Dilated cardiomyopathy</p> <p>History of nicotine dependence</p> <p>Hypertension</p> <p>Morbid obesity</p> <p>Gastroesophageal reflux disease</p> <p>Anemia</p> <p>A review of the resident's medication orders on 04/15/25 at approximately 11:55 AM revealed Resident #33 was prescribed:</p> <p>Renvela Oral Tablet 800 MG (Sevelamer Carbonate). Give 3 tablets by mouth before meals for end stage renal disease</p> <p>Renvela is a medication classified as a phosphate binder. It is designed to be taken three times a day with meals to help control phosphorus levels in the body. By binding to phosphorus in food, Renvela prevents it from being absorbed. Phosphate binders should generally be taken within 5 to 10 minutes before or immediately after meals and snacks. It is important not to take Renvela with other medications; instead, those should be administered at least 1 hour before or 3 hours after taking Renvela.</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review on 04/15/25 at approximately 1:30 PM revealed the resident is scheduled for dialysis on Tuesdays, Thursdays, and Saturdays. The orders state the following:</p> <p>Pick-up time 5:30am</p> <p>Chair time 6:30 am</p> <p>A review of the Medication Administration Record (MAR) for Resident #33 on 04/15/25 at 3:13 PM revealed the administration time for Renvela, was after the resident had left the facility for dialysis on Tuesdays, Thursdays and Saturdays. In addition, Renvela was not administered at meal times as evidenced by the following entries in the MAR:</p> <p>04/01/24 (Tuesday)</p> <p>6:30 AM - Renvela 800 MG tablets X 3.</p> <p>11:30 AM - Renvela 800 MG tablets X 3</p> <p>4:30 PM - Renvela 800 MG tablets X 3</p> <p>04/02/25</p> <p>6:30 AM - Renvela 800 MG tablets X 3.</p> <p>11:30 AM - Renvela 800 MG tablets X 3</p> <p>4:30 PM - Renvela 800 MG tablets X 3</p> <p>04/03/25 (Thursday)</p> <p>6:30 AM - Renvela 800 MG tablets X 3.</p> <p>11:30 AM - Renvela 800 MG tablets X 3</p> <p>4:30 PM - Renvela 800 MG tablets X 3</p> <p>04/04/25</p> <p>6:30 AM - Renvela 800 MG tablets X 3.</p> <p>11:30 AM - Renvela 800 MG tablets X 3</p> <p>4:30 PM - Renvela 800 MG tablets X 3</p> <p>04/05/25 (Saturday)</p> <p>6:30 AM - Renvela 800 MG tablets X 3.</p> <p>(continued on next page)</p>

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  04/16/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>11:30 AM - Renvela 800 MG tablets X 3</p> <p>4:30 PM - Renvela 800 MG tablets X 3</p> <p>04/06/25</p> <p>6:30 AM - Renvela 800 MG tablets X 3.</p> <p>11:30 AM - Renvela 800 MG tablets X 3</p> <p>4:30 PM - Renvela 800 MG tablets X 3</p> <p>04/07/25</p> <p>6:30 AM - Renvela 800 MG tablets X 3.</p> <p>11:30 AM - Renvela 800 MG tablets X 3</p> <p>4:30 PM - Renvela 800 MG tablets X 3</p> <p>04/08/25 (Tuesday)</p> <p>6:30 AM - Renvela 800 MG tablets X 3.</p> <p>11:30 AM - Renvela 800 MG tablets X 3</p> <p>4:30 PM - Renvela 800 MG tablets X 3</p> <p>04/09/25</p> <p>6:30 AM - Renvela 800 MG tablets X 3.</p> <p>11:30 AM - Renvela 800 MG tablets X 3</p> <p>4:30 PM - Renvela 800 MG tablets X 3</p> <p>04/10/25 (Thursday)</p> <p>6:30 AM - Renvela 800 MG tablets X 3.</p> <p>11:30 AM - Renvela 800 MG tablets X 3</p> <p>4:30 PM - Renvela 800 MG tablets X 3</p> <p>04/11/25</p> <p>6:30 AM - Renvela 800 MG tablets X 3.</p> <p>(continued on next page)</p>

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  04/16/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>11:30 AM - Renvela 800 MG tablets X 3</p> <p>4:30 PM - Renvela 800 MG tablets X 3</p> <p>04/12/25 (Saturday)</p> <p>6:30 AM - Renvela 800 MG tablets X 3.</p> <p>11:30 AM - Renvela 800 MG tablets X 3</p> <p>4:30 PM - Renvela 800 MG tablets X 3</p> <p>04/13/25</p> <p>6:30 AM - Renvela 800 MG tablets X 3.</p> <p>11:30 AM - Renvela 800 MG tablets X 3</p> <p>4:30 PM - Renvela 800 MG tablets X 3</p> <p>04/14/25</p> <p>6:30 AM - Renvela 800 MG tablets X 3.</p> <p>11:30 AM - Renvela 800 MG tablets X 3</p> <p>4:30 PM - Renvela 800 MG tablets X 3</p> <p>04/15/25 (Tuesday)</p> <p>6:30 AM - Renvela 800 MG tablets X 3.</p> <p>11:30 AM - Renvela 800 MG tablets X 3</p> <p>4:30 PM - Renvela 800 MG tablets X 3</p> <p>During an interview with Unit Manager (UM) #97 on 04/15/25 at 3:25 PM, UM #97 stated the medication was being administered during med pass and not during meal times.</p> <p>An interview with the Director of Nursing (DON) on 04/16/2 at approximately 3:35 PM, confirmed the medication was not being administered with food.</p> <p>b) Resident #88</p> <p>Record review and interview revealed Resident #88 is a [AGE] year-old female on hemodialysis. Resident was diagnosed with the following conditions:</p> <p>Chronic Kidney Disease Stage 5</p> <p>(continued on next page)</p>

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  04/16/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Unspecified Hydronephrosis</p> <p>Essential (Primary) Hypertension</p> <p>Other Hyperlipidemia</p> <p>Age-Related cognitive decline</p> <p>Muscle weakness (Generalized)</p> <p>Hypothyroidism (Unspecified)</p> <p>Acquired absence of kidney</p> <p>Hyperkalemia</p> <p>A review of the resident's medication orders on 04/15/25 at approximately 10:55 AM revealed Resident #33 was prescribed:</p> <p>Renvela Oral Tablet 800 MG (Sevelamer Carbonate). Give 2 tablet by mouth three times a day for CKD. To be taken with food/meals.</p> <p>Renvela is a medication classified as a phosphate binder. It is designed to be taken three times a day with meals to help control phosphorus levels in the body. By binding to phosphorus in food, Renvela prevents it from being absorbed. Phosphate binders should generally be taken within 5 to 10 minutes before or immediately after meals and snacks. It is important not to take Renvela with other medications; instead, those should be administered at least 1 hour before or 3 hours after taking Renvela.</p> <p>Record review on 04/15/25 at approximately 12:30 PM revealed the resident is scheduled for dialysis on Mondays, Wednesdays, and Fridays. The orders state the following:</p> <p>Facility to transport</p> <p>Chair time 11:00 am</p> <p>Early lunch meal at 10:00 due to dialysis schedule</p> <p>A review of the Medication Administration Record (MAR) for Resident #33 on 04/15/25 at 3:25 PM revealed the administration time for Renvela, was scheduled to meet the resident's dialysis schedule on Monday's, Wednesday's, and Friday's, however, the medication administration schedule was not adjusted for non-dialysis days, resulting in the medication not being administered with meals as evidenced by the following entries in the MAR:</p> <p>04/01/24</p> <p>10:00 AM - Renvela 800 MG tablets X 2.</p> <p>(continued on next page)</p>		

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  04/16/2025
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)
F 0698  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	1:00 PM - Renvela 800 MG tablets X 2  5:00 PM - Renvela 800 MG tablets X 2  04/02/25 (Wednesday)  10:00 AM - Renvela 800 MG tablets X 2.  1:00 PM - Renvela 800 MG tablets X 2  5:00 PM - Renvela 800 MG tablets X 2  04/03/25  10:00 AM - Renvela 800 MG tablets X 2.  1:00 PM - Renvela 800 MG tablets X 2  5:00 PM - Renvela 800 MG tablets X 2  04/04/25 (Friday)  10:00 AM - Renvela 800 MG tablets X 2.  1:00 PM - Renvela 800 MG tablets X 2  5:00 PM - Renvela 800 MG tablets X 2  04/05/25  10:00 AM - Renvela 800 MG tablets X 2.  1:00 PM - Renvela 800 MG tablets X 2  5:00 PM - Renvela 800 MG tablets X 2  04/06/25  10:00 AM - Renvela 800 MG tablets X 2.  1:00 PM - Renvela 800 MG tablets X 2  5:00 PM - Renvela 800 MG tablets X 2  04/07/25 (Monday)  10:00 AM - Renvela 800 MG tablets X 2.  (continued on next page)

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  04/16/2025
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)
F 0698  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	1:00 PM - Renvela 800 MG tablets X 2  5:00 PM - Renvela 800 MG tablets X 2  04/08/25  10:00 AM - Renvela 800 MG tablets X 2.  1:00 PM - Renvela 800 MG tablets X 2  5:00 PM - Renvela 800 MG tablets X 2  04/09/25 (Wednesday)  10:00 AM - Renvela 800 MG tablets X 2.  1:00 PM - Renvela 800 MG tablets X 2  5:00 PM - Renvela 800 MG tablets X 2  04/10/25  10:00 AM - Renvela 800 MG tablets X 2.  1:00 PM - Renvela 800 MG tablets X 2  5:00 PM - Renvela 800 MG tablets X 2  04/11/25 (Friday)  10:00 AM - Renvela 800 MG tablets X 2.  1:00 PM - Renvela 800 MG tablets X 2  5:00 PM - Renvela 800 MG tablets X 2  04/12/25  10:00 AM - Renvela 800 MG tablets X 2.  1:00 PM - Renvela 800 MG tablets X 2  5:00 PM - Renvela 800 MG tablets X 2  04/13/25  10:00 AM - Renvela 800 MG tablets X 2.  (continued on next page)

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  04/16/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1:00 PM - Renvela 800 MG tablets X 2</p> <p>5:00 PM - Renvela 800 MG tablets X 2</p> <p>04/14/25 (Monday)</p> <p>10:00 AM - Renvela 800 MG tablets X 2.</p> <p>1:00 PM - Renvela 800 MG tablets X 2</p> <p>5:00 PM - Renvela 800 MG tablets X 2</p> <p>04/15/25</p> <p>10:00 AM - Renvela 800 MG tablets X 2.</p> <p>1:00 PM - Renvela 800 MG tablets X 2</p> <p>5:00 PM - Renvela 800 MG tablets X 2</p> <p>On 04/15/25 at 10:58 AM, during medication administration, LPN #26 was observed administering the following medications to Resident #88:</p> <p>Clopidogrel Bisulfate Tablet 75 MG 1 tablet</p> <p>Ferrous Sulfate Oral Tablet 325 (65 Fe) MG 1 tablet</p> <p>Renvela Oral Tablet 800 MG X 2 tablets</p> <p>Sodium Bicarbonate Oral Tablet 650 MG 1 tablet</p> <p>During an interview with UM #97 on 04/15/25 at 11:15 AM, UM #97 stated the medications were being administered during med pass and not during meal times.</p> <p>An interview with the DON on 04/16/2 at approximately 3:35 PM, DON confirmed the medication was not being administered, as prescribed, with food.</p> <p>c) Resident #94</p> <p>Record review on 04/15/25 at approximately 11:50 AM revealed Resident #94 is a [AGE] year-old male Patient is long-term resident of the facility. Resident is diagnosed with the following:</p> <p>End-stage renal disease on hemodialysis</p> <p>Hepatitis B</p> <p>Heart failure with midrange ejection fraction</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Anemia</p> <p>Hypertension</p> <p>Hypothyroidism</p> <p>Cerebrovascular accident</p> <p>Presence of AV shunt</p> <p>Chronic back pain</p> <p>Pancytopenia</p> <p>Record review on 04/15/25 at approximately 1:20 PM revealed the resident is scheduled for dialysis on Tuesdays, Thursdays, and Saturdays. The orders state the following:</p> <p>Time for Pick up: 7am</p> <p>Transport to [dialysis]</p> <p>A review of the resident's medication orders on 04/15/25 at approximately 12:53 PM revealed Resident #94 was prescribed the following medication:</p> <p>Velphoro Oral Tablet Chewable 500 MG (Sucroferric Oxyhydroxide - Give 2 tablets by mouth with meals for ESRD (Chew or Crush)</p> <p>Velphoro (sucroferric oxyhydroxide) is a phosphate binder indicated for the control of serum phosphorus levels in patients with chronic kidney disease on dialysis. Velphoro is to be taken with food or meals. Tablets must be chewed or crushed; tablets must not be swallowed whole.</p> <p>A review of the Medication Administration Record (MAR) for Resident #94 on 04/15/25 at approximately 2:13 PM revealed Velphorx was administered after the resident left the facility for dialysis at 7:00 AM on Tuesdays, Thursdays and Saturdays. Furthermore, Velphoro was not given at meal times, as evidenced by the following entries in the MAR:</p> <p>04/01/24 (Tuesday)</p> <p>7:30 AM - Velphoro 500 MG tablets X 2</p> <p>11:30 AM - Velphoro 500 MG tablets X 2</p> <p>4:30 PM - Velphoro 500 MG tablets X 2</p> <p>04/02/25</p> <p>7:30 AM - Velphoro 500 MG tablets X 2</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>11:30 AM - Velphoro 500 MG tablets X 2</p> <p>4:30 PM - Velphoro 500 MG tablets X 2</p> <p>04/03/25 (Thursday)</p> <p>7:30 AM - Velphoro 500 MG tablets X 2</p> <p>11:30 AM - Velphoro 500 MG tablets X 2</p> <p>4:30 PM - Velphoro 500 MG tablets X 2</p> <p>04/04/25</p> <p>7:30 AM - Velphoro 500 MG tablets X 2</p> <p>11:30 AM - Velphoro 500 MG tablets X 2</p> <p>4:30 PM - Velphoro 500 MG tablets X 2</p> <p>04/05/25 (Saturday)</p> <p>7:30 AM - Velphoro 500 MG tablets X 2</p> <p>11:30 AM - Velphoro 500 MG tablets X 2</p> <p>4:30 PM - Velphoro 500 MG tablets X 2</p> <p>04/06/25</p> <p>7:30 AM - Velphoro 500 MG tablets X 2</p> <p>11:30 AM - Velphoro 500 MG tablets X 2</p> <p>4:30 PM - Velphoro 500 MG tablets X 2</p> <p>04/07/25</p> <p>7:30 AM - Velphoro 500 MG tablets X 2</p> <p>11:30 AM - Velphoro 500 MG tablets X 2</p> <p>4:30 PM - Velphoro 500 MG tablets X 2</p> <p>04/08/25 (Tuesday)</p> <p>7:30 AM - Velphoro 500 MG tablets X 2</p> <p>(continued on next page)</p>

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  04/16/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>11:30 AM - Velphoro 500 MG tablets X 2</p> <p>4:30 PM - Velphoro 500 MG tablets X 2</p> <p>04/09/25</p> <p>7:30 AM - Velphoro 500 MG tablets X 2</p> <p>11:30 AM - Velphoro 500 MG tablets X 2</p> <p>4:30 PM - Velphoro 500 MG tablets X 2</p> <p>04/10/25 (Thursday)</p> <p>7:30 AM - Velphoro 500 MG tablets X 2</p> <p>11:30 AM - Velphoro 500 MG tablets X 2</p> <p>4:30 PM - Velphoro 500 MG tablets X 2</p> <p>04/11/25</p> <p>7:30 AM - Velphoro 500 MG tablets X 2</p> <p>11:30 AM - Velphoro 500 MG tablets X 2</p> <p>4:30 PM - Velphoro 500 MG tablets X 2</p> <p>04/12/25 (Saturday)</p> <p>7:30 AM - Velphoro 500 MG tablets X 2</p> <p>11:30 AM - Velphoro 500 MG tablets X 2</p> <p>4:30 PM - Velphoro 500 MG tablets X 2</p> <p>04/13/25</p> <p>7:30 AM - Velphoro 500 MG tablets X 2</p> <p>11:30 AM - Velphoro 500 MG tablets X 2</p> <p>4:30 PM - Velphoro 500 MG tablets X 2</p> <p>04/14/25</p> <p>7:30 AM - Velphoro 500 MG tablets X 2</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>11:30 AM - Velphoro 500 MG tablets X 2</p> <p>4:30 PM - Velphoro 500 MG tablets X 2</p> <p>04/15/25 (Tuesday)</p> <p>7:30 AM - Velphoro 500 MG tablets X 2</p> <p>11:30 AM - Velphoro 500 MG tablets X 2</p> <p>4:30 PM - Velphoro 500 MG tablets X 2</p> <p>During an interview with UM #97 on 04/15/25 at 11:35 AM, UM #97 stated the medication was being administered during med pass and not during meal times.</p> <p>An interview with the DON on 04/16/2 at approximately 3:35 PM, DON confirmed the medication was not being administered, as prescribed, with food.</p> <p>d) Resident #105</p> <p>A closed record review on 04/15/25 at approximately 4:15 PM revealed Resident #105 was a [AGE] year-old male who was on hemodialysis. Resident was diagnosed with the following diagnoses:</p> <p>Anemia of chronic disease</p> <p>CAD</p> <p>Carotid stenosis</p> <p>Cataracts bilateral</p> <p>CHF</p> <p>Type2 diabetes</p> <p>Diarrhea</p> <p>End-stage renal disease on dialysis</p> <p>Hypertension</p> <p>Hyperkalemia</p> <p>Hyperlipidemia</p> <p>Record review further revealed resident was scheduled for dialysis on Mondays, Wednesdays and Fridays. Dialysis orders specified the following:</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Pick up 6:30 AM</p> <p>Chair time of 7:00 AM</p> <p>Early breakfast meal at 6:00 am due to dialysis schedule Monday-Wednesday-Friday</p> <p>A review of the resident's medication orders on 04/15/25 at approximately 4:53 PM revealed Resident #105 was prescribed:</p> <p>Calcium Acetate Oral Tablet 667 MG (Calcium Acetate (Phosphate Binder)) Give 2 tablet by mouth with meals for Supplement</p> <p>Calcium Acetate is a phosphate binder used to treat hyperphosphatemia in dialysis patients. It is recommended this medication be taken with meals. Other medications should not be taken with Calcium acetate. They should be taken at least one (1) hour before or three (3) hours after calcium acetate administration.</p> <p>A closed record review of the Medication Administration Record (MAR) for Resident #105 on 04/15/25 at approximately 2:20 PM revealed the administration time for Calcium acetate was after the resident had left the facility on Mondays, Wednesdays and Fridays. In addition, Calcium acetate was not administered at meal times, as evidenced by the following entries in the MAR:</p> <p>03/20/25</p> <p>7:30 AM - Calcium acetate 667 MG tablets X 2.</p> <p>11:30 AM - Calcium acetate 667 MG tablets X 2</p> <p>4:30 PM - Calcium acetate 667 MG tablets X 2</p> <p>03/21/25 (Friday)</p> <p>7:30 AM - Calcium acetate 667 MG tablets X 2.</p> <p>11:30 AM - Calcium acetate 667 MG tablets X 2</p> <p>4:30 PM - Calcium acetate 667 MG tablets X 2</p> <p>03/22/25</p> <p>7:30 AM - Calcium acetate 667 MG tablets X 2.</p> <p>11:30 AM - Calcium acetate 667 MG tablets X 2</p> <p>4:30 PM - Calcium acetate 667 MG tablets X 2</p> <p>03/23/25</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7:30 AM - Calcium acetate 667 MG tablets X 2.</p> <p>11:30 AM - Calcium acetate 667 MG tablets X 2</p> <p>4:30 PM - Calcium acetate 667 MG tablets X 2</p> <p>03/24/25 (Monday)</p> <p>7:30 AM - Calcium acetate 667 MG tablets X 2.</p> <p>11:30 AM - Calcium acetate 667 MG tablets X 2</p> <p>4:30 PM - Calcium acetate 667 MG tablets X 2</p> <p>03/25/25</p> <p>7:30 AM - Calcium acetate 667 MG tablets X 2.</p> <p>11:30 AM - Calcium acetate 667 MG tablets X 2</p> <p>4:30 PM - Calcium acetate 667 MG tablets X 2</p> <p>03/26/25 (Wednesday)</p> <p>7:30 AM - Calcium acetate 667 MG tablets X 2.</p> <p>11:30 AM - Calcium acetate 667 MG tablets X 2</p> <p>4:30 PM - Calcium acetate 667 MG tablets X 2</p> <p>03/27/25</p> <p>7:30 AM - Calcium acetate 667 MG tablets X 2.</p> <p>11:30 AM - Calcium acetate 667 MG tablets X 2</p> <p>4:30 PM - Calcium acetate 667 MG tablets X 2</p> <p>During an interview with the DON on 04/16/25 at approximately 3:45 PM, DON confirmed the medication was not being administered, as prescribed, with food.</p> <p>e) Resident #108</p> <p>During an interview on 04/13/25 at 2:45 PM Resident #105 stated he did not get his phosphate binders with his meals. He stated the medication was dispensed during med pass, with the other medications.</p> <p>(continued on next page)</p>

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  04/16/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review on 04/13/25 at approximately 3:20 PM revealed Resident #108 is a [AGE] year-old male with a history of end-stage renal disease on dialysis. He is diagnosed with:</p> <p>End-stage renal disease on hemodialysis</p> <p>Cerebrovascular accident</p> <p>Heart failure</p> <p>Hypertension</p> <p>Hyperlipidemia</p> <p>Depression</p> <p>Chronic venous stasis</p> <p>Cardiomyopathy</p> <p>Record review further revealed resident was scheduled for dialysis on Mondays, Wednesdays and Fridays. Dialysis orders specified the following:</p> <p>Time for Pickup 6:10 AM</p> <p>Chair time 6:50 AM</p> <p>Early breakfast meal at 545 AM due to dialysis schedule</p> <p>A review of the resident's medication orders on 04/13/25 at approximately 3:53 PM revealed Resident #108 was prescribed:</p> <p>Auryxia Oral Tablet 1 GM 210 MG (Fe) (Ferric citrate) - Give 1 tablets by mouth with meals for anemia</p> <p>Auryxia (ferric citrate) is a medication used to manage two conditions: high phosphate levels in the blood (hyperphosphatemia) and iron deficiency anemia (IDA) in individuals with chronic kidney disease (CKD). It works as a phosphate binder, reducing the amount of phosphate absorbed from food, and as an iron supplement. Auryxia should be taken with meals.</p> <p>A review of the Medication Administration Record (MAR) for Resident #108 on 04/13/25 at approximately 3:2 revealed the administration time for Auryxia was after the resident had left the facility for dialysis on Mondays, Wednesdays, and Fridays. In addition, Auryxia was not administered at meal times, as evidenced by the following entries in the MAR:</p> <p>04/03/25</p> <p>7:00 AM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>12:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>5:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>04/04/25 (Friday)</p> <p>7:00 AM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>12:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>5:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>04/05/25</p> <p>7:00 AM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>12:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>5:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>04/06/25</p> <p>7:00 AM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>12:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>5:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>04/07/25 (Monday)</p> <p>7:00 AM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>12:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>5:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>04/08/25</p> <p>7:00 AM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>12:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>5:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>04/09/25 (Wednesday)</p> <p>7:00 AM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>12:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>5:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>04/10/25</p> <p>7:00 AM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>12:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>5:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>04/11/25 (Friday)</p> <p>7:00 AM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>12:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>5:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>04/12/25</p> <p>7:00 AM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>12:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>5:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>04/13/25 (Monday)</p> <p>7:00 AM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>12:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>5:00 PM - Auryxia Oral Tablet 1 GM 210 MG(Fe) (Ferric Citrate)</p> <p>During an interview with UM #97 on 04/15/25 at 11:41 AM, UM #97 stated the medication was being administered during med pass and not during meal times.</p> <p>An interview with the DON on 04/16/2 at approximately 3:35 PM, DON confirmed the medication was not being administered, as prescribed, with food.</p>

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  04/16/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>49467</p> <p>Based on observations and resident and staff interviews, the facility failed to deploy sufficient direct care staff to meet the needs of the resident population of the facility. This had the potential to affect all residents residing in the facility. Resident identifiers: #94, #58, #51, #85, #91, and #84. Facility census: 111.</p> <p>Findings include:</p> <p>a) Resident #94</p> <p>On 04/13/25 at approximately 3:09 PM, an interview was conducted with Resident #94. Resident #94 stated the facility was very understaffed. Resident #94 said, They keep telling me they're hiring people, but no one ever stays. The ones that don't do their job, they keep because they can't keep other people, so they have no choice but to keep them.</p> <p>At approximately 9:05 PM on 4/14/25, the call light for Resident #94's room was observed ringing in the North Hall of the facility.</p> <p>At approximately 9:16 PM, Resident #94 was observed yelling Hello multiple times from inside his room, but did not receive an answer. During this time, Licensed Practical Nurse (LPN) #36 and Nurse Aide (NA) #21 were on the hallway.</p> <p>LPN #36 was passing medications and NA #21 was observed going back and forth between other resident rooms. At approximately 9:20 PM, NA #21 went to a soiled linen bin outside of Resident #94's room, at which time he yelled, Can I get an aide please? NA #21 placed items into the soiled linen bin, walked down the hallway, and did not acknowledge the resident.</p> <p>At approximately 9:23 PM NA #13 entered the Hallway next to Resident #94's room and answered another resident's call light. At approximately 9:25 PM, LPN #36 answered Resident #94's call light. Upon entering the resident's room, she asked Resident #94 what he needed, to which he responded, I need changed.</p> <p>LPN #36 stated, I'll find out who your aide is and let them know. LPN #36 proceeded to turn the resident's light off and go back to the medication cart. At approximately 9:33 PM LPN #36 stated to NA #13 (Resident #94's name) needs changed. NA #13 then stated, I'm on back hallway; I'm just covering this until (NA #15's name) gets back. NA #13 then proceeded to walk past Resident #94's room, did not address the resident, and did not enter the room. When Resident #94 saw the aide walk by, he yelled Did we find an aide yet? At approximately 9:36 PM LPN #36 told NA #15, (Resident #94's name) needs help. He needs changed. I told the other aide earlier, but she didn't change him. NA #15 acknowledged Resident #94's needs and retrieved a cart with meal trays on it and pushed it to the dining room. Upon returning to the hallway at approximately 9:45 PM, NA #15 entered Resident #94's room and provided care.</p> <p>(continued on next page)</p>

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  04/16/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Resident #94 has a Brief Interview for Mental Status (BIMS) Score of 15, indicating he is cognitively intact.</p> <p>At approximately 10:00 PM, an interview was conducted with Resident #94 regarding his wait time for care. Resident #94 was asked how long his light had been on. Resident #94 stated Since about nine (9) o' clock, about 40 to 45 minutes. Resident #94 then stated I know they ' re understaffed around here and I try to be sympathetic to them because of that. But when they let you lay in your own crap for over 40 minutes, it ' s really hard to be sympathetic.</p> <p>b) Resident #58</p> <p>At approximately 4:45 PM on 4/16/25, an interview was conducted with Resident #58. Resident #58 stated We wait an hour and a half, sometimes two (2) hours for someone to answer our lights. Sometimes all we might need is water, but it takes them that long just to come see. If it was something simple, they could turn the light off and fix it, but they won ' t. Night shift is the worst. I feel like the response time at night should be faster because people are sleeping. They want us to sleep but if we need changed and can ' t get them to change us, we can ' t sleep. Some of them have attitudes. Some of them are always saying they hate this place and hate it being so understaffed. Sometimes the staff here will voice to us that they are understaffed. That's their explanation as to why they are late. I get straight cathed and I always have to wait. I told a nurse at 3:00 PM that I needed one and I am still waiting. He said he would find a woman to come do it and I am still waiting. If you need food heated it and you ask them to do it, they will you they have to do something else first and then you have to wait a while for them to come back and heat your food up.</p> <p>c) Resident #51</p> <p>On 04/13/25 at approximately 12:28 PM, Resident #51 stated the following about the facility ' s staffing: Weekends are the worst as far as staffing and wait times. 40 minutes is usually the minimum. They'll come in and say Sorry, we are short, we will be back. They usually tell me what's going on out there.</p> <p>d) Resident #85</p> <p>At approximately 12:45 PM on 4/13/25, an interview was conducted with Resident #87. During the interview, the resident was asked if he received assistance from the staff with Activities of Daily Living (ADLs), such as bathing. Resident #87 stated I ' m supposed to have them on Monday and Friday, but sometimes they just put them off. They are working short a lot of the time and they tell me they will get it done, but they never do. I usually have bed baths, which is fine, but I haven't had one in a while. I wouldn't mind a shower every now and then, either.</p> <p>Upon review of the resident's bathing task history for the last 90 days, it was revealed he did not receive a bed bath or shower on the following days:</p> <p>Friday 1/24/25</p> <p>Friday 1/31/25</p> <p>Monday 2/3/25</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Friday 2/14/25</p> <p>Friday 2/21/25</p> <p>Friday 2/28/25</p> <p>Monday 3/3/25</p> <p>Friday 3/28/25</p> <p>Friday 4/11/25</p> <p>During an interview with the Director of Nursing (DON) at approximately 4:00 PM on 4/16/25, she confirmed the missing dates for the resident ' s bathing. The facility did not provide any additional documentation by the end of the survey process.</p> <p>e) Resident #91</p> <p>On 04/13/25 at approximately 02:36 PM, Resident stated the following about facility staffing in an interview: It takes them an hour to an hour and a half to answer your light when you need help.</p> <p>f) Resident #84</p> <p>At approximately 10:00 AM on 4/14/25, an interview was conducted with the representative of Resident #84. During the interview, the representative stated when he visits the facility it is hard to find staff when help is needed. He stated Resident #84 ' s room smelled strongly of urine when he visited recently. He stated Resident #84 had soiled her brief and eventually removed it, and staff did not come in to change her or remove the brief from the room, leaving it to smell like urine. He stated I know they are doing the best they can up there with the staff they have, but they need more. That ' s my only complaint is that you can ' t find help when you need it.</p> <p>On 04/14/25 at approximately 2:00PM a Resident Council Meeting was held. During the meeting, the residents brought the following issues forward, related to staffing.</p> <p>-Residents reported a lot of times only one staff person per hall - especially North-short Hall and South-long Hall.</p> <p>-Wait on call lights for one (1) to one (1) and a half hours - sometimes it could take up to 3 hours to get assistance.</p> <p>-One person to 16 rooms at night.</p> <p>-A lot of call offs from staff.</p> <p>-Nurses and CNAs are afraid of how long they will have to stay because of call-offs or not enough staff scheduled.</p> <p>H) Staff interviews</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>At approximately 10:15 PM on 4/14/25 an interview was conducted with Nurse Aide (NA) #21. NA #21 stated there is a call-in problem with some employees. She stated this leaves the staff in a position where someone is working over, and sometimes they can ' t get the shift covered. She states this leaves them working short frequently. She states she feels the residents do not receive the care they need due to staffing issues.</p> <p>At approximately 10:35 on 4/14/25, on the North side of the facility, multiple call lights were observed going off on the long hallway. NA #15 was answering lights in the hallway, and the administrator was observed answering another. Lights continued to go off on the long hallway. At this time, NA #13 and #21 were observed standing in the back, short, hallway, leaned against the wall, talking, not responding to the call lights, despite no call lights ringing on the back, short, hallway.</p>		

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  04/16/2025
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.</p> <p>51554</p> <p>Based upon record review and staff interview, the facility failed to ensure resident received mental health referral and treatment. This was true for 1 (one) of 38 (thirty-eight) residents reviewed during this annual survey process. Resident identifier: #110. Facility census: 111</p> <p>Findings included:</p> <p>A) Resident #110</p> <p>A review of Resident #110's medical record found the following:</p> <p>Diagnosis Included:</p> <p>Post traumatic stress disorder</p> <p>Anxiety Disorder</p> <p>Depression</p> <p>A review of the MDS quarterly assessment on 04/03/25, recorded the following:</p> <p>Section D - Mood</p> <p>D0160: Total severity score of 18</p> <p>D0170 Social Isolation was marked as always feeling lonely or isolated from those around you.</p> <p>Section E - Behavior</p> <p>Verbal behaviors towards others</p> <p>occurring 4 - 5 days per week</p> <p>Section I - Active Diagnoses</p> <p>Psychiatric/Mood Disorder:</p> <p>Anxiety Disorder</p> <p>Depression</p> <p>Post Traumatic Stress Disorder</p> <p>(continued on next page)</p>

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  04/16/2025
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The most recent PASARR: Was completed on 02/04/25 by (Name of Local Hospital) and contained the following:</p> <p>Q23 Medical conditions/symptoms:</p> <p>Mental disorders None</p> <p>Section III: MI/MR Assessment</p> <p>Current diagnosis: None is marked</p> <p>Section IV: Assessment/Plan</p> <p>Suspect patient has underlying dementia now with stroke-likely exacerbated does not have insight to her own medical condition since does not have medical decision-making capacity.</p> <p>Section V: Supplemental Questions</p> <p>Major Mental Illness or suspected mental illness: none</p> <p>Level I (Medical Screen</p> <p>Diagnosis of dementia (Alzheimer's or related condition): box next to question is not checked, indicating the resident does not have this.</p> <p>Resident #110 had the following physician orders:</p> <p>Dental, ophthalmology, podiatry, physiatry, psych,wound Obtain Consult as needed/indicated and treatment for patient health and comfort.</p> <p>No directions specified for order.</p> <p>Other Active 2/5/2025</p> <p>Resident is not prescribed any anti-psychotic, anti-depressant, or anti-anxiety medications.</p> <p>A review of Resident #110's care plan found the following:</p> <p>Focus area:</p> <p>Resident/patient exhibits or has the potential to demonstrate verbal behaviors related to history of making false accusations regarding staff and other residents relating to this resident's cognitive impairment, confusion, and desire to return home/not be in long-termcare environment. Date initiated: 02/26/25</p> <p>Interventions included:</p> <p>(continued on next page)</p>

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  04/16/2025
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Evaluate the nature and circumstances (i.e. triggers) of the {verbal behavior} with resident and/or patient representative.</p> <p>Evaluate need/provide for Psych/Behavioral Health consultation.</p> <p>The resident's medical record contained a Mediteicare behavior health signed Authorization to Screen, Evaluate &amp; Treat signed by the resident on 2/6/25.</p> <p>The Surveyor requested to see any screenings, evaluations, progress notes on the resident for services provided by Mediteicare.</p> <p>B) Staff interview</p> <p>On 4/16/25, after asking for documentation related to any Mediteicare screenings or visits for the third time, the Director of Nursing stated at 6:02 PM there were no progress notes, evaluations, etc from Mediteicare.</p>

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  04/16/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>31826</p> <p>Based on record review and staff interview the facility failed to establish a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determine that drug records were in order and that an account of all controlled drugs was maintained and periodically reconciled to enable them to identify and correct any possible drug diversions. There were some discrepancies related to Resident #97's controlled substance log. This was true for one (1) of five (5) residents reviewed for the care area of unnecessary medications. Resident identifier: #97. Facility Census: 111.</p> <p>Findings Include:</p> <p>a) Resident #97</p> <p>A review of Resident #87's medical record on the morning of 04/16/25 found the resident was ordered Hydrocodone 5-325 by mouth every 6 hours for pain,</p> <p>The medication administration record for the month of 03/2025 and the month of 04/2025 along with the controlled substance log coinciding with these months was requested.</p> <p>Upon review of the MAR and the controlled substance log it was found on 03/21/25, a nurse signed out one (1) dose of the Hydrocodone, but it was not initialed as given on the MAR. Also, between the 6:00 am dose of Hydrocodone on 03/30/25 and the 12:00 PM dose on 03/31/25 two (2) hydrocodone pills were removed and deducted from the count. However, the nurse did not sign, date or time the withdrawals on the controlled substance log as required.</p> <p>This was confirmed with Corporate Registered Nurse (CRN) #132 at 5:00 PM on 04/16/25.</p>

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  04/16/2025
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>31826</p> <p>50795</p> <p>Based on record review, and interview, the facility failed to ensure the attending physician reviewed and acted on the Consulting Pharmacist's recommendations. In addition, the facility failed to ensure that the physician reviewed and documented a response to the recommendations. This was true for five (5) of five (5) residents surveyed. Resident Identifier: Resident #17, # 28, #53, #74 and #87. Facility Census: 111.</p> <p>Findings include:</p> <p>a) Resident #17</p> <p>On 04/14/25 at 3:11 PM a review of the Consulting Pharmacist's review for Resident #17's medications revealed the following:</p> <p>The Consulting Pharmacist's medication review on 09/20/24 showed the following recommendations:</p> <p>Resident is on Quetiapine 25 MG at bedtime for muscle weakness.</p> <p>This is not an appropriate diagnosis.</p> <p>Recommendation:</p> <p>An antipsychotic medication should be used only for the following conditions/diagnoses. Please check the appropriate indication for this resident:</p> <p>Huntington Disease</p> <p>Mood disorders (e.g. bipolar disorder, severe depression refractory to other therapies and/or with psychotic features)</p> <p>Medical illnesses with psychotic symptoms (e.g. neoplastic disease or delirium) and/or treatment related psychosis or mania (e.g. High dose steroids)</p> <p>Nausea and vomiting associated with cancer or chemotherapy</p> <p>Schizophrenia</p> <p>Schizo-affective disorder</p> <p>Schizophreniform disorder</p> <p>Psychosis in the absence of dementia</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Tourette's disorder</p> <p>Other</p> <p>Facility failed to ensure that the physician reviewed and responded to the recommendation.</p> <p>DON provided an updated diagnosis dated 04/05/25 which stated - Quetiapine Fumarate Oral tablet 25 MG. Give 0.5 tablet by mouth at bedtime for targeted behaviors - agitation, verbal outbursts.</p> <p>The Consulting Pharmacist's medication review on 10/23/24 revealed the following recommendation:</p> <p>Please update the current antipsychotic order for Quetiapine 12.5 MG at bedtime with a diagnosis and include specific behaviors that can be quantitatively and objectively documented by the nursing staff. The behavior must have the potential to cause danger to themselves and/or others.</p> <p>The facility failed to ensure that the physician reviewed and acted upon the recommendation.</p> <p>The Consulting Pharmacist's medication review on 12/18/24 showed the following recommendation:</p> <p>This resident is on the anticoagulant Rivaroxaban Oral tablet 15 MG. Anticoagulants have an inherent increased risk for bleeding and potential for thromboembolism.</p> <p>Please add order to monitor for signs and symptoms of bleeding and thromboembolism during each nursing shift. Notify prescriber if resident experiences any of the following signs/symptoms of bleeding, dark/dischored urine, black tarry stools. Nose bleeds, vomiting and/or coughing up blood.</p> <p>Signs/symptoms of thromboembolism:</p> <p>Pain or tenderness of upper or lower extremity. Increased warmth, edema and/or erythema of affected extremity. Unexplained shortness of breath. Chest pain, coughing, Hemoptysis, feelings of anxiety or dread.</p> <p>The facility failed to ensure that the physician reviewed and acknowledged the recommendation.</p> <p>b) Resident #28</p> <p>On 04/14/25 at 3:25 PM a review of the Consulting Pharmacist's review for Resident #28's medications revealed the following:</p> <p>The Consulting Pharmacist's medication review on 12/17/24 showed the following recommendation:</p> <p>The resident is on the anticoagulant Eliquis. Anticoagulants have an inherent increased risk for bleeding and potential for thromboembolism.</p> <p>Please add order to monitor for signs and symptoms of bleeding and thromboembolism during each nursing shift. Notify prescriber if resident experiences any of the following signs/symptoms of bleeding, dark/dischored urine, black tarry stools. Nose bleeds, vomiting and/or coughing up blood.</p> <p>(continued on next page)</p>

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  04/16/2025
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Signs/symptoms of thromboembolism:</p> <p>Pain or tenderness of upper or lower extremity. Increased warmth, edema and/or erythema of affected extremity. Unexplained shortness of breath. Chest pain, coughing, Hemoptysis, feelings of anxiety or dread.</p> <p>The facility failed to ensure that the physician reviewed and acknowledged the recommendation.</p> <p>c) Resident #53</p> <p>On 04/14/25 at 3:35 PM a review of the Consulting Pharmacist's review for Resident #28's medications revealed the following:</p> <p>The Consulting Pharmacist's medication review on 01/14/25 showed the following recommendation:</p> <p>Please record specific behavior seen and any side effects with use of the psychoactive medication Buspar. If side effects are seen, physician should be notified. Please record behavior even if dose of medication is not given.</p> <p>Add MAR behavior monitoring for Buspar.</p> <p>The facility failed to ensure that physician reviewed and acknowledged recommendations.</p> <p>d) Resident #74</p> <p>The Consulting Pharmacist's medication review completed on 01/20/25 showed the following recommendation:</p> <p>Please add a behavior monitoring sheet for this resident due to Duloxetine.</p> <p>Record specific behaviors and any side effects noted with use of psychoactive medications given. If side effects are noted, physician should be notified. Record all behaviors noted, even if medication is not given as the intervention.</p> <p>The facility failed to ensure that the physician reviewed and acknowledged the recommendation.</p> <p>During an interview on 04/15/25 at 2:30 PM the Director of Nursing (DON) confirmed that the physician had not signed the Pharmacist's recommendations</p> <p>e) Resident #87</p> <p>A review of Resident #87's medical record on the morning of 04/16/25 found the pharmacist reviewed the resident's drug regimen in 02/2025 and 01/2025 and made recommendations to the physician and/or Director of Nursing (DON).</p> <p>The recommendations were requested from the facility along with the physicians and/or DON's response.</p> <p>(continued on next page)</p>

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  04/16/2025
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 5:22 PM on 04/16/25 the Corporate Registered Nurse (CRN) #132 confirmed they could not locate the recommendations nor the physician and/or DON response.</p>

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  04/16/2025
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>31826</p> <p>Based on observation and staff interview the facility failed to ensure each resident received the proper portion size of pork during the evening meal on 04/16/25. This failed practice has the potential to affect more than an isolated number of residents and was random opportunity for discovery found during the completion of the kitchen pathway during the long-term care survey process. Facility Census: 111.</p> <p>Findings Include:</p> <p>On 04/16/25 at 5:32 PM the surveyor was observing meal service from the steam table in the facility's kitchen. [NAME] #130 was serving the food from the steam table. She was observed using tongs to serve the pork.</p> <p>The Director of Operations (DOO) was asked how she was sure the pork she was serving was two ounces (OZ) she stated she should be using a 2 oz scoop and not tongs. She corrected the situation; however, the North Short Hall and the South Short Hall had already been served.</p> <p>A review of the menu found each resident should be served 2 ounces of pork.</p>

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  04/16/2025
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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>31826</p> <p>Based on observation and staff interview the facility failed to ensure all residents received meals at regular times comparable to normal mealtimes in the community. The lunch meal on 06/04/25 was served 45 minutes late to 19 residents due to the facility running out of prepared food. This was true for Resident #95, #3, #68, #60, #90, #21, #29, #24, #56, #6, #61, #5, #41, #79, #38, #58, #36, #45, and #49. Facility Census: 101</p> <p>Findings Include:</p> <p>a) An observation of the lunch meal began at 12:00 PM on 06/04/25 found the facility was serving ham, macaroni and cheese and beets as the main meal for the residents. At 1:10 PM [NAME] #1 stated, I ran out of food. I'm going to have to make more. The Corporate Director of Operations then began preparing and directing the staff on what to make to continue to the feed the remaining 18 residents. The Corporate Director of Operations, indicated they did not know what happened. They said they made more than the production sheet called for but was still short on servings.</p> <p>The final resident was served at 1:56 PM on 06/04/25 which was 46 minutes after the facility initially ran out of food.</p>		

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  04/16/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>50795</p> <p>Based on observation, record review and interview, the facility failed to update orders to discontinue dialysis access care, and monitoring of the dialysis access graft/fistula. In addition, the facility failed to update orders and a care plan when a C-collar was discontinued. Resident Identifiers: #88, and #10. Facility Census: 111.</p> <p>Findings Include;</p> <p>a) Resident #88</p> <p>During an interview, on 04/15/25 at approximately 1:20 PM, Resident #88 stated the dialysis access in her right upper arm was no longer patent.</p> <p>The resident stated he now had a dialysis catheter in her right upper chest, which was used during hemodialysis treatments.</p> <p>Record review on 04/15/25 at approximately 2:15 PM revealed the following order dated 10/08/24:</p> <p>External hemodialysis catheter 2 lumens (location) right chest wall with transparent dressing. DO NOT Change END caps.</p> <p>Further record review revealed the following orders dated 08/31/24:</p> <p>AV fistula/graft location: right upper extremity</p> <p>Change AV fistula/graft site dressing every Thursday</p> <p>Monitor AV fistula/graft site for S/S infection, edema, bleeding and upon return from dialysis. Notify primary care physician and dialysis unit if there are signs and symptoms of infection If AV fistula/graft site is bleeding apply pressure for 15 minutes and notify MD/Physician extender if bleeding does not stop</p> <p>Auscultate bruit and palpate thrill. Notify physician for absence of bruit/thrill. Every day and night shift.</p> <p>A review of the Treatment Administration Record (TAR) on 04/15/25 at 3:30 PM revealed facility staff continued to monitor the non-patent dialysis access, and document it was working.</p> <p>Monitoring was discontinued after surveyor intervention on 04/15/25 as evidenced by the following documentation:</p> <p>Auscultate bruit and palpate thrill. Notify physician for absence of bruit/thrill.</p> <p>every day and night shift</p> <p>(continued on next page)</p>		

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  04/16/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Start Date- 08/31/2024 1900</p> <p>D/C Date- 04/16/25 1047</p> <p>Monitor AV fistula/graft site for S/S infection, edema, bleeding and upon return from dialysis. Notify primary care physician and dialysis unit if there are signs and symptoms of infection. If AV fistula/graft site is bleeding apply pressure for 15 minutes and notify MD/Physician extender if bleeding does not stop as needed</p> <p>Start Date- 08/31/2024 1549</p> <p>D/C Date- 04/16/25 1045</p> <p>During an interview with Unit Manager (UM) #97 on 04/15/25 at 3:26 PM, UM #97 confirmed the access was still being monitored. She stated she would discontinue the orders for monitoring.</p> <p>51553</p> <p>b) Resident #10</p> <p>The facility failed to update orders and care plan for Resident #10's C-collar which was discontinued on 04/09/25 as recorded on the resident's Medication Administration Record (MAR).</p> <p>Resident #10's physician's order stated, Skin integrity checks; monitor c- collar placement and surrounding skin q shift to for skin integrity checks; notify provider for any abnormalities or concerns every day and night shift.</p> <p>The care plan stated: c-collar to be in place to assist with healing and protection as resident will allow.</p> <p>On 04/14/25, nurse's progress note stated, Resident refusing C-Collar. Patches not needed at this time.</p> <p>On 04/15/25 at 12:47 PM, the Director of Nursing confirmed the discharge order for the c-collar and the order for skin checks and care plan were not updated.</p>		

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  04/16/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50795</p> <p>Based on observation and interview, the facility failed to ensure infection control procedures were adhered to in the residents' shower room. This failed practice had the potential for infection of a limited number of residents. This was true for one (1) of two (2) shower rooms inspected during the survey process. Facility Census: 111.</p> <p>Findings included:</p> <p>a) During an inspection of the male and female shower rooms, accompanied by Licensed Practical Nurse (LPN) #26 on 04/14/25 at approximately 1:20 PM, five bottles of unlabeled shampoo bottles were observed in the male shower room. LPN #26 confirmed the bottles of shampoo were not labeled with any resident names.</p> <p>On 04/14/25 at approximately 2:30 PM, the Director of Nursing (DON) confirmed all unlabeled shampoo bottles had been removed from the shower room.</p>		