

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 06/24/2020
NAME OF PROVIDER OF SUPPLIER CEDAR RIDGE CENTER		STREET ADDRESS, CITY, STATE, ZIP 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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. . Based on observation, staff interview and policy review the facility failed to ensure hand hygiene was provided to all Residents prior to serving the noon time meal on 06/24/20. Resident #1 and Resident #2 was served their noontime meal and hand hygiene was not offered to them. This was a random opportunity for discovery. Resident Identifiers: #1 and #2. Facility Census: 113. Findings Included: a) Observation of the noon - time meal. Observations of the noon - time meal on 06/24/20 at 12:15 p.m. found Nurse Aide (NA) #2 entered Resident #1's room with his noon - time meal. She proceeded to set up his tray and upon exiting the room asked him if he needed anything else. She then exited the room without offering Resident #1 hand hygiene. Upon her exit from the room Employee #2 was interviewed. When asked if she had cleansed Resident #1's hands she stated, No. When asked if she typically cleans the hands of the residents prior to serving their meal she stated, Not unless they ask. If they ask me to I will. Further observation of the noon- time meal at 12:19 p.m. on 06/24/20 found NA #1 entering the room of Resident #2 to set up her meal. Prior to leaving the room NA #1 asked Resident #2 if she needed anything else and then exited the room. Upon her exit from the room NA#1 was interviewed. When asked if she had cleansed Resident #2's hands prior to serving her meal she immediately returned to the room and asked Resident #2 if she would like a wash cloth to clean her hands. Resident #2 stated, Yes that would be nice. NA #1 then provided Resident #2 with a wet wash cloth so she could clean her hands prior to eating. An interview with the Director of Nursing (DON) at 12:42 p.m. on 06/24/20 confirmed staff should cleanse the hands of each Resident prior to serving them their meal. She stated, We have went over this and over this. A review of the facility's policy titled, Meal Service in Patient's Room with an effective date of 06/01/96 and revision date of 11/01/19, found the following in regards to cleansing the hands of Residents: . 4. Wash patient's hands and provide oral care, if necessary .		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.