Printed: 11/20/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365952	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2022		
NAME OF PROVIDER OR SUPPLIER Ridgewood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  3231 Manley Road  Maumee, OH 43537			
For information on the nursing home's	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 0558  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	**NOTE- TERMS IN BRACKETS IN Based on observation and staff interesident. This affected one (#9) of 61.  Findings include:  Review of the medical record for R infarction, hemiplegia and hemipar disease.  Review of the quarterly Minimum E impaired cognition and required ex required extensive assistance of tw  Observation on 08/30/22 at 2:50 P was visible on the unit. Further observation was from the cord. Upon foot of her bed and asked if that was observation and interview on 08/31 Resident #9's call light was out of resident #9 could use a call light.	eds and preferences of each resident.  HAVE BEEN EDITED TO PROTECT C  erview, the facility failed to ensure a ca one residents reviewed for access to a  desident #9 revealed an admitted [DATI esis affecting left dominant side, and c  coata Set (MDS) assessment dated [DAI tensive assistance of one person for hy to people for bed mobility and transfers  a.M., revealed Resident #9 was in the C tervation revealed Resident #9's call lig inquiry about her call light, Resident #9 as her call light.  Color at 4:42 P.M., with Licensed Practi reach. LPN #502 was unfamiliar with R  covered during the complaint investigation	Il light was within reach for a call light. The facility census was  E], with diagnoses of cerebral hronic obstructive pulmonary  TE] revealed Resident #9 had ygiene, toileting, and dressing, and s.  OVID-19 isolation unit and no staff the was out of reach, against the pointed to the bed controls at the cal Nurse (LPN) #502 confirmed esident #9 and was unsure if		

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 365952

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F 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Based on observation, resident interview on 08/30/22 at 2:45 P.M., to be answered he waited an hour that dight was illuminated, and the Ayou shortly to Resident #6.  Continued observation revealed the door leading outside at approximate Interview on 08/30/22 at 4:07 P.M., to be answered.	with Resident #7 revealed a concern resident, revealed a staff member exiting the probability of leading outside. The surveyor was under leading outside. The surveyor was under previous evening for his call light to be greatly wait time.  M., revealed the Activities Assistant #5 exident on the unit. Further observation activities Assistant #500 was heard to see Activities Assistant #500 exited the Cely 4:05 P.M.  With Resident #6 revealed her light was her colostomy bag. Further interview and any adverse occurs.  When the sident #6 revealed her light was her colostomy bag. Further interview and the care before having any adverse occurs.  M., revealed Occupational Therapy As divith Resident #10.  M., revealed Resident #6 calling out, Cost concerns from the hallway but wanted the OTA #502 was unable to locate and	ailed to ensure call lights were done resident (#6) and had the on the COVID-19 unit. The facility colation unit revealed no staff visible regarding long waits for the call light received and exiting the mable to obtain an interview before atterview with Resident #7, at that the answered. He reported no staff with the existence of the color

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	with the LPN #502, at that time of the first time on the COVID-19 unit sind Observation on 08/30/22 at 4:45 P. provide assistance. At that time Reservation interview with STNA #1 and the COVID-19 unit. Her shift bunit since her shift began. STNA #1 and was not allowed to enter isolat Although illuminated by the survey active for one hour and 30 minutes	.M., revealed LPN #502 entered Residesident #6's call light had been active for 01 on 08/30/22 at 5:23 P.M., revealed egan at 3:00 P.M. and she confirmed stort further revealed the other STNA as	ent #6's room and proceeded to or 45 minutes.  she was assigned to the 200-hall the had not entered the COVID-19 ssigned to the 200 hall was agency  Resident #7's call light had been 19 isolation unit.

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F 0880	Provide and implement an infection	n prevention and control program.	
Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Many	**NOTE- TERMS IN BRACKETS IN Based on the unprecedented global National Emergency dated 03/13/2 Medicare & Medicaid (CMS) Memorocedures, review of the staff screece Centers for Disease Control and Precedures, review of staff testing for COVID-19 signage regarding Personal recommended infection control tested for COVID-19 according to 0 symptoms of COVID-19 prior to eaconsistent with COVID-19, ensure COVID-19 within the facility and enwith the door closed. This resulted outcomes and/or life-threatening has #23, #06, #09, #14, #16, #17, #18, tested Nurse Assistant [STNA] #10, #501, Licensed Practical Nurse [LF tested positive for COVID-19 without to CMS guidelines and to ensure sprevent the spread of COVID-19 to staff were using PPE effectively an infection control practices during a for the likelihood of harm, negative On 09/13/22 at 3:53 P.M., the Adm Preventionist (IP), were notified the evidence of systems in place to enguidelines, a system to ensure all swork, a system to ensure staff did utilization of PPE by staff, and ensuith the door closed.  The Immediate Jeopardy was remoderical processes and the processes of the Immediate Jeopardy was remoderical processes.  On 09/13/22 beginning at 5:30 P.M. formulate a removal plan.	AVE BEEN EDITED TO PROTECT Company and the Preside (10), review of the Department of Health at the preview of the Department of Health at the preview of the Department of Health at the province of COVID-19 documentation, more vention (CDC) COVID Data Tracker at the practices, including a system to ensure all changes of the practices, including a system to ensure all the practices, including a system to ensure all the shift of work, a system to ensure all the shift of work, a system to ensure state appropriate use of PPE by staff to preview of the property and the potential arm when 26 residents (#05, #04, #19, #52, #64, #02, #13, #34, #41, #73, #74, \$77, STNA #108, STNA #106, STNA #110 PN] #201, LPN #205, LPN #209, and Health were self-screening for symptoms of the vulnerable residents within the factor of the property	ential declaration of a State of and Human Services, Centers for w of the facility policies and ledical record reviews, review of the and guidance, review of staff eck list, and review of posted acility failed to implement effective re all staff and residents were staff were self-screening for lift did not work with symptoms prevent the potential spread of COVID-19 remained in their rooms all for serious negative health #20, #21, #08, #07, #10, #22, #15, 4, and #24) and 10 staff (State 3, STNA #114, Laundry Assistant busekeeping Supervisor #506) and residents were tested according of COVID-19 prior to working to lility. The facility was not ensuring intine. The lack of current effective red all 61 residents at potential risk refacility census was 61 residents.  (DON)/Infection Control /22 when the facility failed to have for COVID-19 according to CMS of COVID-19, ensure the appropriate DVID-19 remained in their rooms

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F 0880  Level of Harm - Immediate	On 09/13/22 beginning at 5:30 P.N requirements by the DON and/or do	<ol> <li>COVID positive residents were educesignee.</li> </ol>	cated on COVID isolation
jeopardy to resident health or safety	On 09/13/22 beginning at 5:30 P.N implemented at the front of the faci	$\it M$ ., the building back door was locked a lity.	nd one screening station
Residents Affected - Many	On 09/13/22, beginning at 5:30 P.I implemented by the DON.	M., new Testing Logs for staff and resid	dents were developed and
	On 09/13/22, beginning at 5:30 P.M., all current staff in the facility were confirmed that they were screened in, and no symptoms were present by the DON and/or designee. Staff will be screened prior to their shift an validation will be completed by the DON and/or designee. The DON and/or designee will audit this process every day for 14 days starting on 09/15/22.		
	On 09/13/22 beginning at 5:30 P.N protection and that they were being	n., the DON validated that all current st g worn appropriately.	aff were utilizing an N95 mask, eye
	On 09/13/22 at 7:00 P.M., the DON and Administrator #02 met with Medical Director (MD) #01 and discussed the Immediate Jeopardy removal plan and reviewed infection control and COVID policies. All policies were pulled for review and no updated changes were required. MD #01 agreed with the plan, the policies, and the need for staff education.		
	On 09/14/22 beginning at 9:00 A.M., all residents were assessed for signs and symptoms of COVID along with testing being completed. New resident Testing Logs were implemented. The DON and/or designee will audit this process every day for 14 days starting on 09/15/22.		
		n., the DON validated proper PPE usagess every day for 14 days starting on 0	
	On 09/14/22 beginning at 11:00 A.M. and concluding at 6:00 P.M., all staff education was completed on infection control policies including proper donning and doffing of PPE, screening, and documenting of staff screening, designated screening area, testing and documenting of staff and residents and maintaining isolation of COVID positive residents by the DON and/or designee.		
		eturn demonstration of donning and do ne wearing of appropriate PPE, conduc	•
	On 09/14/22, all staff will complete a post-test to validate education on the difference between KN95 an N95 masks, proper PPE requirements and changes when caring for COVID positive and Isolation patier and when to wear eye protection, and were reviewed by the DON and/or designee.		
		ucated on proper PPE to wear during Cocess and be reviewed by the DON and	
	On 09/14/22 beginning at 11:00 A.M. and concluding by 6:00 P.M., all staff will be tested for COVID-19 the DON and/or designee. The DON and/or designee will audit this process every day for 14 days startir 09/15/22.		
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F 0880	On 09/14/22 at 11:00 A.M., a new	staff screening form was implemented	by the DON.	
Level of Harm - Immediate jeopardy to resident health or safety	On 09/14/22, updated screening and PPE requirements were sent to all staffing agencies utilized by the facility to inform their staff prior to entrance to the facility.			
Residents Affected - Many		0 P.M., a Quality Assurance and Perfo ector #01, Administrator #02, the DON, n.		
	On 09/14/22 at 8:00 P.M., the facil 09/15/22.	ity alleged the removal plan was comp	leted and auditing to begin on	
	On 09/15/22, the DON and/or designee will begin random audits for residents remaining in the correlisolation.			
	On 09/15/22, random interviews between 2:37 P.M. and 2:57 P.M., with LPN #210, STNA #115, Dietary Manager #510 and Regional Nurse #503 revealed they were educated on infection control related to how to don and doff PPE, screening prior to work, new forms, COVID-19 testing, and residents in isolation. No concerns were identified, and staff were knowledgeable regarding the in-service provided by the facility. All staff were observed to be utilizing the appropriate PPE correctly.			
	On 09/15/22, review of the screeni and signs and symptoms being abs	ing logs revealed staff were screened psent.	orior to their shift with temperature	
	Although the Immediate Jeopardy was removed on 09/14/22 at 8:00 P.M., the facility remains out of compliance at Severity Level 2 (no actual harm with potential for more than minimal harm that is not immediate jeopardy) as the facility is still in the process of implementing their corrective actions and monitoring to ensure on-going compliance.			
	Findings include:			
	1) Interview on 08/30/22 at 9:35 A.M. with Administrator #01 revealed Resident #05 teste COVID-19 on 08/16/22, which began the current outbreak. While testing residents per ou Resident #04, Resident #19, and Resident #20 also tested positive on 08/16/22.			
	Continued interview with Administratesting:	ator #01 verified the following dates an	d positive results of COVID-19	
	On 08/17/22, Resident #21 tested p	positive.		
	On 08/21/22, Resident #08 and ST	NA #107 tested positive.		
	On 08/22/22, Resident #07, Resident tested positive.	ent #10, Resident #22, Laundry Assista	nt #501, LPN #201, and LPN #205	
	On 08/25/22, STNA #108 tested po	ositive.		
	On 08/26/22, Resident #15 and Re	sident #23 tested positive.		
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F 0880	On 08/28/22, Resident #06, Reside	ent #09, Resident #14, and STNA #106	tested positive.	
Level of Harm - Immediate jeopardy to resident health or safety	On 08/29/22, Resident #16, Reside Supervisor #506 tested positive.	ent #17, Resident #18, Resident #52, R	esident #64, and Housekeeping	
Residents Affected - Many		r #01 confirmed Resident #02 and Res of updated on the line listing at that time	•	
	Interview on 09/12/22 at 9:15 A.M., #114 tested positive on 09/06/22.	the DON revealed STNA #113 tested	positive on 09/02/22 and STNA	
	Interview on 09/13/22 at 1:28 P.M., the DON revealed LPN #209 tested positive on 09/01/22. Further interview revealed Resident #34, Resident #41, and Resident #73 tested positive on 09/02/22, and Reside #74 and Resident #24 tested positive on 09/06/22.			
	Interview on 09/14/22 at approximately 9:00 A.M. with Regional Nurse #503 revealed she reviewed the community transmission levels weekly and [NAME] County 's transmission level had been red (high) for a least six months.			
	A total of 26 residents and 10 staff 09/06/22.	tested positive for COVID-19 in the fac	ility between 08/16/22 and	
	Review of the Centers for Disease Control and Prevention (CDC) COVID Data Tracker (https://covid.cdc. gov/covid-data-tracker/#county-view Ohio 39003 Risk community_transmission_level), revealed the COVID-19 Integrated County view, dated on 08/18/22, 08/25/22, 09/01/22, 09/08/22, 09/15/22, indicated t facility's county community transmission level was color coded red indicating it was at a high level.			
	09/13/22, revealed staff failed to fu	f the staffing schedules and employee COVID-19 screening logs dated 08/16/22 through evealed staff failed to fully complete the COVID-19 screening. The screening included obtaining temperature and/or recording any signs or symptoms of COVID-19 as follows:		
	On 08/16/22, 45 staff worked and 3	37 did not fully complete the screening	log.	
	On 08/17/22, 46 staff worked and 3	32 did not fully complete the screening	log.	
	On 08/18/22, 47 staff worked and 3	85 did not fully complete the screening	log.	
	On 08/19/22, 41 staff worked and 3	33 did not fully complete the screening	log.	
	On 08/20/22, 31 staff worked and 3	31 did not fully complete the screening	log.	
	On 08/21/22, 32 staff worked and 3	30 did not fully complete the screening	log.	
	On 08/22/22, 44 staff worked and 2	28 did not fully complete the screening	log.	
	On 08/23/22, 46 staff worked and 3	34 did not fully complete the screening	log.	
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F 0880	On 08/24/22, 52 staff worked and 4	2 did not fully complete the screening	og.	
Level of Harm - Immediate	On 08/25/22, 50 staff worked and 3	9 did not fully complete the screening	log.	
jeopardy to resident health or safety	On 08/26/22, 44 staff worked and 3	0 did not fully complete the screening	log.	
Residents Affected - Many	On 08/27/22, 31 staff worked and 2	4 did not fully complete the screening	log.	
	On 08/28/22, 29 staff worked and 23 did not fully complete the screening log.			
	On 08/29/22, 38 staff worked and 09 did not fully complete the screening log.			
	On 08/30/22, 38 staff worked and 23 did not fully complete the screening log.			
	On 08/31/22, 42 staff worked and 28 did not fully complete the screening log.			
	On 09/01/22, 40 staff worked and 31 did not fully complete the screening log.			
	On 09/02/22, 36 staff worked and 2	7 did not fully complete the screening	te the screening log.	
	On 09/03/22, 26 staff worked and 2	4 did not fully complete the screening	og.	
	On 09/04/22, 26 staff worked and 2	6 did not fully complete the screening	og.	
	On 09/05/22, 34 staff worked and 2	4 did not fully complete the screening	og.	
	On 09/06/22, 45 staff worked and 2	9 did not fully complete the screening	og.	
	On 09/07/22, 44 staff worked and 31 did not fully complete the screening log.			
	On 09/08/22, 44 staff worked and 31 did not fully complete the screening log.			
	On 09/09/22, 40 staff worked and 3	0 did not fully complete the screening	og.	
	On 09/10/22, 29 staff worked and 2	7 did not fully complete the screening	og.	
	On 09/11/22, 30 staff worked and 2	5 did not fully complete the screening	og.	
	On 09/12/22, 44 staff worked and 23 did not fully complete the screening log.			
	On 09/13/22, 39 staff worked and 19 did not fully complete the screening log.			
	Review of the staff schedules revealed LPN #201 worked on 08/16/22, 08/18/22 and 08/19/22.			
	Interview on 09/12/22 at 3:50 P.M. with LPN #201 verified she did not complete the employee COVID-19 screening log between 08/15/22 and 08/21/22. LPN #201 stated she is not vaccinated and screens herself every day but does not always have time to complete the form.			
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F 0880  Level of Harm - Immediate	Review of the staff schedule from 0 08/17/22, 08/20/22, 08/21/22, 08/2	08/16/22 through 09/13/22 revealed ST 3/22, 08/25/22, and 08/26/22.	NA #106 worked 08/16/22,
jeopardy to resident health or safety	Review of the staff COVID-19 testil 08/28/22.	ng records revealed STNA #106 testing	g positive for COVID-19 on
Residents Affected - Many	Interview on 09/13/22 at 8:10 A.M. with STNA #106 revealed she is not vaccinated and did not complete the employee COVID-19 screening logs between 08/16/22 and 09/13/22. Further interview revealed she comes in through the back entrance to the facility and went directly to work with residents without screening for COVID-19.		
		Regional Nurse #503 verified the empncluded staff who did not fully complete	
	Review of the policy titled Coronavirus Disease (COVID-19) - Infection Prevention and Control Measures, updated May 2020, revealed anyone entering the facility, including staff, should be screened for signs and symptoms of and exposure to others with COVID-19 infection.		
	3) Observation and interview on 08 KN95 mask with ear loops.	1/29/22 at 10:45 A.M. with Housekeepe	r #301 verified he was wearing a
		A.M., revealed Regional Nurse #503 we to Interview at the time of the observation	
	Observation on 08/29/22 at 12:21 P.M., revealed Unit Manger (UM) #202 instructing a visitor to don PPE prior to entering a quarantine room. The visitor did not don eye protection and was not instructed to by UM #202.		
	Observation and interview on 08/29 with both straps around the nape o	9/22 at 12:31 P.M. with LPN #203, verif f her neck.	fied she was wearing an N95 mask
	Observation on 08/29/22 at 12:34 P.M., of the Minimum Data Set (MDS) Nurse #507 revealed he was wearing a KN95 mask with ear loops. Interview at that time of the observation, verified he was not wearing an N95 mask. MDS Nurse #507 stated his understanding was the KN95 and N95 masks could be used interchangeably.  Interview on 08/29/22 at 12:51 P.M., with UM #202 verified she did not instruct the visitor to wear eye protection, when applying PPE.		
	Observation and interview on 08/29/22 at 3:06 P.M. with STNA #105, verified she was wearing a KN95 with ear loops.		
	Interview and observation on 08/29/22 at 3:12 P.M. with the UM #202, verified an unidentified staff membe was observed sitting at the nurses ' station and had an N95 strap dangling below her chin.		
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F 0880  Level of Harm - Immediate jeopardy to resident health or		with the DON, revealed she felt it was lation and quarantine rooms. The DON	• • •	
safety  Residents Affected - Many	Interview on 08/29/22 at 3:53 P.M. N95 and goggles/eye coverings in	with the Administrator #01, revealed al the facility due to outbreak status.	ll staff should always be wearing an	
	Observation on 08/30/22 at 7:40 A. verified she wore a cloth mask, tha	M., revealed STNA #105 wearing a clo t was not a surgical mask.	oth mask. Interview at that time	
	Observation on 08/30/22 at 8:28 A.M., revealed Activities Assistant #500 wearing an N95 ma straps around the nape of her neck. Interview at the time of the observation, verified she was N95 straps incorrectly.			
	Observation on 08/30/22 at 8:45 A.M., revealed Housekeeper #302 cleaning a COVID-19 room wearing surgical mask under an N95 mask. After cleaning the room and exiting into the hallway, Housekeeper #3 was observed not to change or clean her goggles and did not change her mask. Interview at the time of observation, verified she did not clean or change her goggles and wore a surgical mask under the N95, which she also did not change. She did not clean any additional rooms and entered the employee hallway with her cleaning cart.			
		0/22 at 2:37 P.M. with STNA #102, verit e COVID unit. Further interview revealering a KN95 mask.	<u> </u>	
	Observation on 08/30/22 at 4:05 P.M., revealed Laundry Assistant #501 walked through the COVID isolation unit wearing a KN95 mask held on with ear loops covered by a surgical mask, a pair of glo no goggles and no isolation gown. Laundry Assistant #501 walked into the soiled linen room beyond plastic wall barrier. Further observation of the Laundry Assistant #501 revealed she picked up a bag linens and held them against her jeans. Interview at the time of the observation, verified she was not a gown, or eye protection, was wearing a KN95 mask with ear loops covered by a surgical mask, at the laundry bag against her jeans.			
	Observation on 08/30/22 at 4:40 P.M., revealed LPN #502 entered the COVID-19 isolation unit wearing a KN95 mask with ear loops, goggles, an untied gown, and gloves. She then proceeded to tie the gown beh her back. Interview at the time of the observation, verified she was wearing a KN95 mask with ear loops o the COVID unit. Continued interview revealed she was assigned to care for all residents on the 200-hall, including residents who did not have COVID-19.			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365952	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2022
NAME OF PROVIDER OR SUPPLI	NAME OF PROVIDER OR SUPPLIER		P CODE
Ridgewood Manor			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0880  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Many	KN95 mask with ear loops, goggles #06. Resident #06 was on the CON Resident #06 's room and removed trash receptacle in which to dispose soiled gown in her arms, into the in instructed LPN #502 to exit the CO exterior of the facility, and re-enter without wearing a gown, though sh the plastic barrier wall at the end of and was observed wearing a KN95 clean room, then coming back out not observed removing or changing.  Observations on 09/12/22 at 8:04 A was wearing her N95 appropriately mask with the straps cut off. House place. Interview at the time of the chose to cut the straps and hold it the correct way to wear an N95. The Observation on 09/12/22 at 8:06 A around the crown of her head and the correct way to wear an N95. The Observation and interview on 09/12 behind her ears.  Observation and interview on 09/12 were wearing N95 masks with both Observation and interview on 09/12 strap and it was around the nape of Observation on 09/12/22 at 9:23 A mask while at the nurse 's station was under her chin. Interview at the tim wearing her N95 correctly.  Observation on 09/12/22 at 9:44 A isolation room. STNA #105 was we mask with the straps placed approprevaled STNA #105 doffed the go clean her glasses. She walked to the straps of the straps walked to the straps she walked to th	M., revealed LPN #502 entered Resides, a tied gown, and gloves, and proceed /ID-19 isolation unit due to positive CO do her gown in the hallway of the COVID terior of the facility when the Administra VID-19 unit through the back door lead through the front door. LPN #502 walked was still wearing a KN95 with ear look of the COVID-19 unit and disposed of her in the clean room before exiting through grant with ear loops coming out of the control of the clean room before exiting through grant with ear loops prior to exiting the clean room before exiting through grant with ear loops prior to exiting the clean room before exiting through grant with ear loops prior to exiting the clean room before exiting through grant with ear loops prior to exiting the clean room before exiting through grant with early surface with a surgical mask at the description, Housekeeper #303 revealed to her face with a surgical mask. She are surveyor advised her to ask her support with the bottom strap around the nape of her everalled she cut the straps from the NS of the control of the clean room the nape of the process of the control of the clean room the patry and washed her hands. Upon the patry and washed her hands.	ded to provide care to Resident VID-19 status. LPN #502 exited 0-19 unit and was unable to find a eave the COVID-19 unit, with her ator #01 entered the unit and ling outside, walk around the ed through the COVID-19 unit ps and goggles, walked through ar soiled PPE in the soiled room, as oiled room, and walking into the hother the exterior door. LPN #502 was up the COVID-19 unit.  To ached the surveyor to ask if she usekeeper #303 wearing an N95 pp the N95 to hold the N95 mask in ead she was told to wear an N95 and gain asked the surveyor if it was ervisor.  The grant N95 mask with the top strap are neck.  The grant N95 with the loops of and tied them so they could stay are likely as a field her N95 mask had only one evealed she was wearing an N95 er neck and the bottom strap was irrector #504 verified she was not want and gloves to enter a COVID-19 gles or a face shield) and an N95 of neck. Continued observation is she did not change her mask or a exit from the pantry, she sanitized

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	365952	A. Building B. Wing	09/23/2022	
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NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Ridgewood Manor		3231 Manley Road Maumee, OH 43537		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)	
F 0880  Level of Harm - Immediate jeopardy to resident health or safety	she did not change her mask upon shield, or wash her regular glasses (a non-COVID-19 room) to collect a	erview with STNA #105 verified Resident #24 was in a COVID-19 isolation room, and STNA #105 verified e did not change her mask upon exit from the COVID-19 isolation room, did not don goggles or a face ield, or wash her regular glasses upon exit. Further interview verified she entered room [ROOM NUMBER] non-COVID-19 room) to collect a breakfast tray. Continued observation revealed she continued to entered from #123, #125, and #126 (all non-COVID-19 rooms) to collect breakfast trays.		
Residents Affected - Many	Interview on 09/12/22 at 9:55 A.M. upon exiting a COVID-19 isolation	with STNA #105, verified she knew she room.	e should change her N95 mask	
	Observation on 09/12/22 at 10:01	A.M., revealed STNA #105 changing he	er N95 mask to a fresh N95.	
	Observation on 09/12/22 at 10:05 A.M., revealed a visiting contracted Nurse Practitioner (NP) #505 exited a COVID-19 isolation room without changing her N95 mask and goggles. Interview with NP #505 verified she did not change her mask or goggles and she was unaware if that was the expected process. Continued observation revealed NP #505 then proceeded to change her N95 mask at that time.			
	the nape of her neck. During an int	.M. of LPN #206, revealed she wore an erview she verified she had worn her m is wearing the mask with both straps ar	nask earlier in the day with the	
	Observation on 09/12/22 at 2:02 P.M., revealed Activities Assistant #500 in the dining room with three residents providing an activity with her N95 mask below her nose. When eye contact was made, Activities Assistant #500 then placed her N95 back in the proper position. The three unidentified residents were socially distanced from Activities Assistant #500.			
	N95 masks and goggles or eye pro	I. with the DON and Regional Nurse #5 stection throughout the facility due to the NN revealed the facility had an adequate	e high community transmission	
	Observation on 09/13/22 at 11:13 A.M., revealed Activities Assistant #500 in the South Hallway providir bingo activity for the residents while wearing her N95 mask below her nose. When eye contact was mad Activities Assistant #500 was observed to reposition her mask correctly. Residents were socially distant that time.  Observation on 09/14/22 at approximately 7:10 A.M., revealed three STNAs (#110, #111, and #112) standing at the nurses ' station without goggles. Further observation revealed STNA #112 wore a surgic mask and was holding STNA #111 's rapid COVID-19 test, awaiting results. No residents were in the hallway or at the nurses ' station at that time. Interview at that time, verified all three staff were not wear goggles, and STNA #112 was holding a completed COVID-19 test. STNA #110 revealed she left her go in her car. STNA #111 stated she did not know where to find goggles.			
	Interview on 09/14/22 at 7:15 A.M. with STNA #112, revealed he had worn an N95 during his shift but was leaving and changed into a surgical mask which he was wearing at the nurses 'station. He verified he di wear goggles but was wearing eyeglasses.			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365952	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2022
NAME OF PROVIDER OR SUPPLIER Ridgewood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  3231 Manley Road  Maumee, OH 43537	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 - Immediate jeopardy to resident health or safety  Residents Affected - Many			

STATEMENT OF DEFICIENCIES	(XI) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION	365952	A. Building B. Wing	09/23/2022		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE			
Ridgewood Manor		3231 Manley Road Maumee, OH 43537			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 - Immediate jeopardy to resident health or safety	Review of a progress note dated 08/17/22 revealed the facility had a case of COVID-19 in the facility. Continued review revealed no documentation of COVID-19 testing from 08/17/22 through 08/18/22. A review of a progress note dated 08/22/22 revealed Resident #10 tested positive for COVID-19 during facility outbreak testing.				
Residents Affected - Many	Review of the medical record for Resident #13 revealed an admitted [DATE]. Diagnoses included chronic obstructive pulmonary disease, dementia with behavioral disturbance, and cognitive communication deficit.				
	Review of a progress note dated 08/16/22 revealed the facility had a case of COVID-19 in the fac Continued review revealed no documentation of COVID-19 testing from 08/16/22 through 08/26/2				
	Observation on 08/29/22 at 5:18 P.M., revealed UM #202 testing residents for COVID-19 on the 200-ha to outbreak status in the facility. Interview and observation at that time, revealed she used the bed boar (census sheet) for the day to highlight the residents she tested and marked residents who tested positiv with a plus sign. Further interview revealed her process after completing COVID-19 testing on residents included notifying the DON about any residents who tested positive, then discarding the highlighted bed board sheet.				
	Interview on 08/30/22 at 9:25 A.M. with the DON, revealed staff self-tested upon entry to work on Mondays and Thursdays. Staff left their tests in the front office and the DON would document the date, staff name, and results of the tests on individual sheets of paper for each test and each staff. Further interview revealed she is unaware if the facility is verifying all staff were testing twice weekly for COVID-19.				
	Interview on 08/30/22 at 9:35 A.M. with Administrator #01 revealed she could not provide documentation to show staff and residents were being tested for COVID-19 twice weekly per the outbreak protocol of QSO Memorandum 20-38-NH.				
	Interview on 08/30/22 at 9:35 A.M. with Administrator #01, revealed she could not provide documentation to show staff and residents were being tested for COVID-19 twice weekly per the outbreak protocol. Observation at that time, revealed a stack of papers, one for each staff for each test, piled in a box in the front office. The papers were not in any type of chronological order or by staff.				
	Interview on 08/30/22 at 11:40 A.M. with the Administrator #01, verified no COVID-19 outbreak testing was documented for Resident #10 for the outbreak on 08/16/22.				
	Interview on 08/30/22 at 1:58 P.M. with the DON, verified no COVID-19 outbreak testing was documented for Resident #13 for the outbreak on 08/16/22. The DON stated the facility used the QSO Memorandum 20-38 NH to conduct testing and provided a copy to the surveyor.				
		emorandum QSO-20-38-NH, revised 03 nat testing was offered, completed (as a			

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NAME OF PROVIDER OR SUPPLIE		CTDEET ADDRESS CITY STATE 71	D CODE	
	NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Ridgewood Manor		3231 Manley Road Maumee, OH 43537		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0908	Keep all essential equipment working safely.			
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44815			
Residents Affected - Few	Based on observation, resident interview, and staff interview, the facility failed to ensure residents had a functioning mechanical bed. This affected one (#7) of one resident reviewed for bed functionality. The facility census was 61.			
	Findings include:			
	Review of the medical record for Resident #7 revealed an admitted [DATE], with medical diagnoses of congestive heart failure, cirrhosis of the liver, and recent history of COVID-19.			
	Review of the Admission Nursing Observation dated 08/18/22 revealed Resident #7 was alert and oriented to person, place, time, and situation. Further review revealed Resident #7's mobility was not assessed, though he used a cane for ambulation.			
	Observation on 08/30/22 at 2:45 P.M., of Resident #7 revealed he was in a room on the COVID-19 isolation unit. No staff were visible during this observation. Interview and observation at that time, with Resident #7 revealed the head of his bed was elevated approximately 30 degrees and he was unable to change the position of the bed due to malfunctioning controls.  Observation and interview on 08/30/22 at approximately 5:00 P.M., with the Administrator #1 confirmed Resident #7's bed controls were malfunctioning and his bed could not be adjusted.			
	This was an incidental finding discovered during the complaint investigation and Focused Infection Control investigations.			
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NAME OF PROVIDER OR SUPPLIER Ridgewood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  3231 Manley Road  Maumee, OH 43537		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	SUMMARY STATEMENT OF DEFICIENCIES			