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

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 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	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44815 Based on observation and staff interview, the facility failed to ensure a call light was within reach for a resident. This affected one (#9) of one residents reviewed for access to a call light. The facility census was 61. Findings include: Review of the medical record for Resident #9 revealed an admitted [DATE], with diagnoses of cerebral infarction, hemiplegia and hemiparesis affecting left dominant side, and chronic obstructive pulmonary disease. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #9 had impaired cognition and required extensive assistance of one person for hygiene, toileting, and dressing, and required extensive assistance of two people for bed mobility and transfers. Observation on 08/30/22 at 2:50 P.M., revealed Resident #9 was in the COVID-19 isolation unit and no staff was visible on the unit. Further observation revealed Resident #9's call light was out of reach, against the wall, hanging from the cord. Upon inquiry about her call light, Resident #9 pointed to the bed controls at the foot of her bed and asked if that was her call light. Observation and interview on 08/30/22 at 4:42 P.M., with Licensed Practical Nurse (LPN) #502 confirmed Resident #9's call light was out of reach. LPN #502 was unfamiliar with Resident #9 and was unsure if Resident #9 could use a call light. This was an incidental finding discovered during the complaint investigation and Focused Infection Control investigations.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	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 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. 44815 Based on observation, resident interview, and staff interview, the facility failed to ensure call lights were answered in a timely manner on the COVID-19 isolation unit. This affected one resident (#6) and had the potential to affect all seven residents (#6, #7, #8, #9, #10, #14, and #15) on the COVID-19 unit. The facility census was 61. Findings include: Observation on 08/30/22 at 2:43 P.M., upon entrance to the COVID-19 isolation unit revealed no staff visible in the hallway, or encountered during resident interviews. Interview on 08/30/22 at 2:45 P.M., with Resident #7 revealed a concern regarding long waits for the call light to be answered. Observation on 08/30/22 at 3:00 P.M., revealed a staff member exiting the clean room and exiting the COVID-19 unit through the exit door leading outside. The surveyor was unable to obtain an interview before she exited. The surveyor activated Resident #7's call light on 08/30/22 at 3:15 P.M. Interview with Resident #7, at that time, revealed he waited an hour the previous evening for his call light to be answered. He reported no adverse events because of the long wait time. Observation on 08/30/22 at 3:59 P.M., revealed the Activities Assistant #500 entering the COVID-19 unit. She visited and spoke with each resident on the unit. Further observation at that time revealed Resident #6's call light was illuminated, and the Activities Assistant #500 was heard to state, a staff member will be with you shortly to Resident #6. Continued observation revealed the Activities Assistant #500 exited the COVID-19 isolation unit through the door leading outside at approximately 4:05 P.M. Interview on 08/30/22 at 4:07 P.M., with Resident #6 revealed her light was on because she needed assistance with someone to empty her colostomy bag. Further interview at that time revealed call lights were not answered timely on the COVID-19 isolation unit and she waited three hours the previous evening for her light to be answered, but did receive care before having any adverse occurrence. Observation on 03/30/22 at 4:14 P.M., revealed Occupational Therapy Assistant (OTA) #502 entered the COVID-19 isolation unit and worked with Resident #10. Observation on 03/30/22 at 4:25 P.M., revealed Resident #6 calling out, Can I get a nurse? The OTA #502 attempted to address Resident #6's concerns from the hallway but wanted to change her gown and gloves after working with Resident #10. The OTA #502 was unable to locate an unsoiled gown and left the COVID-19 isolation unit through the door leading outside. (continued on next page)

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

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 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 08/30/22 at 4:40 P.M., revealed LPN #502 entered the COVID-19 isolation unit. Interview with the LPN #502, at that time of the observation, revealed her shift started at 3:00 P.M., but this was her first time on the COVID-19 unit since her shift began. Observation on 08/30/22 at 4:45 P.M., revealed LPN #502 entered Resident #6's room and proceeded to provide assistance. At that time Resident #6's call light had been active for 45 minutes. Telephone interview with STNA #101 on 08/30/22 at 5:23 P.M., revealed she was assigned to the 200-hall and the COVID-19 unit. Her shift began at 3:00 P.M. and she confirmed she had not entered the COVID-19 unit since her shift began. STNA #101 further revealed the other STNA assigned to the 200 hall was agency and was not allowed to enter isolation rooms or the COVID-19 unit. Although illuminated by the surveyor to monitor call light response times, Resident #7's call light had been active for one hour and 30 minutes before LPN #502 entered the COVID-19 isolation unit. This was an incidental finding discovered during the complaint investigation and Focused Infection Control investigations.

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

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 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 - Immediate jeopardy to resident health or safety Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44815 Based on the unprecedented global pandemic that resulted in the Presidential declaration of a State of National Emergency dated 03/13/20, review of the Department of Health and Human Services, Centers for Medicare & Medicaid (CMS) Memos, observations, staff interviews, review of the facility policies and procedures, review of the staff screening for COVID-19 documentation, medical record reviews, review of the Centers for Disease Control and Prevention (CDC) COVID Data Tracker and guidance, review of staff schedules, review of staff testing for COVID-19, review of staff training check list, and review of posted COVID-19 signage regarding Personal Protective Equipment (PPE), the facility failed to implement effective and recommended infection control practices, including a system to ensure all staff and residents were tested for COVID-19 according to CMS guidelines, a system to ensure all staff were self-screening for symptoms of COVID-19 prior to each shift of work, a system to ensure staff did not work with symptoms consistent with COVID-19, ensure the appropriate use of PPE by staff to prevent the potential spread of COVID-19 within the facility and ensure residents who tested positive for COVID-19 remained in their rooms with the door closed. This resulted in Immediate Jeopardy and the potential for serious negative health outcomes and/or life-threatening harm when 26 residents (#05, #04, #19, #20, #21, #08, #07, #10, #22, #15, #23, #06, #09, #14, #16, #17, #18, #52, #64, #02, #13, #34, #41, #73, #74, and #24) and 10 staff (State tested Nurse Assistant [STNA] #107, STNA #108, STNA #106, STNA #113, STNA #114, Laundry Assistant #501, Licensed Practical Nurse [LPN] #201, LPN #205, LPN #209, and Housekeeping Supervisor #506) tested positive for COVID-19 without systems in place to ensure all staff and residents were tested according to CMS guidelines and to ensure staff were self-screening for symptoms of COVID-19 prior to working to prevent the spread of COVID-19 to the vulnerable residents within the facility. The facility was not ensuring staff were using PPE effectively and positive residents remained in quarantine. The lack of current effective infection control practices during a COVID-19 outbreak in the facility placed all 61 residents at potential risk for the likelihood of harm, negative health complications and/or death. The facility census was 61 residents. On 09/13/22 at 3:53 P.M., the Administrator (#02) and Director of Nursing (DON)/Infection Control Preventionist (IP), were notified that Immediate Jeopardy began on 08/16/22 when the facility failed to have evidence of systems in place to ensure all staff and residents were tested for COVID-19 according to CMS guidelines, a system to ensure all staff were self-screening for symptoms of COVID-19 prior to each shift of work, a system to ensure staff did not work with symptoms consistent with COVID-19, ensure the appropriate utilization of PPE by staff, and ensure residents who tested positive for COVID-19 remained in their rooms with the door closed. The Immediate Jeopardy was removed on 09/14/22 at 8:00 P.M., when the facility implemented the following corrective actions: On 09/13/22 beginning at 5:30 P.M., the DON and Administrator #02 met with administrative staff to formulate a removal plan. On 09/13/22 beginning at 5:30 P.M., the DON and Administrator #02 applied a plastic barrier to the door of COVID positive residents. (continued on next page)

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

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 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 - Immediate jeopardy to resident health or safety Residents Affected - Many	On 09/13/22 beginning at 5:30 P.M., COVID positive residents were educated on COVID isolation requirements by the DON and/or designee. On 09/13/22 beginning at 5:30 P.M., the building back door was locked and one screening station implemented at the front of the facility. On 09/13/22, beginning at 5:30 P.M., new Testing Logs for staff and residents were developed and implemented by the DON. 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 and 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.M., the DON validated that all current staff were utilizing an N95 mask, eye protection and that they were being worn appropriately. 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. On 09/14/22 beginning at 9:00 A.M., the DON validated proper PPE usage by staff in the facility. The DON and/or designee will audit this process every day for 14 days starting on 09/15/22. 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. On 09/14/22, all staff will provide return demonstration of donning and doffing an N95 mask, and goggle/face shield protection and the wearing of appropriate PPE, conducted by the DON and/or designee. On 09/14/22, all staff will complete a post-test to validate education on the difference between KN95 and N95 masks, proper PPE requirements and changes when caring for COVID positive and Isolation patients, and when to wear eye protection, and were reviewed by the DON and/or designee. On 09/14/22, all nurses will be educated on proper PPE to wear during COVID testing, complete a post-test to validate understanding of the process and be reviewed by the DON and/or designee. 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 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. (continued on next page)

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

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 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 - Immediate jeopardy to resident health or safety Residents Affected - Many	On 09/14/22 at 11:00 A.M., a new staff screening form was implemented by the DON. 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. On 09/14/22 from 5:00 P.M. to 7:00 P.M., a Quality Assurance and Performance Improvement (QAPI) meeting was held with Medical Director #01, Administrator #02, the DON, and Regional Nurse #503 to review progress of the removal plan. On 09/14/22 at 8:00 P.M., the facility alleged the removal plan was completed and auditing to begin on 09/15/22. On 09/15/22, the DON and/or designee will begin random audits for residents remaining in the correct isolation. 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 screening logs revealed staff were screened prior to their shift with temperature and signs and symptoms being absent. 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 tested positive for COVID-19 on 08/16/22, which began the current outbreak. While testing residents per outbreak protocol: Resident #04, Resident #19, and Resident #20 also tested positive on 08/16/22. Continued interview with Administrator #01 verified the following dates and positive results of COVID-19 testing: On 08/17/22, Resident #21 tested positive. On 08/21/22, Resident #08 and STNA #107 tested positive. On 08/22/22, Resident #07, Resident #10, Resident #22, Laundry Assistant #501, LPN #201, and LPN #205 tested positive. On 08/25/22, STNA #108 tested positive. On 08/26/22, Resident #15 and Resident #23 tested positive. (continued on next page)

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

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 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 - Immediate jeopardy to resident health or safety Residents Affected - Many	On 08/28/22, Resident #06, Resident #09, Resident #14, and STNA #106 tested positive. On 08/29/22, Resident #16, Resident #17, Resident #18, Resident #52, Resident #64, and Housekeeping Supervisor #506 tested positive. Further interview with Administrator #01 confirmed Resident #02 and Resident #13 tested positive for COVID-19 on 08/29/22 but were not updated on the line listing at that time. Interview on 09/12/22 at 9:15 A.M., the DON revealed STNA #113 tested positive on 09/02/22 and STNA #114 tested positive on 09/06/22. 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 Resident #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 at least six months. A total of 26 residents and 10 staff tested positive for COVID-19 in the facility between 08/16/22 and 09/06/22. 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 the facility's county community transmission level was color coded red indicating it was at a high level. 2) Review of the staffing schedules and employee COVID-19 screening logs dated 08/16/22 through 09/13/22, revealed staff failed to fully complete the COVID-19 screening. The screening included obtaining and documenting temperature and/or recording any signs or symptoms of COVID-19 as follows: On 08/16/22, 45 staff worked and 37 did not fully complete the screening log. On 08/17/22, 46 staff worked and 32 did not fully complete the screening log. On 08/18/22, 47 staff worked and 35 did not fully complete the screening log. On 08/19/22, 41 staff worked and 33 did not fully complete the screening log. On 08/20/22, 31 staff worked and 31 did not fully complete the screening log. On 08/21/22, 32 staff worked and 30 did not fully complete the screening log. On 08/22/22, 44 staff worked and 28 did not fully complete the screening log. On 08/23/22, 46 staff worked and 34 did not fully complete the screening log. (continued on next page)

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

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 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 - Immediate jeopardy to resident health or safety Residents Affected - Many	On 08/24/22, 52 staff worked and 42 did not fully complete the screening log. On 08/25/22, 50 staff worked and 39 did not fully complete the screening log. On 08/26/22, 44 staff worked and 30 did not fully complete the screening log. On 08/27/22, 31 staff worked and 24 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 27 did not fully complete the screening log. On 09/03/22, 26 staff worked and 24 did not fully complete the screening log. On 09/04/22, 26 staff worked and 26 did not fully complete the screening log. On 09/05/22, 34 staff worked and 24 did not fully complete the screening log. On 09/06/22, 45 staff worked and 29 did not fully complete the screening log. 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 30 did not fully complete the screening log. On 09/10/22, 29 staff worked and 27 did not fully complete the screening log. On 09/11/22, 30 staff worked and 25 did not fully complete the screening log. 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. (continued on next page)

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

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 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 - Immediate jeopardy to resident health or safety Residents Affected - Many	Review of the staff schedule from 08/16/22 through 09/13/22 revealed STNA #106 worked 08/16/22, 08/17/22, 08/20/22, 08/21/22, 08/23/22, 08/25/22, and 08/26/22. Review of the staff COVID-19 testing records revealed STNA #106 testing positive for COVID-19 on 08/28/22. 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. Interview on 09/15/22 at 3:16 P.M., Regional Nurse #503 verified the employee COVID-19 screening logs dated 08/16/22 through 09/13/22, included staff who did not fully complete the screening logs accurately. 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 08/29/22 at 10:45 A.M. with Housekeeper #301 verified he was wearing a KN95 mask with ear loops. Observation on 08/29/22 at 11:08 A.M., revealed Regional Nurse #503 wearing an N95 mask with both straps around the nape of her neck. Interview at the time of the observation, verified she was not wearing the mask correctly. 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 08/29/22 at 12:31 P.M. with LPN #203, verified she was wearing an N95 mask with both straps around the nape of her neck. 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 member was observed sitting at the nurses ' station and had an N95 strap dangling below her chin. (continued on next page)

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

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 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 - Immediate jeopardy to resident health or safety Residents Affected - Many	Interview on 08/29/22 at 3:32 P.M. with the DON, revealed she felt it was appropriate for staff to wear a KN95 when entering COVID-19 isolation and quarantine rooms. The DON stated she believed the KN95 and N95 masks were interchangeable. Interview on 08/29/22 at 3:53 P.M. with the Administrator #01, revealed all staff should always be wearing an N95 and goggles/eye coverings in the facility due to outbreak status. Observation on 08/30/22 at 7:40 A.M., revealed STNA #105 wearing a cloth mask. Interview at that time verified she wore a cloth mask, that was not a surgical mask. Observation on 08/30/22 at 8:28 A.M., revealed Activities Assistant #500 wearing an N95 mask with both straps around the nape of her neck. Interview at the time of the observation, verified she was wearing the N95 straps incorrectly. Observation on 08/30/22 at 8:45 A.M., revealed Housekeeper #302 cleaning a COVID-19 room wearing a surgical mask under an N95 mask. After cleaning the room and exiting into the hallway, Housekeeper #302 was observed not to change or clean her goggles and did not change her mask. Interview at the time of the 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. Interview and observation on 08/30/22 at 2:37 P.M. with STNA #102, verified she was wearing a KN95 mask with ear loops, while working on the COVID unit. Further interview revealed she entered a COVID-19 isolation room earlier that day wearing a KN95 mask. Observation on 08/30/22 at 4:05 P.M., revealed Laundry Assistant #501 walked through the COVID-19 isolation unit wearing a KN95 mask held on with ear loops covered by a surgical mask, a pair of gloves, with no goggles and no isolation gown. Laundry Assistant #501 walked into the soiled linen room beyond the plastic wall barrier. Further observation of the Laundry Assistant #501 revealed she picked up a bag of soiled linens and held them against her jeans. Interview at the time of the observation, verified she was not wearing a gown, or eye protection, was wearing a KN95 mask with ear loops covered by a surgical mask, and held 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 behind her back. Interview at the time of the observation, verified she was wearing a KN95 mask with ear loops on 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. (continued on next page)

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

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 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 - Immediate jeopardy to resident health or safety Residents Affected - Many	Observation on 08/30/22 at 4:45 P.M., revealed LPN #502 entered Resident #06's room while wearing the KN95 mask with ear loops, goggles, a tied gown, and gloves, and proceeded to provide care to Resident #06. Resident #06 was on the COVID-19 isolation unit due to positive COVID-19 status. LPN #502 exited Resident #06 ' s room and removed her gown in the hallway of the COVID-19 unit and was unable to find a trash receptacle in which to dispose her soiled PPE. LPN #502 began to leave the COVID-19 unit, with her soiled gown in her arms, into the interior of the facility when the Administrator #01 entered the unit and instructed LPN #502 to exit the COVID-19 unit through the back door leading outside, walk around the exterior of the facility, and re-enter through the front door. LPN #502 walked through the COVID-19 unit without wearing a gown, though she was still wearing a KN95 with ear loops and goggles, walked through the plastic barrier wall at the end of the COVID-19 unit and disposed of her soiled PPE in the soiled room, and was observed wearing a KN95 mask with ear loops coming out of the soiled room, and walking into the clean room, then coming back out of the clean room before exiting through the exterior door. LPN #502 was not observed removing or changing her KN95 with ear loops prior to exiting the COVID-19 unit. Observations on 09/12/22 at 8:04 A.M., revealed Housekeeper #303 approached the surveyor to ask if she was wearing her N95 appropriately. Observation at that time revealed Housekeeper #303 wearing an N95 mask with the straps cut off. Housekeeper #303 wore a surgical mask atop the N95 to hold the N95 mask in place. Interview at the time of the observation, Housekeeper #303 revealed she was told to wear an N95 and chose to cut the straps and hold it to her face with a surgical mask. She again asked the surveyor if it was the correct way to wear an N95. The surveyor advised her to ask her supervisor. Observation on 09/12/22 at 8:06 A.M., revealed Housekeeper #303 donning an N95 mask with the top strap around the crown of her head and the bottom strap around the nape of her neck. Observation and interview on 09/12/22 at 9:02 A.M., verified LPN #206 wearing an N95 with the loops behind her ears. Further interview revealed she cut the straps from the N95 and tied them so they could stay behind her ears. Observation and interview on 09/12/22 at 9:13 A.M., verified Registered Nurse (RN) #207 and LPN #208 were wearing N95 masks with both straps around the napes of their necks. Observation and interview on 09/12/22 at 9:16 A.M. with STNA #106, verified her N95 mask had only one strap and it was around the nape of her neck. Observation on 09/12/22 at 9:23 A.M. of Social Services Director #504, revealed she was wearing an N95 mask while at the nurse ' s station with the top strap around the nape of her neck and the bottom strap was under her chin. Interview at the time of the observation, Social Services Director #504 verified she was not wearing her N95 correctly. Observation on 09/12/22 at 9:44 A.M., revealed STNA #105 donned a gown and gloves to enter a COVID-19 isolation room. STNA #105 was wearing regular eyeglasses (without goggles or a face shield) and an N95 mask with the straps placed appropriately at the crown of head and nape of neck. Continued observation revealed STNA #105 doffed the gown and gloves before exiting the room. She did not change her mask or clean her glasses. She walked to the pantry and washed her hands. Upon exit from the pantry, she sanitized her hands and proceeded to collect a breakfast tray from room [ROOM NUMBER] (a non-COVID-19 room). (continued on next page)

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

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 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 - Immediate jeopardy to resident health or safety Residents Affected - Many	Interview with STNA #105 verified Resident #24 was in a COVID-19 isolation room, and STNA #105 verified she did not change her mask upon exit from the COVID-19 isolation room, did not don goggles or a face shield, or wash her regular glasses upon exit. Further interview verified she entered room [ROOM NUMBER] (a non-COVID-19 room) to collect a breakfast tray. Continued observation revealed she continued to entered Rooms #123, #125, and #126 (all non-COVID-19 rooms) to collect breakfast trays. Interview on 09/12/22 at 9:55 A.M. with STNA #105, verified she knew she should change her N95 mask upon exiting a COVID-19 isolation room. Observation on 09/12/22 at 10:01 A.M., revealed STNA #105 changing her 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. Observation on 09/12/22 at 1:51 P.M. of LPN #206, revealed she wore an N95 mask with both straps around the nape of her neck. During an interview she verified she had worn her mask earlier in the day with the loops behind her ears, and now was wearing the mask with both straps around the nape of her neck. 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. Interview on 09/13/22 at 10:02 A.M. with the DON and Regional Nurse #503 revealed all staff should wear N95 masks and goggles or eye protection throughout the facility due to the high community transmission level. Further interview with the DON revealed the facility had an adequate supply of PPE available. Observation on 09/13/22 at 11:13 A.M., revealed Activities Assistant #500 in the South Hallway providing a bingo activity for the residents while wearing her N95 mask below her nose. When eye contact was made, Activities Assistant #500 was observed to reposition her mask correctly. Residents were socially distanced at 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 surgical 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 wearing goggles, and STNA #112 was holding a completed COVID-19 test. STNA #110 revealed she left her goggles 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 did not wear goggles but was wearing eyeglasses. (continued on next page)

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

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 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 - Immediate jeopardy to resident health or safety Residents Affected - Many	Observation on 09/14/22 at 9:15 A.M. with STNA #111, revealed she wore an N95 mask with both straps at the nape of her neck. Interview at that time revealed STNA #111 was unsure whether a strap should be around the crown of her head. Review of the COVID-19 signage posted on all COVID-19 quarantine and isolation rooms revealed a mask should be worn with one strap around the crown of the head and one strap around the nape of the neck. Review of the COVID-19 signage posted outside the COVID-19 isolation unit revealed all staff should don a gown, mask, goggles, and gloves before entering the COVID-19 unit. Review of the policy titled Coronavirus Disease (COVID-19) - Infection Prevention and Control Measures, updated May 2020, revealed staff should wear gloves, an isolation gown, eye protection and an N95 or higher-level respirator for residents with known or suspected COVID-19. 4) Interview on 08/29/22 at 3:32 P.M. with the DON revealed UM #202 was trained to perform rapid COVID-19 tests in the facility. Observation on 08/29/22 at 5:18 P.M., revealed UM #202 testing residents for COVID-19 on the 200-hall due to outbreak status in the facility. Observation revealed UM #202 wearing an N95 mask and face shield. Interview with UM #202 revealed she had previously tested Resident #02 a few minutes earlier with a rapid COVID-19 test. Observation of the test showed a faint pink line suggesting Resident #02 was positive for COVID-19. Further interview revealed UM #202 planned to retest Resident #02 to confirm the test results. Continued observation revealed UM #202 donned gloves, entered Resident #02's room, performed the nasal swab, and returned to the medication cart to place the swab into the testing card. UM #202 did not change her face shield or mask upon exiting Resident #02's room, nor did she clean her face shield. Continued observation revealed UM #202 standing at the nurses' cart watching Resident #02's test result for several minutes until a faint pink line appeared, indicating Resident #02 was COVID-19 positive. At that time, UM #202 stated Resident #02 would isolate in place, did not have a roommate, and UM #202 would notify maintenance to hang a plastic cover over Resident #02's door with PPE signage and a PPE cart outside the room door. UM #202 verified Resident #02 and Resident #13 tested positive for COVID-19 on 08/29/22. Interview on 08/29/22 at 6:02 P.M. with UM #202 verified she did not wear a gown when testing Resident #02 for COVID-19, and further verified she did not change her face shield or N95 mask after performing testing on Resident #02. Review of the form titled Training Checklist for performing rapid COVID-19 tests, dated September 2020, revealed staff should perform hand hygiene and don gloves, N95, gown and face shield prior to collecting a specimen. Review of UM #202's completed Training Checklist for performing rapid COVID-19 tests revealed UM #202 was trained on 01/25/22. 5) Review of the medical record for Resident #10 revealed an admitted [DATE]. Diagnoses included chronic obstructive pulmonary disease, and vascular dementia with behavioral disturbance. (continued on next page)

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

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 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 - Immediate jeopardy to resident health or safety Residents Affected - Many	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. 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 facility. Continued review revealed no documentation of COVID-19 testing from 08/16/22 through 08/26/22. Observation on 08/29/22 at 5:18 P.M., revealed UM #202 testing residents for COVID-19 on the 200-hall due to outbreak status in the facility. Interview and observation at that time, revealed she used the bed board (census sheet) for the day to highlight the residents she tested and marked residents who tested positive 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. Review of the policy titled QSO Memorandum QSO-20-38-NH, revised 03/10/22, revealed the facility shall document in the resident records that testing was offered, completed (as appropriate t [TRUNCATED]

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

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 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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44815 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.

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

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 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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44815 Based on observation, resident interview, and staff interview, the facility failed to ensure residents had functioning call lights. This affected two (#7 and #9) of three residents reviewed for call light functionality. The facility census was 61. Findings include: 1. 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 form titled 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 his call light was malfunctioning. Resident #7 was able to illuminate his call light by unplugging the cord from the wall, but unable to illuminate it by pressing the button. Observation and interview on 08/30/22 at approximately 5:00 P.M., with the Administrator #1 confirmed Resident #7's call light was malfunctioning. 2. Review of the medical record for Resident #9 revealed an admitted [DATE], with diagnoses of cerebral infarction, hemiplegia and hemiparesis affecting left dominant side, and chronic obstructive pulmonary disease. Review of the quarterly Minimum Data Set (MDS) assessments dated 07/08/22 revealed Resident #9 had impaired cognition and required extensive assistance of one person for hygiene, toileting, and dressing, and required extensive assistance of two people for bed mobility and transfers. Observation on 08/30/22 at 2:50 P.M., revealed Resident #9 was in the COVID-19 isolation unit and no staff was visible on the unit. Further observation revealed Resident #9's call light was out of reach, against the wall, hanging from the cord. Further observation revealed the button was broken and the call light could not be activated. Upon inquiry about her call light, Resident #9 pointed to the bed controls at the foot of her bed and asked if that was her call light. Observation and interview on 08/30/22 at 4:42 P.M., with Licensed Practical Nurse (LPN) #502 confirmed Resident #9's call light was broken. LPN #502 was unfamiliar with Resident #9 and was unsure if Resident #9 could use a call light. This was an incidental finding discovered during the complaint and Focused Infection Control investigations.