

WV DHHR, Office of Health Facility Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2021
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NAME OF PROVIDER OR SUPPLIER THE RIDGEMONT AT EDGEWOOD SUMMIT	STREET ADDRESS, CITY, STATE, ZIP CODE 300 BAKER LANE Charleston, WV 25302
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 000	Initial Comments Date: 05/03/21 at 1:15 PM to 05/06/21 at 11:45 AM. Census: 22 Annual survey. The Ombudsman was contacted on 05/03/21 at 11:40 AM.	T 000		
T 131	64CSR75-5.8.a.2. PERSONNEL RECORDS 5.8.a.2. The licensee shall maintain a confidential personnel record on each employee, including the administrator, who provide services to residents. Each record shall contain at least the following: Documentation of the results of a screening through the West Virginia state police central abuse registry regarding previous convictions involving abuse, mistreatment or neglect of dependent populations or theft of the property of those populations, documented verification of past employment or personal references, and a check of the nurse aide abuse registry established by the state; (Class III) DEFICIENT PRACTICE and FINDINGS: Based on record review and interview the licensee and administrator failed to ensure each employee had a background check completed through WVCares and the documentation of the process was in their confidential personnel record for one (1) of five (5) employees (#2). Census: 22	T 131	Plan of Correction: Date of Survey: 05/06/21 T131 a) Failed to ensure each employee had a background check completed through WV CARES and the documentation of the process was in their confidential personnel record for one (1) of five (5) employees (#2). b) WV CARES application for employee (2) was processed on 5/5/2021. HR/designee will ensure all WV CARES applications are processed and approved before start date. c) Violation was corrected on 5/5/2021. Date of Completion: 05/05/21	05/06/21

Office of Health Facility Licensure and Certification
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE

05/18/2021

WV DHHR, Office of Health Facility Licensure and Certification

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	<p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of Employee #2's confidential personnel record revealed the following: <ol style="list-style-type: none"> a. The employee's date of hire was 03/31/21. b. There was no documentation in the record available for review which could verify the required background check had been completed. The facility had not completed the pre-screen registry check and the criminal background check had not been scheduled. 2. During interview on 05/06/21 at 11:00 AM, the administrator stated, "I talked with Human Resources, we have the application, but, it did not get sent in. We knew she was in the system, we just didn't submit the application to get a new letter for here." 			