

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215310	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2025
NAME OF PROVIDER OR SUPPLIER Garrett County Subacute Unit		STREET ADDRESS, CITY, STATE, ZIP CODE 251 North Fourth Street Oakland, MD 21550	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations and interviews, it was determined that the facility failed to store food in accordance with professional standards. This deficient practice has the potential to affect all residents. The findings include: An initial tour of the facility's kitchen was conducted on 7/30/2025 at 9:53 AM with staff #9, the Director of Nutrition. Observation of the facility's walk-in coolers revealed the following: -An opened and almost finished buttermilk ranch dressing with a label dated 12/10/24. Staff stated that they received it on 12/10/24, but it should have been dated with an open and expiration date. -A Dusseldorf Mustard with a date on the container, 6/5/25. Staff #9 stated that the date on the container indicated when they received it, but it should have been labelled with an open and use-by date. -Banana pudding mix dated 7/28/25. Staff #9 stated that it was the preparation date and noted that it should have been labelled with a use-by date. -Chocolate pudding mix with a preparation date of 7/28/25, but had no use-by date. -Sour cream in a bowl lacked a use-by date. -Bagged provolone cheese, dated 7/29/25. Staff #9 stated that the date indicated was the preparation date; however, it lacked a use-by date. Further observation of the facility's walk-in freezer revealed an open bag of sausage links and an open bag of chicken tenders, both of which were missing their use-by dates. An interview later that day with staff #9 revealed that the facility's food labeling system had run out of labels. So, they had called the company, and it was on backorder. However, they had to use improvised labels, and their staff were inconsistent with their interim labeling process.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>Based on record review and staff interviews, it was determined that the facility failed to ensure that staff were offered and educated about the COVID-19 vaccine. This was evident for four of five employee health files reviewed during the Infection Control task. Findings include: On 8/01/2025 at 1:59 PM, the surveyor reviewed staff immunization records and found that Staff #1, #5, #6, and the Director of Nursing (DON) were not offered or educated about the COVID-19 vaccine or most recent booster for 2024-2025. On 8/01/2025 at 2:31 PM, the surveyor interviewed the Nursing Home Administrator (NHA), who also serves as the facility DON. When asked whether staff were offered and educated about the COVID-19 vaccine or informed that it is an annual requirement, the NHA stated she was unaware of the requirement and confirmed that staff were neither educated nor offered the vaccine or booster. She advised the surveyor to confirm the process with the facility's Infection Preventionist Nurse (IPN #3). On 8/04/2025 at 1:20 PM, the surveyor interviewed IPN #3, who stated she was not aware that offering or educating staff about the COVID-19 vaccine and booster was a requirement. She further confirmed that the facility had not been offering or educating staff on the vaccine. On 8/04/2025 at 1:57 PM, the surveyor interviewed Staff #7, who is responsible for employee health. Staff #7 stated she was also unaware of the requirement to offer and educate staff regarding the COVID-19 vaccine and booster. She stated that the facility would adopt this process moving forward. On 8/05/2025 at 8:52 AM, the surveyor reviewed the facility's policy and procedure titled Employee Health Immunization Program (Policy V.032S, effective/reviewed on 6/20/2025), which stated in part: In accordance with WVUHS's (West Virginia University Health System) duty to provide and maintain a workplace that is free of known hazards, and consistent with guidance from CDC (Centers for Disease Control and Prevention) and other organizations, WVUHS adopts this policy to help safeguard the health of its Healthcare Workers (HCWs), their families, patients, clients, visitors, and the community at large from infectious diseases that may be reduced by vaccinations. Under General Guidelines: 6.) COVID-19 a) Vaccinate with 1 dose of an updated COVID-19 vaccine if HCW not up to date, and in accordance with current guidelines.</p>		