

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (continued on next page)

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: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility billing/financial information, review of the Facility Assessment, and interview the facility neglected to operate in a manner to ensure all bills were being paid in a timely manner to prevent potential interruption in services. This had the potential to affect all 35 residents residing in the facility. Findings include: Although there was no evidence of any current shut-off for services at the time of the investigation, the risk for interruption of services was identified. The facility failed to provide evidence of fund availability and systems in place to ensure bills/invoices were paid timely and as due. Review of the following vendor/suppliers invoices/billing documentation and interviews completed as part of the State agency investigation revealed the following facility financial solvency concerns included but not limited to: Review of an invoice from the State Fire Marshal revealed an amount of \$50 was due on 09/03/23 related to an inspection completed on 07/20/23. Review of an invoice from the State Fire Marshal revealed an amount of \$75 was due on 09/30/23 related to an inspection completed on 08/16/23. Review of an invoice from the State Fire Marshal revealed an amount of \$125 was due on 01/27/24 related to an inspection completed on 12/13/23. Review of an invoice from the State Fire Marshal revealed an amount of \$50 was due on 02/20/25 related to an inspection completed on 01/21/25. Review of a shut off notice from the County Utility Office dated 04/22/25 revealed an amount of \$2,869.66 was due by 05/06/25 or the water would be shut off. Review of a shut off notice from the County Utility Office dated 04/22/25 revealed an amount of \$4,984.74 was due by 05/06/25 or the electric would be shut off. Review of an email dated 04/27/25 from the facility business office manager (BOM) #59 revealed the shut off notices from the County Utility Office were sent to Corporate [NAME] (CB) #1215. Review of a shut off notice from the County Utility Office dated 06/24/25 revealed an amount of \$3,080.49 was due by 07/08/25 or the water would be shut off. Review of a shut off notice from the County Utility Office dated 06/24/25 revealed an amount of \$4,356.47 was due by 07/08/25 or the electric would be shut off. Review of an email dated 06/29/25 at 2:30 P.M. from BOM #59 revealed the shut off notices from the utility office were sent to CB #1215. Review of an email dated 07/06/25 at 10:35 A.M. revealed BOM #59 sent a statement from the local hardware store to CB #1215 and the Administrator totaling in the amount of \$1,683.42. Review of a collection notice dated 07/11/25 from the Attorney General's office revealed full payment in the amount of \$55.39 must be paid within 10 days related to a previous fire inspection. The collection notice identified this was the final notice. Review of a collection notice dated 07/11/25 from the Attorney General's office revealed full payment in the amount of \$138.46 must be paid within 10 days related to a previous fire inspection. The collection notice identified this was the final notice. Review of an email dated 07/21/25 at 8:48 P.M. from BOM #59 to CB #1215 revealed two invoices were attached and three collection notices were from the Attorney General's office for the State Fire Marshal visits from 2023. Review of a check dated 08/22/25 to Medical Director (MD) #200 revealed the payment was for 03/2025. MD #200 was still waiting to be paid for 04/2025. Review of an email dated 09/03/25 at 3:56 P.M. from BOM #59 to CB #1215 revealed the hardware store bill was attached because it had not been paid. BOM #59 stated when she goes into the store on her personal time, the staff ask her when the bill for the facility will be paid and if it isn't paid soon, further action will be taken. Review of an email dated 09/04/25 at 3:30 P.M. from CB #1215 to BOM #59 revealed a check for half the balance due (to the local hardware store) was cut and he was aware there would still be an overdue balance but half is better than nothing. Interview on 09/17/25 at 9:35 A.M. with Anonymous Staff (AS) #192 revealed she did not think bills were always paid because some supplies were delayed to the facility. Interview 09/18/25 at 7:27 A.M. with AS #157 confirmed the facility is having financial difficulties, and it's obvious. Things are rundown. AS #157 stated they are concerned they are not going to get paid. Interview on 09/18/25 at 1:39 P.M. with Administrative Professional (AP) #1005 with the State Fire Marshall's office revealed the facility owed \$300. AP #1005 stated they would never deny someone their annual inspection related to bills, but they do have bills outstanding since 2023 for the survey fees and for citations issued. Interview on 09/22/25 at 2:15 P.M. with previous Medical Director (MD) #200 revealed he was last paid in February (2025) but was no longer medical director after March 2025 and has not been paid for March (2025) at the time of the survey. Interview on 09/22/25 at 4:11 P.M. with Corporate [NAME] (CB) #1215 revealed they have multiple accounts through the local utilities department, two are on autopay and the other two exceed the allowed amount for autopay. CB #1215 revealed they do not always receive a notification the bills are due so they at times receive shut off notices. CB #1215</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on closed record review and interview the facility failed to ensure comprehensive discharge instructions were provided and failed to ensure documentation of a discharge was located in the medical record. This affected one (Resident #27) of one resident reviewed for discharge process. The census was 35. Findings Include: Closed record review revealed Resident #27 discharged from the facility on 07/24/25 with diagnoses including cerebral infarction, type two diabetes mellitus, cognitive communication deficit, chronic kidney disease, hypertension, hyperlipidemia, heart failure, gastro-esophageal reflux disease, hyperkalemia, and insomnia. Review of Resident #27 Multidisciplinary discharge summary revealed Resident #27 was discharged on 07/24/25 to their home. Review of Resident #27 discharge summary revealed an incomplete discharge instructions with no evidence of education regarding diet or activities provided to Resident #27 or their representative. Record review revealed no documentation of a discharge note being completed for Resident #27 for discharge on [DATE]. Interview on 09/22/25 at 11:22 A.M. with Director of Nursing confirmed there is incomplete documentation of Resident #27 discharge from 07/24/25. This is an incidental finding discovered during the complaint investigation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and facility policy review, the facility failed to ensure a baseline care plan was completed within 48 hours of admission to the facility. This affected two (#8 and #27) of two residents reviewed for care planning. The facility census was 35. Findings include:1. Record review revealed Resident #8 admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease, congestive heart failure, and metabolic encephalopathy.</p> <p>Review of an assessment titled Care Conference Summary dated 09/16/25 revealed attendees included Resident #8, dietary staff, social services, activities, and therapy. The plan of care was reviewed with Resident #8.</p> <p>Review of Resident #8 ' s care plan revealed the dietary care plan was initiated on 09/15/25, but the rest of the care plan was not completed until 09/23/25.</p> <p>Interview on 09/23/25 at 3:05 P.M. with Administrator confirmed baseline care plans should be completed with 48 hours of admission to the facility. Administrator confirmed Resident #8 admitted to the facility on [DATE] and her care plan was not completed until 09/23/25 and the care conference was completed on 09/16/25 with no evidence of a baseline care plan within 48 hours.</p> <p>2. Record review revealed Resident #27 admitted to the facility on [DATE] with diagnoses including cerebral infarction, type two diabetes mellitus, cognitive communication deficit, chronic kidney disease, hypertension, hyperlipidemia, heart failure, gastro-esophageal reflux disease, hyperkalemia, and insomnia.</p> <p>Review of Resident #27 care conference revealed the resident was admitted on [DATE] and care conference was completed on 09/16/25. Review of care conference summary revealed no signatures of family, resident, or resident representative being involved in the conference.</p> <p>Review of Resident #27 care plan revealed one care plan for a potential for nutrition/ hydration risk related to acute/ chronic disease, diuretic drug use, and therapeutic diet initiated on 09/15/25. No other care plans are observed or documented.</p> <p>Interview on 09/16/25 at 1:40 P.M. with Director of Nursing (DON) confirmed Resident #27 care plan was not completed fully or timely.</p> <p>Review of facility policy reviewed 04/28/25 titled Care Planning Revealed the care plan is based on the residents comprehensive assessment and is developed by a care planning/ interdisciplinary team.</p> <p>This deficiency is an incidental finding discovered during the complaint investigation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and facility policy review, the facility failed to ensure showers were given to residents based on their preferences and shower schedules. This affected two (#24 and #28) of five residents reviewed for activities of daily living (ADLs). The facility census was 35. Finding include:1. Record review revealed Resident #24 admitted to the facility on [DATE] with diagnoses including Alzheimer ' s disease, chronic obstructive pulmonary disease, and hypertension.Review of a minimum data set (MDS) dated [DATE] revealed Resident #24 had no behaviors and was dependent on staff for bathing.Review of a care plan initiated on 09/05/25 revealed Resident #24 was at risk or had an ADL self-performance deficit related to cognition deficit, impaired vision, and weakness. Interventions included but were not limited to use a mechanical lift and assist of two staff, dependent on staff for toileting, and dependent on staff for bathing. Review of a shower schedule revealed Resident #24 receives showers on Wednesdays and Saturdays. Review of shower sheets revealed Resident #24 did not receive a shower on 07/05/25, 07/09/25, 07/12/25, 08/06/25, and 09/10/25.2. Record review revealed Resident #28 admitted to the facility on [DATE] with diagnoses including dementia, abnormalities of gait and mobility, and a new diagnosis on 05/05/25 of displaced avulsion fracture of left talus.Review of a care plan dated 12/31/23 revealed Resident #28 had an ADL self-care performance deficit related to disorder of bone density and structure, anxiety, history of left hip pain, dermatitis, history of falling, abnormalities of gait and mobility, mild protein calorie malnutrition, hyperosmolality and hyponatremia, hypokalemia, alcohol dependence, nicotine dependence and urinary tract infection. Interventions included but were not limited to dependence to supervision/touching assist of one staff for bathing.Review of an MDS dated [DATE] revealed Resident #28 had no behaviors and was dependent on staff for bathing.Review of a shower schedule revealed Resident #28 received showers on Wednesdays and Saturdays.Review of shower sheets revealed Resident #28 did not receive a shower on 07/05/25, 07/09/25, 07/12/25, 08/23/25, 08/30/25, and 09/10/25.Interview on 09/16/25 at 10:08 A.M. with Anonymous Staff (AS) #178 revealed she was concerned about Resident #28 since she moved from the memory care unit to the first floor because she can have behaviors or be a little feisty so they won ' t change her or shower her some days.Interview on 09/22/25 at 10:18 A.M. with Director of Nursing (DON) confirmed Resident #24 and #28 each had missed multiple showers and there was no additional documentation to show they received showers.Review of a policy titled, Bathing Policy dated 04/28/25 revealed residents have the option to take a bath/shower/bed bath as often as they would like and choose what time of bath they want.This deficiency demonstrates non-compliance investigated under Complaint Number 1398689 and 1398688.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, interview, review of the activity calendar and job description review, the facility failed to assess and meet the activity needs of residents. This affected all 35 residents residing in the facility. Findings include: 1. Review of activity calendars dated April 2025 through September 2025 revealed on Sundays, Tuesdays, Thursdays, Fridays and Saturdays, the first two activities of the day are beverage cart and sit and chat. The third activity on Sunday is church, and throughout the rest of the days the third activity is a game of some sort. On Mondays from 8:30 A.M. to 3:30 P.M., beauty shop was listed as the activity and either resident council at 2:00 P.M. or movies in the evening at 6:00 P.M. There were no other days with activities in the evenings. On Wednesdays, from 8:00 A.M. to 11:00 A.M. was resident shopping and at 2:00 P.M. was cards.</p> <p>Observation on 09/15/26 at 1:26 P.M. during resident council meeting, the council stated they would like to have some more activities. Just some more stuff for them to do and be involved in.</p> <p>Interview on 09/15/25 at 1:27 P.M. with CNA #79 revealed activities during the holidays involve a party and other activities throughout the year include Bingo, playing cards, sitting on the porch. CNA #79 stated she did not feel sit and chat and beverage cart activities sufficiently met the needs of the residents.</p> <p>Interview on 09/16/25 at 9:23 A.M. with CNA #48 revealed activities are offered daily and usually include offering beverages, sit and chat, and one main activity. CNA #48 admitted giving people a drink is not an activity</p> <p>Observation on 09/16/25 at 10:03 A.M. to 10:10 A.M. revealed the beverage cart activity had not started. At 10:16 A.M., the activity began and entailed Activity Director (AD) #16 going from room to room to offer coffee, lemonade or hot water for tea. AD #16 interacted with each resident for approximately 30 seconds but did skip rooms if the resident was sleeping.</p> <p>Observation of sit and chat activity on 09/16/25 at 11:10 A.M. revealed AD #16, a family member and two residents seated in the lobby area. Two additional residents were in the lobby area but were not part of the conversation and were sleeping at the time of the observation. Conversation focused on one resident and his family member.</p> <p>Observation on 09/16/25 at 2:39 P.M. revealed Bingo was in the dining room, 14 residents were in attendance and included residents from memory care unit and the assisted living unit as well.</p> <p>Interview on 09/16/25 at 3:30 P.M. with Anonymous Staff (AS) #193 revealed the facility did not have enough activity staff. There is an activity director and one the days she doesn ' t work, there is an assistant so there is someone in the building seven days a week but not much is done.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 09/17/25 at 10:08 A.M. with AS #178 revealed there are no activities in the facility. AS #178 stated they have a beverage cart they put on the activity calendar and call an activity but it isn ' t one. AS #178 stated there is no exercise activity for the residents. AS #178 stated the only time activities come up to the memory care unit are the days when the activity director is off work and the new assistant comes up to spend time with residents. AS #178 stated sit and chat is on the calendar but it is not completed and there are no activities after 3 P.M. AS #178 stated memory care does not get their own activities, but the activity staff will take some of the residents downstairs for certain activities like Bingo.</p> <p>Interview on 09/17/25 at 3:03 P.M. with AD #16 confirmed activity assessments were not completed for most of the residents throughout the facility until 09/17/25, after evidence of assessments was requested.</p> <p>Interview on 09/18/25 at 6:20 A.M. with Licensed Practical Nurse (LPN) #42 revealed the activities are bad. Residents complain that they have nothing to do. There are some activities but it only lasts an hour, for example bingo; and not everyone is able to participate in bingo or wants to.</p> <p>Interview 09/18/25 at 7:27 A.M. with anonymous staff member #157 The residents do not have many activities to go to or be involved in. Activities for the residents could be much better. The activities they have currently are the same things day in and day out, repeated over and over, and they ' re not very interactive. For example they do beverage care a lot, that is not an activity, they go room to room and provide residents drinks, something that should be done daily, sometimes multiple times a day, and as requested.</p> <p>Interview on 09/18/25 at 2:03 P.M. with Resident #4 revealed the only activity the facility has is bingo and they don't like playing it, the facility could have something else for them to participate in.</p> <p>Interview on 09/18/25 at 2:24 P.M. with Resident #2 revealed they think the facility could have more activities. What they do for activity ' s is the same stuff, its repetitive and not interesting.</p> <p>Interview on 09/23/24 at 12:54 P.M. with CNA #9 revealed the facility has very few activities. The activities they do have no all residents are able to participate in. They do beverage cart but that is more of a resident right for nutrition and hydration. CNA #9 stated they don ' t see memory care residents being offered or participating in activities like the residents down stairs are.</p> <p>Interview on 09/23/25 at 12:56 P.M. with Anonymous staff member #161 revealed activities for the residents are lacking. Memory care resident ' s come down but its rare, and only a couple residents. The women like the beauty shop but that ' s something they pay for, and the men don ' t find it as enjoyable.</p> <p>2. Observation on 09/16/25 at 9:20 of the memory care unit revealed one CNA was seated at the nurses station, two residents were seated in the common area watching television, but the volume was turned down low, and there were no other residents in the common area.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 09/16/25 at 9:23 A.M. with CNA #48 revealed activities are offered daily and usually include offering beverages, sit and chat, and one main activity. CNA #48 admitted giving people a drink is not an activity and some of the residents on memory cannot participate in sit and chat due to their cognition.</p> <p>Interview on 09/16/25 at 4:08 P.M. with AD #16 revealed she was not able to locate any activity assessments for the memory care residents.</p> <p>Continuous observation on 09/17/25 from 9:13 A.M. to 10:36 A.M. on the memory care unit revealed there were no activities provided. Two residents were seated in the common area until one of them received a visitor. All other residents were in their rooms. At 10:34 A.M., a resident got up and ready for the day and came to the dining room for her breakfast.</p> <p>Interview on 09/17/25 at 9:13 A.M. with Licensed Practical Nurse (LPN) #8 revealed only eight residents live on memory care unit, and one was currently on leave from the facility. LPN #8 stated the floor staff spend time with the residents and the environment is calm. LPN #8 stated there are no specialized programming or activities for the memory care unit. LPN #8 stated residents go to church and crafts downstairs but activity staff do not come to the memory care unit to do activities. LPN #8 stated beverage cart is listed as an activity but she did not believe it was an activity.</p> <p>Continuous observations on 09/17/25 from 10:40 A.M. to 11:44 A.M. of the memory care unit revealed there were no activities completed on the memory care unit. There were three residents sitting in the common area, the nurse was seated at the nurses station but did have one of the residents sitting a wheelchair next to her for additional supervision. One CNA was on the unit and was getting residents up and ready for the day.</p> <p>Continuous observations on 09/17/25 starting at 1:30 P.M. on the memory care unit revealed three residents were in the common area seated in recliners. One resident was sleeping and two were awake but paying attention to the TV which was on. At 2:01 P.M., CNA #54 walked through resident rooms to confirm there was no activity calendar in any of the rooms except Resident #26, who had an August activity calendar in her room. At 2:27 P.M., Behavioral Health Specialist (BHS) #850 entered the memory care unit to post updated activity calendars in resident rooms. At 2:33 P.M., CNA #54 confirmed no one had come up to the memory care unit to invite any residents to the 2 P.M. cards activity. At 2:40 P.M., LPN #8 confirmed activity staff did not invite memory care residents to the 2 P.M. cards activity. At 2:45 P.M. LPN #8 and CNA #54 entered a resident 's room to provide care. There were no other staff on the unit to provide supervision to the rest of the memory care residents. At 2:49 P.M., both LPN #8 and CNA #54 confirmed they had left the rest of the memory care unit unsupervised while they assisted one resident in their room.</p> <p>Interview on 09/17/25 at 3:03 P.M. with AD #16 confirmed she did not provide any activities to the memory care unit. AD #16 also confirmed she had not completed activity assessments for any of the residents on the memory care unit and most of the residents throughout the facility until 09/17/25, after evidence of assessments was requested.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 09/18/25 at 7:37 A.M. Certified Nurses Aide (CNA) #28 revealed memory care residents are not included in activities as they should be. On Sundays they will go to church, and when they are able to leave the floor their whole mood changes. The memory care residents are constantly locked on that unit, they have no option to go do things, participate in stimulating activities, or even get to go outside. When they go to church on Sundays, they ' re completely different people, they ' re happy and excited.</p> <p>3. Record review revealed Resident #30 admitted to the facility on [DATE] with diagnoses including major depression, anxiety disorder, and alcohol dependence in remission.</p> <p>Review of a care plan dated 08/21/25 revealed Resident #30 was at risk for alteration in activity participation relate to dependence on staff for activities. Goals included Resident #30 will attend one to three activities of choice per week; resident will be comfortable in new surroundings; resident will identify at least two activities they would like to participate in; and resident will verbalize enjoyment with chosen activities. Interventions included but were not limited to allowing resident the opportunity to express opinion of activity; assess to identify activities of interest and reassess as needed; encourage resident to experience and learn new activities as able; invite/escort to activities of interest; monitor participation; post activity calendar in room; and provide items needed for self-directed activities as indicated.</p> <p>Interview on 09/15/25 at 3:10 P.M. with Resident #30 revealed there were not enough activities to meet his needs. Resident #30 stated some days, there aren ' t any activities and he just sits in his chair and watches television. Resident #30 stated he would like to have things to do because he gets tired of sitting around all day. Resident #30 stated they will play cards or Bingo but he had never heard of sit & chat.</p> <p>Interview on 09/17/25 with Certified Nurses Aide (CNA) #5 revealed Resident #30 impresses them with how much he wants to participate and socialize, get out and about. CNA #30 states this is something that is very important to Resident #30, socialization and participation.</p> <p>Interview on 09/16/25 at 3:11 P.M. with AD #16 revealed she was the only member of the activity department and was required to assist residents to the salon for the beauty shop so there is not time to do any other activities from 8:30 A.M. to 3:30 P.M. on Mondays and confirmed it is a paid service, not a provided activity. On Wednesdays, resident shopping is the main activity but the resident don ' t actually get to go shopping. Residents give AD #16 a list of items they would like, then she does the shopping for them. AD #16 stated the activity room is not available to residents at all times and is locked when she is gone for the day. AD #16 confirmed the activity calendars have the same activities of beverage cart and sit and chat five times a week, with one main activity in the afternoon consisting of a game or movie. AD #16 stated she did not know what other activities could be offered but she felt the beverage cart was an activity because she gets to check in on the residents as well. AD #16 also revealed the memory care unit does not have a separate activity calendar.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of a job description for Activity Director dated 05/24/22 revealed the AD supervises an activity program appropriate to meet the physical, social, cultural, spiritual, emotional, and recreational needs and interests of each residents; provides the opportunity for residents to engage in normal pursuits; as well as promoting a successful and well-balanced leisure lifestyle. The AD plans quality of like of each resident as well as maintaining an open working relationship with the resident ' s family. The AD should plan, develop, organize, implement, evaluate and direct the activity program; assess individual and group needs and develops related meaningful morning, afternoon, evening and special programs; prepares and posts a monthly schedule of activities, and coordinates, directs and conducts all planned activities.</p> <p>This deficiency demonstrates non-compliance investigated under Complaint Number 1398688</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, they facility failed to ensure residents received comprehensive, resident centered care related to skin assessments, supplement orders, physician orders and physician notification related to weight gain. This affected four residents (Resident #5, #30, #8 and #24) of 24 residents reviewed for quality care. The census was 35. Findings include: 1. Record review revealed Resident #05 admitted to the facility on [DATE] with diagnoses including type two diabetes mellitus, hypertension, vitamin D deficiency, vitamin B deficiency, hyperlipidemia, gastro-esophageal reflux disease (GERD), neuromuscular bladder dysfunction, and benign prostatic hyperplasia.</p> <p>a. Record review of Resident #05 quarterly Minimum Data Set (MDS) completed 08/01/25 revealed a brief interview for mental status score (BIMS) of 08, and has no exhibited or displayed behaviors. MDS revealed Resident #5 had Moisture related skin damage (MASD) , had a pressure reducing device for bed and chair, and applications of ointments/ medications other than to the feet, and the resident this at risk of developing pressure ulcers/ injuries.</p> <p>Review of Resident #05 care plan revised 09/15/25 revealed Resident #05 had an alteration in skin related to MASD. Goals include the resident will have no complications related to skin alteration through the review date. Interventions include administer medications as ordered, Monitor/document for side effects and effectiveness, administer treatments as ordered and monitor for effectiveness , barrier cream/ ointment after each incontinent episode as needed, inspect skin during routine daily care.</p> <p>Review of Medication Administration Record (MAR) for Resident #5 for, July, and August of 2025 revealed an order for triad hydrophilic wound dress external paste (wound dressings), apply to right and left buttocks topically every shift for wounds, cleanse right buttock with soap and water, pat dry then apply triad twice daily. Record review revealed no documentation of treatment being completed on 07/03/25, 07/05/25, 07/06/25, 07/07/25, 07/09/25, 07/10/25, 07/15/25, 07/16/25, 07/23/25, 07/24/25, 07/27/25, 08/06/25, 08/07/25, 08/27/25, and 08/30/25.</p> <p>Record review of MAR for Resident #5 for July and August of 2025 revealed an order for triad hydrophilic wound dress external paste (wound dressings) apply to coccyx topically every shift for wounds, cleanse coccyx with soap and water. Pat dry. Mix triad with collagen. Record review revealed no documentation of treatment on 07/16/25, 07/23/25, 07/24/25, 07/27/25, 08/07/25, 08/27/25, and 08/30/25.</p> <p>Record review of MAR for Resident #5 for July of 2025 revealed an order to monitor laceration to right buttock until resolved. Record review revealed no documentation of monitoring on 07/03/25, 07/05/25, 07/06/25, 07/07/25, 07/09/25, 07/10/25, 07/15/25, 07/16/25, 07/23/25, and 07/24/25.</p> <p>Record review of MAR for Resident #5 for July of 2025 revealed an order for Prostat 30 milliliters (ML) twice daily (BID) for nutritional supplement placed on 07/29/25. Record review revealed no documentation of prostat being administered from 08/26/25 through 09/08/25 for a total of 14 days without administration of Prostat.</p> <p>Record review of Resident #5 weekly wound care assessment revealed MASD 0.5 centimeters (cm) in length, 0.5 cm width, and 0.1 cm in depth.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation of Resident #5 left and right buttock, with resident permission, during wound care with Licensed Practical nurse #69. Observation revealed Resident #5 bilateral have MASD across left and right side, larger than the 09/09/25 weekly wound assessment, currently the area is scattered on both sides and larger than 0.5 (cm) in length, 0.5 cm width, and 0.1 cm in depth.</p> <p>Interview on 09/26/25 at 3:37 P.M. with wound care Nurse Practitioner (NP) #805 confirmed he evaluated Resident #5 weekly for MASD. NP #805 confirmed as of 09/26/25 Resident #5's skin has deteriorated since he was last seen on 09/09/25. NP #805 stated he was unsure if anyone had told him Resident #5 was not receiving the ordered prostat, and confirmed there is no documentation of notification.</p> <p>b. Record review of Resident #05 quarterly Minimum Data Set (MDS) completed 08/01/25 revealed a brief interview for mental status score (BIMS) of 08, and has no exhibited or displayed behaviors. Resident #5 had received seven insulin injections in the past 7 days.</p> <p>Review of Resident #5 care plan revised 09/15/25 revealed the resident has diabetes mellitus with interventions including administration of diabetes medication as ordered by medical provider, and report any abnormalities to medical provider.</p> <p>Record review of Resident #5 revealed an order for novolog flex pen relion subcutaneous solution pen injector 100 units/ milliliter (ML) (Insulin Aspart) to be injected four times a day for type two diabetes mellitus, per sliding scale, for blood glucose levels 400 and above call medical director.</p> <p>Record review of Resident #5 blood glucose revealed a blood glucose level on 07/26/25 at 3:37 P.M. of 405 mg/dl on 08/02/25 at 11:16 P.M., and a blood glucose level of 433 mg/dl 08/02/25 at 6:04 P.M.</p> <p>Record review revealed no documentation of notification to the physician per order on 07/26/25, 08/02/25, or again on 08/02/25 when Resident #5 blood glucose level was 400 and above.</p> <p>Record review of Resident #5 MAR for July and August of 2025 revealed on 07/26/25, 08/02/25, and again on 08/02/25 Resident #5 received injection on insulin outside of normal range, and without a physician 's order for a blood glucose over 400.</p> <p>Interview on 09/17/25 at 3:04 P.M. with Assistant director of nursing, Director of Nursing, and administrator confirmed Resident #5 was administered insulin outside of the sliding scale range without orders from a physician.</p> <p>2. Record review revealed Resident #30 admitted to the facility on [DATE] with diagnoses including hemiplegia and hemiparesis, GERD, anxiety, major depression disorder, hyper cholesterol, Chronic obstructive pulmonary disorder (COPD), cerebral infarction, hypothyroidism, hypertension, constipation, and osteoporosis.</p> <p>Review of Resident #30 care plan revised on 08/21/25 revealed the resident is at risk for experiencing an alteration in skin relater to impaired independence in mobility, weakness, history of a cerebrovascular accident, and periods of incontinence. Interventions include following facility protocol for the prevention and treatment of skin breakdown.</p> <p>Record review revealed an order for Resident #30 ordered on 03/11/25 for weekly skin check every day shift every Tuesday.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review revealed no documentation of skin checks being completed as ordered for Resident #30 any day in June, no documentation of skin checks being completed from 05/27/25 through 07/02/25, 08/09/25 through 08/16/25, and 08/20/25 through 09/01/25.</p> <p>Interview on 09/17/25 at 3:05 P.M. with Director of Nursing (DON) confirmed Resident #30 had not had a weekly skin assessment completed from 05/27/25 through 07/02/25, 08/09/25 through 08/16/25, and 08/20/25 through 09/01/25, and confirmed there was an order to perform skin checks weekly</p> <p>3. Record review revealed Resident #3 admitted to the facility 08/09/23 with diagnoses including acute respiratory failure, acute kidney failure, COPD, type 2 diabetes mellitus, urinary tract infections, Methicillin Resistant Staphylococcus Aureus, and body mass index of 70 or greater.</p> <p>Record review of Resident #3 quarterly MDS completed 08/16/25 revealed Resident #23 is at risk of developing pressure ulcers/ injuries, and receives applications of ointments / medications other than to the feet.</p> <p>Review of Resident #3 care plan revised on 09/02/25 revealed the resident is at risk for experiencing an alteration in skin related to cognition, impaired mobility, and incontinence. Interventions include to follow facility protocol for the prevention/ treatment of skin breakdown, and monitor wound healing as ordered and PRN.</p> <p>Record review of Resident #3 orders revealed an order placed 03/11/25 for weekly skin checks every Tuesday on day shift.</p> <p>Review of Resident #3 assessment revealed no documentation of weekly skin checks being completed from 08/06/25 through 08/18/25, 08/19/21 through 09/01/21, and 09/03/25 through 09/15/25.</p> <p>Interview on 09/17/25 at 3:05 P.M. with Director of Nursing (DON) confirmed Resident #3 had not had a weekly skin assessment completed from 05/27/25 through 07/02/25, 08/09/25 through 08/16/25, and 08/20/25 through 09/01/25, and confirmed there was an order to perform skin checks weekly.</p> <p>4. Record review revealed Resident #8 admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease, diastolic congestive heart failure, and hypertension.</p> <p>Review of vitals revealed Resident #8 weighed 386.6 pounds on 09/09/25.</p> <p>Review of orders revealed Resident #8 had an order in place for bumetanide oral tablet two milligrams (mg) give two mg by mouth two times a day for fluid retention.</p> <p>Review of an MDS completed on 09/15/25 revealed Resident #8 's cognition remained intact, and she had a weight-gain of 5% or more in the last month without a prescribed weight-gain regimen.</p> <p>Review of vitals revealed Resident #8 weighed 410.6 pounds on 09/15/25, which was a 24-pound weight gain in six days.</p> <p>Review of a dietary note dated 09/15/25 at 4:17 P.M. by Dietary Manager (DM) #250 revealed Resident #8 had a significant weight gain since admission related to fluid shifts and diuretic drug use. There were no new recommendations.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of vitals revealed Resident #8 weighed 422.8 pounds on 09/19/25, which was a 12.2-pound weight gain in four days.</p> <p>Review of a Skilled Evaluation assessment dated [DATE] by Licensed Practical Nurse (LPN) #69 revealed Resident #8 ' s vitals were 97.3 degrees temperature, blood pressure of 106/73, pulse of 84 beats per minute, 18 respirations per minutes, oxygen saturation of 97% with oxygen via nasal cannula, weights of 422.8 and blood sugar of 262. Resident #8 vocalized complaints of generalized pain rated at 7. Resident #8 ' s cognition and mood were at baseline, her capillary refill was brisk, and she did have +1 pitting edema depending on positioning. Resident #8 was receiving oxygen via nasal cannula at two liters per minute, had no difficulty breathing, no shortness of breath, both lungs were clear, her bed was elevated to 30 degrees and she did not have a cough.</p> <p>Review of vitals revealed Resident #8 weighed 428.2 pounds on 09/20/25, which was a 5.4-pound weight gain in one day.</p> <p>Review of a nursing note dated 09/20/25 at 3:16 P.M. by Licensed Practical Nurse (LPN) #84 revealed an unnamed primary care provider (PCP) responded to a message regarding edema and gave new orders for Lasix (diuretic) 40 milligrams (mg) twice daily for five days, fluid restrictions 1500 milliliters (ml), CBC and BMP draw on 09/22/25, daily weights and if there is a three pound weight-gain in 24 hours or a five pound weight-gain in one week notify the PCP. Resident #8 was made aware of new orders and refused the Lasix at this time because she did not want to be wet all the time. PCP was notified and stated to educate resident on importance of taking Lasix and that a indwelling catheter could cause an infection. Resident #8 was made aware and still not willing to take the medication at this time.</p> <p>Interview on 09/23/25 at 8:58 A.M. with Director of Nursing (DON) revealed if someone admits to the facility with a diagnosis of congestive heart failure and gains over 20 pounds in a week, there would be concerns. DON stated the physician should have been notified on 09/15/25 when it was documented Resident #8 had a significant weight gain and again when she had a weight gain on 09/19/25. DON stated concerns of someone with congestive heart failure having a large amount of weight gain include shortness of breath, exacerbation, and death.</p> <p>Interview on 09/23/25 at 9:52 A.M. with LPN #69 revealed she weighed Resident #8 on 09/19/25 and noted a weight gain so she notified the DON. LPN #69 stated she was instructed to completed a thorough assessment of Resident #8 and she did have edema but her lungs and everything sounded good. LPN #69 stated she felt Resident #8 had an incorrect weight entered on admission. Follow up interview on 09/23/25 at 11:47 A.M. with LPN #69 revealed she did not notify a physician related to Resident #8 ' s significant weight gain on 09/19/25, but she should have. LPN #69 stated she did not realize Resident #8 had congestive heart failure because the facility no longer uses paper charts and so she did not do a thorough record review because she does not like clicking around the electronic chart. LPN #69 stated she felt Resident #8 ' s positioning in bed could have contributed to the edema and she believed the previous weight was incorrect as well. LPN #69 stated even if the initial weight on 09/09/25 was incorrect, Resident #8 still had a significant weight gain from 09/15/25 to 09/19/25 and she should have called someone. LPN #69 stated a resident with congestive heart failure who is experiencing significant weight gain could be filling up with fluid around their heart and lungs.</p> <p>5. Record review revealed Resident #24 admitted to the facility on [DATE] with diagnoses including Alzheimer ' s disease, chronic obstructive pulmonary disease, and hypertension.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. Review of orders revealed Resident #24 had an order from Medical Director (MD) #200 for Eliquis (blood thinner) oral tablet 2.5 milligrams (mg) give one tablet by mouth twice daily dated 07/12/25.</p> <p>Review of weekly skin assessments revealed Resident #24 had not had a weekly skin assessment completed since 08/15/25.</p> <p>Review of a care plan dated 09/05/25 revealed Resident #24 was at increased risk of adverse reactions related to taking anticoagulant medications. The goal was for Resident #24 to not experience any adverse reactions through the next review. Interventions included, but were not limited to, administer medications as ordered, monitor skin for increased bruising and skin abnormalities, and monitor for signs and symptoms of bleeding such as black stools, bleeding gums, bruising, etcetera.</p> <p>Review of a shower sheet dated 09/13/25 revealed no documentation related to Resident #24 having bruising.</p> <p>Review of a shower sheet dated 09/17/25 revealed no documentation related to Resident #24 having bruising.</p> <p>Review of nursing notes revealed no documented evidence of bruising to Resident #24 ' s bilateral forearms.</p> <p>Interview on 09/17/25 with Anonymous Staff (AS) #178 revealed Resident #24 needed patience but was able to assist with care when given the time to do so. AS #178 stated the staff were not giving her the time she needed and rushed with care which causes Resident #24 to resist care and caused her to be bruised all over from them pulling on her.</p> <p>Interview and observation on 09/17/25 at 2:59 P.M. with Certified Nursing Assistant (CNA) #54 revealed Resident #24 was seated in her wheelchair in the lobby area of the building. CNA #54 rolled up Resident #24 ' s sleeves and revealed the right arm had scattered bruising across the entire forearm with some bruises up to the size of a quarter. The bruises were dark purple in color. The left arm also had scattered bruising across the entire forearm with sizes up to the size of a dime. The bruises were dark purple in color. CNA #54 confirmed the bruising.</p> <p>Interview on 09/17/25 at 3:07 P.M. with Director of Nursing (DON) confirmed Resident #24 had not had a weekly skin assessment completed since 08/15/25 and was made aware of scattered bruising to Resident #24 ' s bilateral forearms. DON confirmed Resident #24 had a care plan to monitor bruising related to anticoagulant use, but the bruising was not documented and there were no orders in place to monitor the active bruising on Resident #24.</p> <p>b. Review of an MDS dated [DATE] revealed Resident #24 had a weight loss of 5% or more in the last month or loss of 10% or more in the last six months.</p> <p>Review of a nutrition assessment completed on 06/20/25 revealed Resident #24 received a mechanically altered and therapeutic diet and was at risk for malnutrition.</p> <p>Review of an order dated 08/05/25 revealed Resident #24 had an order in place for Prostat (protein supplement) two times a day for malnutrition with no end date.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a nursing note dated 08/28/25 at 7:17 A.M. by LPN #88 revealed Prostat was not given to Resident #24 because there was none available but an order was placed.</p> <p>Review of a medication administration record (MAR) for 08/2025 revealed Resident #24 did not receive Prostat on 08/28/25 morning dose but was documented as receiving it on nightshift.</p> <p>Review of a nursing note dated 08/29/25 by LPN #42 revealed Prostat was not administered to Resident #24 because it was not available.</p> <p>Review of the MAR for 08/2025 revealed Resident #24 was documented as receiving Prostat in the morning, but not on the night shift.</p> <p>Review of the MAR for 08/2025 revealed Resident #24 was documented as receiving Prostat on 08/30/25 and 08/31/25.</p> <p>Review of a nursing note dated 09/01/25 at 8:03 A.M. by LPN #88 revealed Resident #24 did not receive Prostat because it was not on hand and had been ordered.</p> <p>Review of the MAR for 09/2025 revealed Resident #24 did not receive Prostat on 09/01/25 or 09/02/25.</p> <p>Review of a nursing note dated 09/02/25 at 7:39 A.M. revealed Resident #24 did not receive Prostat because it was not on hand and they were awaiting delivery.</p> <p>Review of the MAR for 09/2025 revealed Resident #24 was documented for receiving Prostat on 09/03/25 and 09/04/25.</p> <p>Review of a care plan dated 09/05/25 revealed Resident #24 was at risk for malnutrition or alteration in nutritional status related to mechanical soft diet, chronic obstructive pulmonary disease, and gastroesophageal reflux disease. Interventions included but were not limited to snacks as ordered and supplements as ordered.</p> <p>Review of a nursing note dated 09/05/25 at 7:21 A.M. by LPN #88 revealed Resident #24 did not receive Prostat because it was not on hand and they were awaiting delivery.</p> <p>Review of the MAR for 09/2025 revealed Resident #24 did not receive Prostat on dayshift but was documented as receiving it on nightshift on 09/05/25.</p> <p>Review of the MAR for 09/2025 revealed Resident #24 was documented for receiving Prostat on 09/06/25.</p> <p>Review of the MAR for 09/2025 revealed Resident #24 was documented for receiving Prostat on dayshift of 09/07/25 but not for nightshift.</p> <p>Review of a nursing note dated 09/08/25 at 7:09 A.M. by LPN #64 revealed Resident #24 did not receive Prostat but it was on order.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the MAR for 09/2025 revealed Resident #24 did not receive Prostat on dayshift, but did receive it on nightshift.</p> <p>Review of nursing notes from 08/28/25 through 09/08/25 did not reveal evidence a provider was notified of Prostat being unavailable or alternate options being available.</p> <p>Interview on 09/15/25 at 1:27 P.M. with CNA #79 revealed she orders supplies for the facility. CNA #79 stated she places orders every Thursday and about three weeks prior, she had placed a large order which included Prostat which should have come in the following Wednesday or Thursday. CNA #79 stated part of the order came to the facility, but Prostat did not so she reached out to the person for procurement and notified them it did not come. CNA #79 stated she specifically ensured Prostat was on the order but did state sometimes orders will get declined. CNA #79 stated she waited for the order to come after contacting procurement, but it did not so she placed a new order and the Prostat arrived a day later. CNA #79 stated they did not receive the Prostat for over a week.</p> <p>Interview on 09/16/25 at 11:05 A.M. confirmed Resident #24 did not have Prostat from 08/28/25 through 09/08/25 per nursing notes and there was not evidence of a physician being made aware or alternates being offered.</p> <p>This deficiency demonstrates non-compliance investigated under Master Complaint Number 2624018, Complaint Number 2623116, 2618783, 1398689 and 1398688.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, review of facility policy, and material safety data sheet (MSDS) review, the facility failed to ensure fall interventions were in place for Resident #26 and failed to ensure a post-fall assessment was completed after Resident #27's unwitnessed fall. This affected two residents (Resident #26 and Resident #27) out of five residents reviewed for falls. Additionally, the facility failed to properly store hazardous chemicals. This had the potential to affect seven residents (#10, #14, #20, #25, #26, #29, and #35) out of seven residents residing on the memory care unit. The facility census was 35. Findings Include: 1. Record review revealed Resident #26 admitted to the facility on [DATE] with diagnoses including major depressive disorder, dementia, hypertension, insomnia, anxiety, and vitamin D deficiency. Review of Resident #26's quarterly Minimum Data Set assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 01 indicating cognitive impairment. Review of Resident #26's care plan, revised on 06/09/25, revealed the resident was at risk for falls related to diagnoses of dementia, insomnia, history of falls and prescribed use of antidepressant, antihypertensive, and sleep aid medication. Interventions included a floor mat to bedside. Observation on 09/17/25 at 11:24 A.M. revealed there was not a floor mat in Resident #26's room per the care planned intervention for fall prevention. Observation and interview on 09/17/25 at 11:30 A.M. with Licensed Practical Nurse #8 confirmed Resident #26 did not have a floor fall mat in place or a floor mat stored/located anywhere else in the residents room per the care planned intervention for fall prevention. Review of the facility policy titled, Falls and Fall Risk, Managing, dated August 2021, revealed staff will identify and implement relevant interventions to try to minimize serious consequences of falling. 2. Record review revealed Resident #27 admitted to the facility on [DATE] with diagnoses including cerebral infarction, type two diabetes mellitus, cognitive communication deficit, chronic kidney disease, hypertension, hyperlipidemia, heart failure, gastro-esophageal reflux disease, hyperkalemia, and insomnia. Review of Resident #27's nurses note dated 09/19/25 at 3:45 A.M. revealed the resident was found lying on the floor on the left side. Resident #27 did not know how she got on the floor. Review of Resident #27's nurses note dated 09/19/25 at 3:50 A.M. revealed the resident was transported by emergency medical services (EMS) to the hospital Emergency Department (ED). Review of Resident #27's nurses note dated 09/19/25 at 9:25 A.M. revealed the resident returned from the hospital via EMS. The residents family was aware of their return and events. Further review of the medical record revealed no documentation of a fall assessment completed for Resident #27 after their un-witnessed fall event on 09/19/25. Interview with the Director of Nursing (DON) on 09/22/25 at 11:03 A.M. confirmed there was no documentation of a post-fall assessment completed for Resident #27's un-witnessed fall on 09/19/25, approximately five and a half hours later. 3. Record review revealed Resident #10 admitted to the facility on [DATE] with diagnoses including paranoid schizophrenia and major depression. Record review revealed Resident #14 admitted to the facility on [DATE] with diagnoses including dementia and major depression. Record review revealed Resident #20 admitted to the facility on [DATE] with diagnoses including dementia and depression. Record review revealed Resident #25 admitted to the facility on [DATE] with diagnoses including Alzheimer's disease and anxiety disorder. Record review revealed Resident #26 admitted to the facility on [DATE] with diagnoses including depression and dementia. Record review revealed Resident #29 admitted to the facility on [DATE] with diagnoses including dementia and disorientation. Record review revealed Resident #35 admitted to the facility on [DATE] with diagnoses including depression, adjustment disorder, and dementia. Observation on 09/17/25 at 2:48 P.M. revealed the cabinets behind the nurses station were unlocked and staff were not in the area. There was nail polish, a bottle of nail polish remover, a bottle of Rx Destroyer Med Disposal (a compound used to destroy medications), a spray bottle of Clorox bleach, NOW Disinfectant wipes, Bar Keepers Friends stainless steel cleaner, Ajax Oxygen Bleach cleanser, and needles capped and in plastic packaging. Interview on 09/17/25 at 2:49 P.M. with Licensed Practical Nurse (LPN) #8 confirmed the cabinets were left unlocked and unattended and hazardous chemicals were accessible. LPN #8 confirmed all residents on the unit wandered and had access to the chemicals. LPN #8 confirmed she and the other staff on the unit were in a residents room at the time of the observation. Review of the Material Safety Data Sheet (MSDS) for NOW Disinfectant Wipes revealed contact with eyes, skin, and clothing should be avoided as this product may produce irritation. Do not allow this product to contact acidic materials as hazardous chlorine gas may be released. Review of the MSDS for nail polish remover revealed the vapors may be irritating to</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0690</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0690</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, review of hospital records, facility policy review and interviews, the facility failed to develop and implement comprehensive and individualized suprapubic catheter (a tube inserted into the bladder through a small cut in the lower abdomen (just above the pubic bone) to drain urine for resident's who can't pass urine normally through the urethra) care/interventions to prevent complications resulting in an acute change in medical condition and hospitalization. This resulted in Immediate Jeopardy and Actual Harm on 09/21/25 when Resident #05 was transferred to a local hospital and then life-flighted to a higher acuity hospital and admitted to the intensive care unit for treatment of sepsis and acute kidney injury secondary to a urinary tract infection. Prior to the hospitalization, facility staff failed to ensure Resident #05's orders for suprapubic catheter care, monitoring, and catheter changes were completed as ordered, documentation of care was accurate, and staff were knowledgeable on how to provide necessary suprapubic catheter care. This affected one resident (#05) of two residents reviewed for indwelling catheter care. The facility census was 35. On 09/25/25 at 8:53 A.M. the Director of Nursing (DON), Assistant Director of Nursing (ADON), Administrator, Regional Director of Operations (RDO) #1011, and Regional Director of Clinical Operations (RDCO) #1022 were notified Immediate Jeopardy began on 09/21/25 when Resident #05 was transferred to the hospital and admitted to the intensive care unit for treatment of sepsis and acute kidney injury secondary to a urinary tract infection Hospital assessment revealed the resident was hypotensive (low blood pressure), had an elevated temperature of 103.6 degrees Fahrenheit (F), an elevated heart rate in the 120's (tachycardic), an elevated white blood cell count (WBC) of 24.4 (normal 4.5-11), an elevated Blood Urea Nitrogen (BUN) of 32, and an elevated creatinine level of 2.2. The resident required surgical procedure under anesthesia to place a ureteral stent, required intravenous (IV) antibiotics, continuous IV blood pressure medication that required femoral central venous catheter (CVC) placement and internal jugular (IJ) CVC placement. The resident remained hospitalized as of 09/25/25. The Immediate Jeopardy was removed on 09/25/25 when the facility implemented the following corrective actions: On 09/21/25 at 5:19 A.M. Resident #05 was transferred to the hospital and remained in the hospital at this time. On 09/22/25 at 2:06 P.M. an audit of all 34 current residents was completed by the DON for any residents with a suprapubic catheter. At this time, no other residents noted with a suprapubic catheter. Resident #09 was identified to have an order for an indwelling urinary catheter (Foley). Resident #09 was seen by the Nurse Practitioner on 09/24/25. On 09/25/25 at 9:30 A.M. an investigation was completed by the DON of why this error occurred (to Resident #05) in order to implement corrective actions. During the investigation it was noted Licensed Practical Nurse (LPN) #11, #69 and #84 did not read Resident #05's order completely (related to suprapubic catheter changes) before signing the order, so they did not follow the facility's current policy and procedures. On 09/25/25 at 10:00 A.M. RDCO #1022 reviewed facility policies including the Physician Order policy, Catheter Care policy, Suprapubic Catheter Replacement and Suprapubic Care procedures to ensure they were comprehensive, and no changes were needed prior to staff education which began on 09/25/25 at 10:00 A.M. On 09/25/25 at 10:10 A.M. RDCO #1022 provided education to the DON on Physician Orders policy, Suprapubic Cath Care and Suprapubic Cath Replacement procedures. Beginning 09/25/25 10:15 A.M. and concluding on 09/25/25 at 5:50 P.M., education was provided in person or via phone to all 11 current licensed nurses (seven Licensed Practical Nurses and four Registered Nurses) by the Director of Nursing (DON) and Assistant Director of Nursing (ADON). The education included, following physician orders regarding catheters including catheter care (video was given on steps for suprapubic catheter replacement), along with the suprapubic catheter care and replacement procedure. In addition, staff were educated if they were unable to complete this task for the day as ordered, they were to report to the DON/ADON and they would assist on how to get the task completed. The DON followed up with the nurses after the education to ensure there were no unanswered questions related to the education. On 09/25/25 from 10:15 A.M. to 5:48 P.M., all current 17 Certified Nurses Assistants (CNAs) were educated by the DON on catheter care for Foley catheters using the facility Catheter Care policy. A video was provided on how to do catheter care. The CNA staff were educated if they were unable to complete this task as ordered for the day they were to report to the DON/ADON and they would assist in how to get the task completed. The DON followed up with CNAs after the education to ensure there were no unanswered questions related to the education. On 09/25/25 at 2:40 P.M. the Medical Director was notified by the DON of the Immediate Jeopardy (IJ) concern involving</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation and interview, the facility failed to ensure oxygen was administered under a physician order. This affected one (#8) of one resident reviewed for oxygen. The facility census was 35. Findings include: Record review revealed Resident #8 admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease, congestive heart failure, and metabolic encephalopathy. Review of a nursing note dated 09/09/25 at 6:15 P.M. by Licensed Practical Nurse (LPN) #8 revealed Resident #8 admitted to the facility by ambulance with oxygen in place at 2 liter per minute (lpm).Review of a Minimum Data Set, dated [DATE] revealed Resident #8 received oxygen therapy. Review of Resident #8's orders revealed there was no order in place for oxygen.Interview and observation on 09/22/25 at 3:57 P.M. with Resident #8 revealed she had an oxygen concentrator set to 2 liters per minute (lpm) and was wearing a nasal cannula. Resident #8 confirmed she had oxygen in place, and the tubing had just been changed the previous night.Interview on 09/23/25 at 8:48 A.M. with the Administrator revealed someone who has oxygen in place should have an order.Interview on 09/23/25 at 8:58 A.M. with Director of Nursing (DON) confirmed Resident #8 did not have an oxygen order in place but should have.Review of a policy titled Oxygen Administration dated 04/2023 revealed oxygen is administered under the orders of a physician except in the case of an emergency.This deficiency represents non-compliance investigated under Complaint Number 2623116 and 1398689.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview and facility policy review, interview, the facility failed to ensure that residents receive the treatment and care in accordance with professional standards of practice, the comprehensive care plan, and the resident's choices related to pain management. This affected one (Resident #2) of one resident reviewed for pain management. The census was 35. Findings include: Resident #2 admitted to the facility on [DATE] with diagnoses including lung cancer, chronic obstructive pulmonary disease, type two diabetes mellitus, brain cancer, weakness, chronic pain, and heart failure. Record review revealed an order placed on 09/10/25 for Tramadol 50 milligram (mg) (opioid pain medication) tablet one tablet by mouth every six hours as needed for pain. Record review revealed an order placed 09/10/25 for acetaminophen one tablet (analgesic) by mouth every eight hours as needed for pain of head, neck, and trunk extremities. Record review of Facility Audit report revealed Tramadol 50 mg was ordered from the pharmacy for Resident #2 on 09/15/25 and delivered to the facility on [DATE]. Record review of Resident #2 pain ratings revealed a pain rating of six on a scale of zero to ten, ten being the worst on 09/15/25 at 1:39 A.M., six out of ten on 09/17/25 at 2:22 A.M., six out of ten on 09/17/25 at 10:21 A.M., four out of ten on 09/17/25 at 5:44 P.M., four out of ten on 09/18/25 at 1:23 A.M., four out of ten on 09/18/25 at 5:51 P.M., four out of ten on 09/19/25 at 12:03 A.M., four out of ten on 09/19/15 at 5:57 P.M., four out of ten on 09/19/25 at 7:14 P.M., six out of ten on 09/20/25 at 2:24 A.M., and four out of ten on 09/21/25 at 6:15 A.M. Record review reveals no documentation of alternative pain relief medications or methods for administered while Resident #2 was experiencing pain on 09/15/15, 09/16/25, 09/17/25, 09/18/25, 09/19/25, 09/18/25 and 09/21/25 when Resident #2 reported pain. Interview on 09/22/25 at 12:18 P.M. revealed Resident #2 stated she was always in pain due to a bad hip and back. Resident #2 stated there were a few days, but cannot recall the exact dates, sometime over the past week she was told they were out of her pain medication. Resident #2 stated the nurses told her they were out, and they were trying to make phone calls and get something in to relieve the pain. Resident #2 stated her pain got worse and she felt sick. Interview on 09/22/25 at 2:00 P.M. with Director of Nursing (DON) confirmed Tramadol 50 mg for Resident #2 was ordered on 09/15/25 and was not received by the facility from the pharmacy service until 09/21/25 with seven days between ordered date and delivery date. The DON confirmed there was no documentation of alternative pain management methods used for Resident #2 while they were experiencing pain from 09/15/25 until 09/21/25. (The facility was unable to state why the Tramadol order was not sent to the pharmacy when it was ordered by the physician on 09/10/25). Review of facility policy titled Pain Assessment and Management reviewed 08/2022 revealed pain management is based on a facility wide commitment to appropriate assessment and treatment of pain, based on professional standards of practice, the comprehensive care plan, and the residents' choices related to pain management. This deficiency demonstrates non-compliance investigated under Complaint Number 2623116, and 1398689.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on observation, interview, record review, and review of the facility assessment tool, the facility failed to ensure sufficiency nursing staff was available to provide timely and appropriate nursing and nursing-related services to residents. This had the potential to affect all residents. The facility census was 35. Findings include: Interview on 09/15/25 at 8:19 A.M. with anonymous staff member #170 revealed there were a lot of times where Certified Nursing Assistants (CNA) were on the floor by themselves, and on the weekends the facility had a lot of staff call off. Anonymous staff member #170 reported there were not enough CNAs to care for the residents as there were so many residents who were completely dependent on staff for activities of daily living (ADLs). The staff member continued that a lot of tasks and care for residents, such as bathing and oral care could not be completed in a timely manner, and feeding assistance provided to residents was rushed due to a lack of staff. Anonymous staff member #170 reported call lights take a long time to answer as the limited staff were unable to be everywhere at once. The staff member reported there had been multiple occasions where tasks requiring two staff members, such as Hoyer lifts, were completed with only one staff member due to staffing levels. Anonymous staff member #170 reported the facility used to have more staff but now the staffing levels were not safe. Observation during a resident council meeting on 09/15/25 at 1:26 P.M. revealed Resident #30 stated call lights take awhile to get answered, estimating a wait time of an hour or so for staff to answer the call light. Resident #30 reported staff were trying, but there were not enough staff members. Observation of the A and B hall nurse's station on 09/16/25 from 8:04 A.M. until 9:04 A.M. revealed the facility phone received three separate calls, none of which were answered by staff. At 9:09 A.M., the nurse's station received a call from the memory care unit. No staff members were available at the desk to answer the call from the memory care unit to see what the staff in the unit needed. Interview on 09/17/25 at 9:13 A.M. with Licensed Practical Nurse (LPN) #8 revealed she typically works the A hall and the memory care unit. LPN #8 reported there are two nurses in the facility, one takes the A hall and the memory care unit, the other takes the B hall and the assisted living part of the facility. LPN #8 reported there are two CNAs assigned downstairs, one who works a 12-hour shift and another who works an 8-hour shift, and there is one CNA upstairs for a 12-hour shift. When the CNA working the 8-hour shift leaves, the CNA working upstairs must go downstairs to help, leaving the nurse upstairs alone. Interview on 09/17/25 at 10:00 A.M. with CNA #7 revealed the facility was not staffed appropriately. One or two aides for A and B halls were not adequate for day or night shift, at any time. CNA #7 reported they had 25 or more residents to care for, with the majority being totally dependent on staff for their care. CNA #7 reported the facility was a complete mess, staff and residents were on edge and residents were not happy nor were they receiving quality care. Resident showers and baths have been skipped, ADL care have been missed, checks and changes do not get completed. CNA #7 reported if care is completed, it is poor quality and very late. Answering of call lights was also delayed with CNA #7 explaining that if staff were able to answer a light, they then struggled to find help to perform resident care. CNA #7 reported residents have become frustrated with the care delays. Interview on 09/17/25 at 10:08 A.M. with anonymous staff member #178 revealed there were two aides scheduled downstairs for part of the day, and one aide scheduled on the upstairs unit. The staff member reported there are not enough staff to answer call lights quickly and she feels the residents are being neglected because they do not get the time or care they should. Interview on 09/17/25 at 2:28 P.M. with CNA #22 revealed the facility was short staffed. The staffing had not just affected the residents' care, but also the residents themselves and their mental health. Resident care was unable to be completed timely and was consistently provided late. CNA #22 reported showers were difficult to get completed and typically were not always completed. Overall, there was not a sufficient amount of staff to meet the residents' needs. CNA #22 estimated residents wait over 30 minutes consistently for assistance. Staff assigned to the memory care unit work alone except for when the nurse comes to administer resident medications. Observation on 09/17/25 at 2:45 P.M. of CNA #54 and LPN #8 revealed the two entered a residents' room to assist the resident with toileting. Continued observation revealed there were no other staff on the unit to supervise the other residents. Interview on 09/17/25 at 2:49 P.M. with CNA #54 and LPN #8 confirmed they entered a resident's room to provide care to the residents and there was not another staff member present on the unit to supervise the other residents. Interview on 09/18/25 at 2:03 P.M. with Resident #4 revealed they had concerns related to staffing. On night shift, Resident #4 reported she does not feel safe. There are not enough staff and when staff get her up, they do not use her walker, but they hold her body up on their own</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	

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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, interview and facility policy review, the facility failed to provide specialized memory care services as advertised. This affected seven residents (#10, #14, #20, #25, #26, #29, and #35) of seven residents residing on the memory care unit. The facility census was 35. Findings include: Record review revealed Resident #10 admitted to the facility on [DATE] with diagnoses including paranoid schizophrenia and major depression. Record review revealed Resident #14 admitted to the facility on [DATE] with diagnoses including dementia and major depression. Record review revealed Resident #20 admitted to the facility on [DATE] with diagnoses including dementia and depression. Record review revealed Resident #25 admitted to the facility on [DATE] with diagnoses including Alzheimer's disease and anxiety disorder. Record review revealed Resident #26 admitted to the facility on [DATE] with diagnoses including depression and dementia. Record review revealed Resident #29 admitted to the facility on [DATE] with diagnoses including dementia and disorientation. Record review revealed Resident #35 admitted to the facility on [DATE] with diagnoses including depression, adjustment disorder, and dementia. Review of a brochure for the facility revealed there was a specialized memory care program. No additional information was available. Review of a flier for the facility revealed the facility was your partner in memory care and they specialize in addressing the unique challenges of dementia, ensuring your loved ones receive the compassionate and expert care they deserve. Observation on 09/16/25 at 9:20 A.M. of the memory care unit revealed one certified nursing assistant (CNA) was seated at the nurses station, two residents were seated in the common area watching television, but the volume was turned down low, and there were no other residents in the common area. Interview on 09/16/25 at 10:38 A.M. with Assistant Director of Nursing (ADON) #67 revealed the locked unit is not a memory care unit, but it is a unit where people with memory concerns go for safety. ADON #67 stated there was not a specific memory care program that was followed for the unit, but there was an in-service on dementia care everyone had to complete when hired and annually. ADON #67 stated the memory care unit was staffed with one aide, and the activities provided for the residents were the same as the rest of the facility. Interview on 09/16/25 at 10:54 A.M. with ADON #67 and Admissions #76 confirmed the facility advertises they provide memory care services. ADON #67 stated those services included activities and stimulation, crayons, and puzzles. Interview on 09/16/25 at 3:11 P.M. with Activity Director (AD) #16 revealed she was the only member of the activity department and was required to assist residents to the salon for the beauty shop, so there was not time to do any other activities from 8:30 A.M. to 3:30 P.M. on Mondays and confirmed it was a paid service, not a provided activity. On Wednesdays, resident shopping was the main activity, but the residents don't actually get to go shopping. Residents give AD #16 a list of items they would like, then she does the shopping for them. AD #16 stated the activity room was not available to residents at all times and was locked when she was gone for the day. AD #16 confirmed the activity calendars have the same activities of beverage cart and sit and chat five times a week, with one main activity in the afternoon consisting of a game or movie. AD #16 stated she did not know what other activities could be offered but she felt the beverage cart was an activity because she gets to check in on the residents as well. AD #16 also revealed the memory care unit does not have a separate activity calendar. AD #16 stated if residents from memory care unit do not come to the downstairs activity, there were paintings, spiral graphs and a matching game they can do on the unit which was good for hand-eye coordination because they choose the color and shapes. Interview on 09/16/25 at 4:08 P.M. with AD #16 revealed she was not able to locate any activity assessments for the memory care residents. Continuous observation on 09/17/25 from 9:13 A.M. to 10:36 A.M. on the memory care unit revealed there were no activities provided. Two residents were seated in the seated in the common area until one of them received a visitor. All other residents were in their rooms. At 10:34 A.M., a resident got up and ready for the day and came to the dining room for her breakfast. Interview on 09/17/25 at 9:13 A.M. with Licensed Practical Nurse (LPN) #8 revealed only eight residents live on memory care unit, and one was currently on leave from the facility. LPN #8 stated the floor staff spend time with the residents, and the environment was calm. LPN #8 stated there were no specialized programming or activities for the memory care unit. LPN #8 stated residents go to church and crafts downstairs, but activity staff do not come to the memory care unit to do activities. LPN #8 stated beverage cart was listed as an activity, but she did not believe it was an activity. Interview on 09/17/25 at 10:08 A.M. with Anonymous Staff Member #178 revealed there are no activities in the facility. Anonymous</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	

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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure residents received medically related social services. This affected one resident (#30) of one resident reviewed for psychosocial well-being. The facility census was 35. Findings include: Record review revealed Resident #30 admitted to the facility on [DATE] with diagnoses including major depression, anxiety disorder, and alcohol dependence in remission. Review of a Minimum Data Set (MDS) completed on 08/09/25 revealed Resident #30 had mildly impaired cognition and no behaviors. Review of a care plan dated 08/21/25 revealed Resident #30 was at risk for a psychosocial well-being problem related to social isolation, depression and left side hemiplegia. Interventions included but were not limited to psych services as needed, allow the resident time to answer questions and to verbalize feelings and fears, and provide opportunities for the resident to make his own decisions. Review of a psychiatric note dated 09/10/25 by Nurse Practitioner (NP) #822 revealed Resident #30 goes to Alcoholics Anonymous (AA) meetings and he would like to go to as many as possible since he cannot go to many during the winter due to weather. Interview on 09/15/25 at 3:10 P.M. with Resident #30 revealed he enjoys going to AA meetings because they provide a supportive community and it is the most social interaction he gets. Resident #30 stated he does not often get visitors and only gets to speak to his family on the phone, so the attendees of AA are like his second family, and it is important for him to attend as often as possible. Resident #30 stated the van broke down a week ago, and he was not able to go to AA meetings. Resident #30 stated he was unaware the facility had a social worker, but no one had been in to offer him additional support until the facility is able to transport him to AA meetings again. Interview on 09/16/25 at 8:27 A.M. with Certified Nursing Assistant (CNA) #79 revealed she drives the transportation van to appointments. CNA #79 stated during a transport on 09/08/25, a deer ran into the side of the van and hit the radiator causing the van to break down. CNA #79 stated Resident #30 missed two AA meetings on 09/09/25 and 09/12/25 and would miss a meeting on 09/16/25 as well. CNA #79 stated the van was being worked on, and she was unsure when she would be able to provide transportation again. Interview on 09/16/25 at 8:58 A.M. with Social Worker (SW) #76 revealed she was also the admission Director for the facility, and she would divide her work two days as social worker one week, and three days the next. SW #76 stated there was one resident in the facility (#30) with a history of alcoholism who goes to AA at least weekly, but he would like to go more. SW #76 stated the van broke down a week ago, but she was not aware of anyone setting up transportation for him to continue going to AA in the meantime. SW #76 stated she had not followed up with Resident #30 personally but thinks she should have provided additional services in-house until he is able to attend AA again. SW #76 stated in clinical meetings, it was usually discussed which appointments need transportation, but no one mentioned Resident #30. SW #76 stated the facility does have a psych NP who comes to the facility and throughout the week, a Behavioral Health Specialist (BHS) attends the facility daily to speak with residents, but she was not aware if they had discussed AA. Interview on 09/16/25 at 9:20 A.M. with BHS #850 revealed she tried to see each resident for about two hours per week. BHS #850 stated she asked Resident #30 how he was feeling, and I tried to see what I could do for him when he could not attend AA. BHS #850 stated she was not licensed or certified but did receive online training regarding alcoholism where she learned it affects everyone differently and she should provide support to them, so they know she's there for them. BHS #850 stated Resident #30 doesn't open up to her much about his feelings or his struggles with alcoholism. Interview on 09/17/25 at 9:13 A.M. with Licensed Practical Nurse (LPN) #8 revealed Resident #30 was a recovering alcoholic and goes to AA meetings. LPN #8 stated sometimes he had to miss meetings when things came up, but they would not allow staff to transport him or approve new staff to be on the insurance for the facility bus. LPN #8 stated AA was the only thing Resident #30 has to do, he knows the other attendees and related to them, and it was very important for him to go. LPN #8 stated when Resident #30 cannot go to AA, he is down in the dumps and assumes the facility staff does not like him. Review of a Social Services job description dated 12/02/24 revealed the social worker is responsible for assisting residents in the achievement and maintenance of maximum psychosocial functioning and independence; addressing difficulties with emotional adjustment to the facility through interviews, counseling, and referrals when indicated and consults with other disciplines as appropriate; ensures that social services are coordinated with other facility services; coordinates behavior management programs with the assistance of other departments; provides timely and appropriate psychosocial intervention for residents as required and</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, interviews and facility policy review, the facility failed to provide pharmaceutical services to meet the needs of each resident. This affected two residents (#30 and #2) of 24 resident's records reviewed for pharmaceutical services. The facility census was 35. Findings include: 1. Record review revealed Resident #30 admitted to the facility on [DATE] with diagnoses including hemiplegia and hemiparesis, gastroesophageal reflux disease (GERD), anxiety, major depression disorder, hyper cholesterol, chronic obstructive pulmonary disorder (COPD), cerebral infarction, hypothyroidism, hypertension, constipation, and osteoporosis. Review of Resident #30's June 2025 medication administration record (MAR) revealed an order for Debrox Otic Solution (Carbamide Peroxide (Otic) Instill five drops in both ear two times a day for ear wax removal for three days, irrigate on the fourth day. From 06/11/25 through 06/14/25, Resident #30's MAR for Debrox was marked as 9 for other/see nurses notes. Review of Resident #30's progress notes revealed a note on 06/11/25 at 4:58 P.M. stating will start Debrox as ordered once received from pharmacy. Review of Resident #30's progress notes revealed a note on 06/12/25 at 4:22 P.M. stating will start Debrox as ordered once received from pharmacy. Review of Resident #30's progress notes revealed a note on 06/13/25 at 7:25 A.M. stating the facility is awaiting solution of Debrox Otic Solution for administration. Review of Resident #30's progress notes revealed a note on 06/14/25 at 3:09 P.M. stating the facility is awaiting solution of Debrox Otic Solution for administration. Record review of Resident #30 medical record revealed no evidence or documentation a physician was notified that the Deborx was unavailable or that Resident #30 did not receive the Debrox Otic treatment as ordered. Interview on 09/16/25 at 7:20 A.M. with Licensed Practical Nurse (LPN) #88 revealed a few months ago they were having issues getting Deborx in from the pharmacy. LPN #88 was unable to recall specific dates but remembered sometime over the summer. LPN #88 stated with their new pharmacy (Specialty Rx) when you press order on the MAR, it does not order over the counter (OTC) medications. For OTC medications it sends a message to have the Director of Nursing (DON) and/or Administrator sign off to order the item, then the request for the order is sent out, it's a long process. Interview on 09/16/25 at 7:25 A.M. with Registered Nurse (RN) #34 revealed a while back, there was an issue receiving Debrox from the pharmacy; it was delayed. Interview on 09/15/25 at 4:22 P.M. with the DON confirmed Resident #30 did not receive Debrox as ordered, and a physician was not notified. 2. Resident #2 admitted to the facility on [DATE] with diagnoses including lung cancer, COPD, type two diabetes mellitus, brain cancer, weakness, chronic pain, and heart failure. Record review revealed an order placed on 09/10/25 for Tramadol 50 milligram (mg) (opioid pain medication) one tablet by mouth every six hours as needed for pain. Record review of the facility audit report revealed Tramadol 50 mg was ordered from the pharmacy for Resident #2 on 09/15/25 and delivered to the facility on [DATE]. Interview on 09/22/25 at 12:18 P.M. revealed Resident #2 stated she was always in pain due to a bad hip and back. Resident #2 stated there were a few days, but cannot recall the exact dates, sometime over the past week she was told they were out of her pain medication. Resident #2 stated the nurses told her they were out, and they were trying to make phone calls and get something in to relieve the pain. Resident #2 stated her pain got worse and she felt sick. Interview 09/18/25 at 7:27 A.M. with Anonymous Staff Member #157 revealed they have difficulty getting medications from the pharmacy. Things don't come in on time, residents go without medications, and over the longest (OTC) medications and treatments take the longest to come in. Interview on 09/15/25 at 11:05 A.M. with an anonymous staff member revealed every once in a while, the facility had trouble getting something from the pharmacy. When this happened, they did have an emergency box because pharmacy wasn't always quick to send things. They recently switched to a new pharmacy, and things arrive slowly, you have to keep calling them. Interview on 09/16/25 at 7:25 A.M. with RN #34 stated there were issues receiving medications from the pharmacy; you order something, and it doesn't show up; it seems like there was always an issue with the pharmacy and receiving medications. OTC medications have been an issue; it was not consistent. The facility had to buy OTC medications from an outside pharmacy because items don't come in, or don't arrive on time. Interview on 09/22/25 at 2:00 P.M. with the DON confirmed Tramadol 50 mg for Resident #2 was ordered on 09/15/25 and was not received by the facility from the pharmacy service until 09/21/25 with seven days between ordered date and delivery date. (The facility was unable to state why the Tramadol order was not sent to the pharmacy when it was ordered by the physician on 09/10/25). Review of the facility policy titled Administering Medications revised 04/28/25</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, record review and interview, the facility failed to ensure residents received nutritive, palatable food. This affected two Residents (Resident #23 and Resident #28) of two residents reviewed for food. The census was 35. Findings include: 1. 1. Record review revealed Resident #23 admitted to the facility 12/10/24 with diagnoses including osteoarthritis, chronic obstructive pulmonary disease (COPD), anemia, heart failure, urinary tract infection, and adjustment disorder. Record review of Resident #23's quarterly Minimum Data Set (MDS) assessment completed 08/08/25 revealed severe cognitive impairment, no displayed or exhibited behaviors, and the resident has an ordered mechanically altered diet and an ordered therapeutic diet. Resident #23 had a weight loss of five percent or more in the last month or loss of ten percent or more in the last six months and was not on a physician prescribed weight loss regimen. Record review of Resident #23's care plan revised 09/05/25 revealed the residents at risk for malnutrition/ alteration in nutritional status related to receiving mechanical altered diet, COPD anemia, and heart failure. Goals included the resident will maintain adequate nutritional status throughout the review date. Interventions included providing and serving diet as ordered, .Record review of Resident #23's orders revealed an order placed on 09/01/25 for a pureed texture diet. Observation on 09/11/25 at 11:10 A.M. with Dietary Director (DD) #39 and Dietary [NAME] (DC) #35 revealed they were preparing pureed food for Resident #23. Resident #23's menu included sugar snapped peas, breaded fish, and roasted potatoes. Observation revealed DC #23 placed an eight ounce (oz) scoop of sugar snapped peas and eight oz. of water into a blender, checked consistency and added one scoop of thickener. Upon taste test after completion of pureeing sugar snap peas, the pea puree was stringy and had no flavor which was verified with DD #39. Observation of pureeing of Resident #23's breaded fish revealed the fish was a very watery consistency with clumps. One scoop of thickener was added and the consistency was still lumpy which was verified with DC #23 and DD #39. Observation of pureeing of Resident #23's roasted potatoes revealed water was added and then blended. The consistency was checked and revealed lumps in the mixture and upon taste test there was no flavor. It was confirmed at the time of the observations with DC #23 and DD #39 the pureed foods for Resident #23 were not not palatable. 2. Record review of Resident #28 revealed an admission date of 12/14/23 with diagnoses including anxiety, obstructive sleep apnea, dementia, vitamin D deficiency, hypokalemia, and hyponatremia. Review of Resident #28's quarterly MDS assessment completed 07/03/25 revealed no displayed or exhibited behaviors during the review period except wandering. Review of Resident #28's care plan, revised on 09/08/25, for at potential nutrition/ hydration risk related to mild protein-calorie malnutrition, Body Mass Index (BMI) indicates an underweight status, and therapeutic diet in place to help meet estimated needs. Interventions include assist with meals as needed, provide snacks, and diets as ordered per preference. On 09/16/25 at 12:35 P.M. Resident #28 was observed to be eating lunch in the dining room. Resident #28's meal contained Tex Mex casserole and black beans. Interview with Resident # 28 revealed the lunch had no flavor, and they might as well eat dirt. This deficiency demonstrates non-compliance investigated under Complaint Number 1398690 and 1398688</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and facility policy review, the facility failed to ensure food was prepared in a form to meet individual resident needs. This affected two residents (Resident #5, and Resident #23) of two residents reviewed for food. The facility census was 35. Findings include: 1. Record review revealed Resident #05 admitted to the facility on [DATE] with diagnoses including type two diabetes mellitus, hypertension, vitamin D deficiency, vitamin B deficiency, hyperlipidemia, gastro-esophageal reflux disease (GERD), neuromuscular bladder dysfunction, and benign prostatic hyperplasia. Record review of Resident #05's quarterly Minimum Data Set (MDS) 3.0 assessment completed 08/01/25 revealed cognitive impairment, a mechanically altered diet and therapeutic diet. Review of Resident #05's orders revealed an order placed 12/08/24 for a low concentrated sweets diet (LCS), with mechanical soft texture. Review of Resident #05's care plan revealed a plan of care revised on 09/15/25 stating Resident #05 was at risk for malnutrition/ alteration in nutritional status related to anemia, GERD, dysphagia, and barrettes esophagus. Goals included the resident will maintain adequate nutritional status. Interventions include to give medications as ordered, and provide diets as ordered. Record review revealed no documentation Resident #05 had refused their modified texture diet. Observation on 09/11/25 at 12:20 P.M. revealed Resident #05's tray was plated with a whole hot dog on it. The tray was then taken to the dining room and served to Resident #05 who was sitting at a table in the dining room. After brought to the staff's attention, the whole hot dog was removed from Resident #05 so the mechanical soft texture could be provided. An interview with Dietary [NAME] (DC) #25 at the time of the observation confirmed Resident #05 was a ordered a mechanical soft diet and was served a whole hot dog. 2. Record review revealed Resident #23 admitted to the facility 12/10/24 with diagnoses including osteoarthritis, chronic obstructive pulmonary disease (COPD) , anemia, heart failure, urinary tract infection, and adjustment disorder. Record review of Resident #23 quarterly MDS completed 08/08/25 revealed severe cognitive impairment. Record review of Resident #23 orders revealed an order placed on 09/01/25 for a pureed texture diet. Observation on 09/11/25 at 11:10 A.M. with Dietary Director (DD) #39 and Dietary [NAME] (DC) #35 revealed they were preparing pureed food for Resident #23. Resident #23's menu included sugar snapped peas, breaded fish, and roasted potatoes. Observation revealed DC #23 placed an eight ounce (oz) scoop of sugar snapped peas and eight oz. of water into a blender, checked consistency and added one scoop of thickener. Upon taste test after completion of pureeing sugar snap peas, the pea puree was stringy and had no flavor which was verified with DD #39. Observation of pureeing of Resident #23's breaded fish revealed the fish was a very watery consistency with clumps. One scoop of thickener was added and the consistency was still lumpy which was verified with DC #23 and DD #39. Observation of pureeing of Resident #23's roasted potatoes revealed water was added and then blended. The consistency was checked and revealed lumps in the mixture and upon taste test there was no flavor. It was confirmed at the time of the observations with DC #23 and DD #39 the pureed foods for Resident #23 were not at a smooth consistency for a pureed diet. Review of undated facility policy dated 2023 titled Texture and Consistency Modified Diets revealed texture and consistency modified diets should be individualized with modifications made by the speech language pathologist (SLP) and physician in conjunction with a registered dietician. This deficiency demonstrates non-compliance investigated under Complaint Number 1398690, and 1398689.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the Administrator job description, review of vendor invoices, and interviews, the facility failed to have systems in place to ensure it was administered in a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Additionally, based on observation, interviews, review of dietary schedules and the facility assessment, the facility administration failed to ensure the facility employed sufficient dietary staff in accordance with the facility assessment. This affected 35 of 35 residents residing in the facility. The facility census was 35. Findings include: 1. Review of an invoice from the Fire Marshal revealed an amount of \$50 was due on 09/03/23 related to an inspection completed on 07/20/23.</p> <p>Review of an invoice from the Fire Marshal revealed an amount of \$75 was due on 09/30/23 related to an inspection completed on 08/16/23.</p> <p>Review of an invoice from the Fire Marshal revealed an amount of \$125 was due on 01/27/24 related to an inspection completed on 12/13/23.</p> <p>Review of an invoice from the Fire Marshal revealed an amount of \$50 was due on 02/20/25 related to an inspection completed on 01/21/25.</p> <p>Review of a shut off notice from the utility office dated 04/22/25 revealed an amount of \$2,869.66 was due by 05/06/25 or the water would be shut off.</p> <p>Review of a shut off notice from the utility office dated 04/22/25 revealed an amount of \$4,984.74 was due by 05/06/25 or the electric would be shut off.</p> <p>Review of an email dated 04/27/25 from the Business Office Manager (BOM) #59 revealed the shut off notices from the utility office were sent to Corporate Business (CB) #1215.</p> <p>Review of a shut off notice from the utility office dated 06/24/25 revealed an amount of \$3,080.49 was due by 07/08/25 or the water would be shut off.</p> <p>Review of a shut off notice from the utility office dated 06/24/25 revealed an amount of \$4,356.47 was due by 07/08/25 or the electric would be shut off.</p> <p>Review of an email dated 06/29/25 at 2:30 P.M. from Business Office Manager (BOM) #59 revealed the shut off notices from the utility office were sent to Corporate [NAME] (CB) #1215.</p> <p>Review of an email dated 07/06/25 at 10:35 A.M. revealed BOM #59 received a invoice/statement from the local hardware store to CB #1215 and the Administrator totaling in the amount of \$1,683.42.</p> <p>Review of a collection note dated 07/11/25 from the Attorney General's office revealed full payment in the amount of \$55.39 must be paid within 10 days related to a previous fire inspection. This was the final notice.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of a collection noted dated 07/11/25 from the Attorney General's office revealed full payment in the amount of \$138.46 must be paid within 10 days related to a previous fire inspection. This was the final notice.</p> <p>Review of an email dated 07/21/25 at 8:48 P.M. from BOM #59 to CB #1215 revealed two invoices were attached and three collection notices were from the Attorney General's office for Fire Marshal visits from 2023.</p> <p>Review of a check dated 08/22/25 revealed Medical Director (MD) #200 revealed the payment was for 03/2025. MD #200 was still waiting to be paid for 04/2025.</p> <p>Review of an email dated 09/03/25 at 3:56 P.M. from BOM #59 to CB #1215 revealed the hardware store bill was attached because it had not been paid. BOM #59 stated when she goes into the store on her personal time, the staff ask her when the bill for the facility will be paid and if it isn't paid soon, further action will be taken.</p> <p>Review of an email dated 09/04/25 at 3:30 P.M. from CB #1215 to BOM #59 revealed a check for half the balance due (to the hardware store) was cut and he was aware there would still be an overdue balance but half is better than nothing.</p> <p>Review of a billing statement from local hardware store revealed the last payment was received on 09/10/25 for \$2,200.28 but there was a balance remaining of \$2,080.39.</p> <p>Interview on 09/15/25 at 8:40 A.M. with AS #170 stated corporate is terrible. Administration does not care. Corporate doesn't care about the residents. If issues are brought up nothing is done about it. The Assistant Director of Nursing and Director of Nursing come in all the time, they are helpful. Administration and corporate do not care.</p> <p>Interview on 09/17/25 at 9:35 A.M. with Anonymous Staff (AS) #192 revealed she did not think bills were always paid because some supplies were delayed to the facility.</p> <p>Interview on 09/17/25 at 5:12 P.M. with anonymous staff member #150 revealed the administrator is here two days a week, maybe. They are not sure when she gets there or leaves because the door is always shut. She sits in her office with the door shut and doesn't come out. This is not an effective administrator.</p> <p>Interview on 09/18/25 at 7:27 A.M. with Anonymous Staff (AS) #157 confirmed the facility is having financial difficulties, and it's obvious. Things are rundown. AS #157 stated they are concerned they are not going to get paid.</p> <p>Interview on 09/18/25 at 1:39 P.M. with Administrative Professional (AP) #1005 with the Fire Marshall's office revealed the facility owed \$300. AP #1005 stated they would never deny someone their annual inspection related to bills, but they do have bills outstanding since 2023 for the survey fees and for citations issued.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 09/18/25 at 6:14 P.M. with AS #109 revealed the facility Administrator does not care at all about the building, staff, or residents. She will ignore what you have to say, if you have concerns she's condescending and rude. When she is here, which is rare, she is not concerned about residents safety, and concerns are brushed under the rug like they never happened.</p> <p>Interview on 09/18/25 at 7:07 P.M. with AS #147 revealed the facility Administrator is not here very much. She's scheduled to be here two days a week and when she arrives to the facility she shuts herself in her office. You may see the administrator if she happens to have her door cracked a little. She does not come out of her office to make rounds, check on the facility, residents, or staff. When you or another staff member report a concern its as if you never reported it, nothing gets done.</p> <p>Interview on 09/22/25 at 2:15 P.M. with previous Medical Director (MD) #200 revealed he was last paid in February (2025) but was no longer medical director after March 2025 and has not been paid for March (2025) at the time of the survey.</p> <p>Interview on 09/22/25 at 4:11 P.M. with Corporate [NAME] (CB) #1215 revealed they have multiple accounts through the local utilities department, two are on autopay and the other two exceed the allowed amount for autopay. CB #1215 revealed they do not always receive a notification the bills are due so they at times receive shut off notices. CB #1215 confirmed the bills are due the same time every month and there was no reason to wait to receive shut-off notices before bills are paid. CB #1215 stated he was unaware of multiple bills from the fire marshal's office being overdue because the invoices were not received at the corporate level. CB #1215 stated a local hardware store had been paid off, but after discussing the invoice amount of over \$2000 dollars due admitted a payment was made but not the entire bill. A pharmacy bill was discussed and CB #1215 stated he was unfamiliar with the vendor. CB #1215 stated a check cannot be issued to pay bills if there is a chance the check will bounce so it's best to ensure there is plenty of money. When asked if a check has bounced, CB #1215 declined knowledge of such. CB #1215 stated sometimes situations come up and money is tight but they are able to make things work by reaching out to lenders and investors. When asked if bills were able to be paid at this time, CB #1215 stated he was not able to answer the question because he was not the treasurer.</p> <p>Interview on 09/23/25 at 10:30 A.M. with the Administrator revealed any bills or invoices sent to the facility are given to the business office manager and she is to scan them all to accounts payable.</p> <p>Interview on 09/23/25 at 2:34 P.M. with the Regional Director of Operations (RDO) #1011 revealed the building is small and not very profitable so paying bills is hard but they haven't had anything actually get shut off.</p> <p>Interview on 09/23/25 at 3:19 P.M. with Business Office Manager (BOM) #59 revealed she receives the bills at the facility, then scans them directly to accounts payable. BOM #59 stated the department of accounts payable has it's own email address and that is where they are sent, then the corporate staff handle payments from there. BOM #59 confirmed she has received shut off notices from utilities, past-due bills from Attorney General's office related to fire marshal surveys, and local overdue bills which are sent to accounts payable and she will include CB #1215 on the emails but he doesn't often pay them.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the Administrator's Job Description (undated) revealed it is the responsibility of the administrator to prepare an annual operating budget for approval by the regional director of operations and allocate the resources to carry out programs and activities of the facility; assist in the establishment and maintenance of an adequate accounting system that reflects the operating cost of the facility; review and interpret monthly financial statements and provide such information to the regional director of operations; ensure that adequate financial records and cost reports are submitted to authorized government agencies as required by current regulations; keep abreast of the economic condition and situation and make adjustments as necessary to assure the continued ability to provide quality care; and report suspected or known incidents of fraud relative to false [NAME], filing or false cost reports, receipt and payment of kickbacks to appropriate agencies.</p> <p>2. Observation of the kitchen on 09/11/25 at 7:23 A.M. revealed two dietary staff members were present which included Dietary Aide (DA) #36 and Dietary [NAME] (DC) #25 who were preparing breakfast. No other dietary staff were present in the facility at that time.</p> <p>Review of the kitchen schedule for dietary staff for July 2025 revealed two full time dietary cooks, two full time dietary aides, and one dietary director acting as a dietary aide and cook due to short staffing.</p> <p>Review of the kitchen schedule for dietary staff for August 2025 revealed two dietary cooks, two dietary aides, and one dietary director acting as a dietary aide and cook due to short staffing.</p> <p>Review of the kitchen schedule for dietary staff for September of 2025 revealed one dietary cook, two dietary aides, and one dietary director acting as a dietary aide and cook due to short staffing.</p> <p>Review of the Facility Assessment, dated 06/17/25, revealed the staffing plan was based on the resident population and their needs for care and support in order to have sufficient staff to meet the needs of the residents at any given time. For the dietary staff to meet the needs of the residents would include three full-time dietary cooks, two full time dietary aides, and one part time dietary aide.</p> <p>Record Review of Dietary Director #39's personnel file revealed an evaluation completed on 08/11/25 and signed by the facility administrator stating decrease over time (OT).</p> <p>A confidential interview with Staff Member (SM) #191 on 09/11/25 at 12:30 P.M. revealed the kitchen was short staffed so it was difficult to get the meals prepared for the residents according to the resident needs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An interview with Dietary Director (DD) #39 on 09/11/25 at 1:46 P.M. revealed the previous manager was gone for approximately two months before a new dietary manager took over the position. Diet Tech (DT) #205 was told to give DD #39 training and guidance, yet DT #205 came to the facility only every two weeks. DT #205 attempted to secure training at a different site for DD #39 but it never went through. DD #39 stated they were told to watch overtime for the dietary employees even though they were short staffed in the kitchen. DD #39 stated currently there were only four full-time kitchen staff members that included DD #39. DD #39 verified they had to fill the role of a full-time aide or cook everyday and still get managerial duties completed while attempting to not accumulate over-time hours as instructed by the Administrator. DD #39 stated the kitchen was open and running for about 98 hours a week depending on how much food preparation, cook time, and clean up there was and the kitchen was open 365 days a year with only four staff members. DD #39 stated the kitchen made all meals and snacks for the residents in the facility but was also responsible for making all meals and snacks for the assisted living facility. DD #39 stated the kitchen staff attempted to get snacks out early for the residents, but they were to get to the floor at a certain time without having too much overtime in the kitchen so that has caused the Certified Nurses Aides (CNA's) to have to leave the resident units to go to the kitchen to get the snacks which took time away from resident care. DD #39 stated there were things not getting done in the kitchen due to the short staffing and monitoring of overtime. DD #39 verified the dietary schedules reflected current staffing of only two dietary cooks, two dietary aides and DD #39 covering as both a cook and dietary aide .</p> <p>An interview on 09/16/25 at 4:09 P.M. with DT #205 verified they only came to the facility every two weeks, they did not work in the kitchen and there was a plan to train dietary staff but it had not been done yet.</p> <p>An interview on 09/17/25 at 3:55 P.M. with the Director of Nursing and the Administrator confirmed the dietary department was not currently staffed according to the staffing plan in the facility assessment.</p> <p>This deficiency demonstrates non-compliance investigated under Complaint Number 2618783 and 1398688.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the Facility Assessment, interviews, record reviews, and observations the facility failed to conduct an accurate and thorough facility assessment to determine appropriate resources were available to provide necessary care and services the residents required during both day-to-day operations and emergencies, including nights and weekends. This had the potential to affect all residents. The facility census was 35. Findings include: Review of [NAME] Care Center Resident Analyzer and Resident Minimum Data Set (MDS) information revealed there were 15 residents (Residents #3, #5, #7, #9, #10, #20, #22, #24 #23, #25, #26, #30, #31, #33, and #34) who were dependent on staff for toileting . Review of [NAME] Care Center Resident Analyzer and Resident Minimum Data Set (MDS) information revealed there were 14 residents (Residents #3 , #4, #5, #6, #9, #10, #22, #24, #25, #26, #30, #31, #33, and #34) who were dependent on staff for dressing . Review of [NAME] Care Center Resident Analyzer and Resident Minimum Data Set (MDS) information revealed there were 14 residents (Residents #3, #5, #9, #10, #20, #22, #24, #25, #26, #29, #30, #31, #33, and #34) who were dependent on staff for showering/ bathing.Review of [NAME] Care Center Resident Analyzer and Resident Minimum Data Set (MDS) information revealed there were nine (9) residents who were dependent on staff for transferring (Residents #5, #25, #3, #23, #9, #31, #34, #24, and #30).Review of the most recent facility wide assessment, page nine, for assistance with activities of daily living revealed the facility is able to care for five residents dependent on staff for dressing, five residents dependent on staff for bathing, five residents dependent on staff for transferring, and five residents dependent on staff for toileting.Review of facility wide assessment revealed the facility requires four full time registered nurses (RNs), four full time licensed practical nurses (LPNs), and fourteen full time certified nurse aides (CNAs), and one part time CNA to care for for five residents dependent on staff for dressing, five residents dependent on staff for bathing, five residents dependent on staff for transferring, and five residents dependent on staff for toileting.Interview with the Director of Nursing (DON) confirmed full time direct resident care staff include five LPN's, one Registered Nurse, twelve CNA's, and part time direct care staff include one LPN and One CNA.Review of the facility assessment revealed for dietary staff to meet the needs of the residents include three full dietary cooks, two full time dietary aides, and one part time dietary aide.Interview on 09/11/25 at 1:46 P.M. with Dietary Director revealed they currently had two full-time cooks and two full time aides. Interview on 09/17/25 at 3:55 P.M. with the DON and Facility Administrator confirmed based on the current facility assessment the facility does not have an adequate amount of staff to care for the current resident population, and current resident needs, with timeliness, and quality. Interview on 09/17/25 at 3:55 P. M with the DON and Facility Administrator revealed they did not accurately complete the facility wide assessment. This deficiency is an incidental finding discovered during the complaint investigation.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure resident records and documentation were accurate. This affected one (#5) of two residents reviewed with an indwelling urinary device. The census was 35. Findings include: Record review revealed Resident #05 was admitted to the facility on [DATE] with diagnoses including type two diabetes mellitus, hypertension, vitamin D deficiency, vitamin B deficiency, hyperlipidemia, gastro-esophageal reflux disease, neuromuscular bladder dysfunction, and benign prostatic hyperplasia. Record review of Resident #05's quarterly Minimum Data Set (MDS) assessment completed 08/01/25 revealed a brief interview for mental status score (BIMS) of 08, and the resident had no exhibited or displayed behaviors. Resident #05 had an indwelling catheter, a suprapubic catheter. The resident had bilateral upper and lower extremity range of motion (ROM) impairment, used a wheelchair, and was dependent on staff or required maximal assistance for activity of daily living (ADL) care and mobility. Record review of Resident #05's care plan initiated 09/14/25 revealed the resident had a suprapubic catheter related to neurogenic bladder. Goals included the resident will show no signs or symptoms of complications related to catheter use. Interventions included monitor and document for pain and discomfort due to catheter, monitor/ record/ report to medical provider for signs and symptoms of UTI including pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, or change in eating patterns. Review of orders for Resident #05 revealed an order placed on 03/25/25 by Medical Director (MD) #200 to perform suprapubic catheter care every shift and as needed. Record review of Resident #05's June treatment administration record (TAR) revealed on 06/25/25 the order to change the resident's suprapubic catheter every month with 16 French 10 cc balloon catheter, every month on the 25th, was documented as completed by Licensed Practical Nurse (LPN) #84. Record review of Resident #05's July TAR revealed the order to change the resident's suprapubic catheter every month (on the 25th of each month) with 16 French 10 cc balloon catheter, was documented as completed by LPN #11. Record review of Resident #05's August TAR revealed the order to change the resident's suprapubic catheter every month (on the 25th of each month) with 16 French 10 cc balloon catheter was documented as completed by LPN #69. The surveyor, with permission from power of attorney (POA) #400, reviewed the POA #400's Facebook messenger messages dated 09/21/25 at 7:32 P.M. with LPN #84. POA #400 asked LPN #84 if they had changed Resident #05's suprapubic catheter any time since he has had it; LPN #84 stated No I haven't as a matter of fact I think the only time it was changed was when he went back for a check up. There was never an order for it. (POA) #400's Facebook messenger messages dated 09/21/25 at 7:30 P.M. with LPN #11 revealed POA #400 asked LPN #11 if they had changed Resident #05's suprapubic catheter any time since he has had it; LPN #11 responded on 09/22/25 at 8:14 A.M. and stated, I have not. There was no evidence that Resident #05's physician was notified the suprapubic catheter was not being changed as ordered. Interview on 09/23/25 at 7:59 A.M. with LPN #69 revealed Resident #05 has always had pain it was nothing out of the ordinary. Resident #05 always has pain in his legs. LPN #69 stated Resident #05's catheter and penis would leak at times due to position. LPN #69 stated they did not personally change his catheter because they were told not to unless there was an obstruction or something. Changing it would increase the risk of infection, they only changed the catheter bag. Interview on 09/23/25 at 4:50 P.M. with LPN #11 revealed they worked a shift one day at the [NAME] Care Center in July of the current year. LPN #11 confirmed they worked at the facility on 07/25/25 for day shift. They stated they worked on the assisted living side and B hall. LPN #11 confirmed they did not change a suprapubic catheter during their shift, and stated that would be something they remembered doing. He stated he knows they are short staffed and recalls the facility being very short on aides that day. Interview on 09/25/25 at 8:45 A.M. with the Director of Nursing (DON) confirmed they had spoken with LPN #84 and LPN #69 who stated they signed the catheter change as completed because they thought it was just for the catheter bag itself (not the actual catheter). The DON confirmed the catheter exchange was documented as being completed, but was never physically done. Interview with LPN #84 on 09/25/25 at 7:50 A.M. revealed they have never personally switched Resident #05's suprapubic catheter out. LPN #84 stated they had no training on how to do it and wouldn't know how. To their knowledge it was never an order. This deficiency demonstrates non-compliance investigated under Master Complaint Number 2624018, Complaint Number 1398691 and 1398689</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2025
NAME OF PROVIDER OR SUPPLIER Stellar Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47045 Moore Ridge Road Woodsfield, OH 43793	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure infection control practices were in place when a resident's catheter bag was observed on the ground. This affected one (#9) of two residents reviewed for catheter care. The facility census was 35. Findings include:Record review revealed Resident #9 was admitted to the facility on [DATE] with diagnoses including quadriplegia, pure hypercholesterolemia, and neuromuscular dysfunction of bladder. Review of an order dated 02/28/25 revealed Resident #9 had an indwelling catheter with 18 french and 30 cc balloon in place to be changed every 30 days and as needed. Review of a care plan dated 08/08/25 revealed Resident #9 had severely impaired cognition and was frequently incontinent of bladder.Observation on 09/16/25 at 9:38 A.M. revealed Resident #9 was resting with his bed in a low position and his catheter bag was laying on the floor.Observation on 09/16/25 at 10:15 A.M. revealed Resident #9 was resting in bed and his catheter bag remained on the floor.Observation on 09/18/25 at 1:09 P.M. revealed Resident #9 was resting in bed and his catheter bag was on the floor. Interview on 09/18/25 at 1:10 P.M. with Licensed Practical Nurse (LPN) #8 confirmed Resident #9's catheter bag was on the floor.</p>		