

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  515001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/19/2025
NAME OF PROVIDER OR SUPPLIER  Pine Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE  405 Stanaford Road Beckley, WV 25801	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>Based on record review and staff interview, the facility failed to ensure the resident's right to formulate an advanced directive. This failed practice had the potential to affect more than a limited number of residents. Resident identifiers: #111 and #65. Facility Census: 3.</p> <p>Findings included:</p> <p>a) Resident #111</p> <p>On 06/16/25 at 02:38 PM, Advanced Directives were not found on the electronic chart for Resident #111. The resident was coded as a Full Code. On 06/17/25 at 9:42 AM, the Interim Administrator confirmed there was no Advanced Directive completed on the medical chart. The Interim Administrator reported without an advanced directive; the resident is automatically made a full code.</p> <p>b) Resident #65</p> <p>On 06/16/25 at 4:14 PM, Advanced Directives were not found on the electronic chart for Resident #65. The resident was coded as a Full Code. On 06/17/25 at 09:42 AM, the Interim Administrator confirmed there was no Advanced Directive completed on medical chart. The Interim Administrator reported without an advanced directive; the resident is automatically made a full code.</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  515001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/19/2025
NAME OF PROVIDER OR SUPPLIER  Pine Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE  405 Stanaford Road Beckley, WV 25801	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, resident interview and staff interview the facility failed to provide a safe, clean, comfortable home like environment by not taking reasonable care to protect residents personal property from loss, and by not ensuring comfortable temperatures in the dining area. This failed practice was found true for (1) one of (3) three residents reviewed for personal property and was a random opportunity for discovery during the Long-Term Care Survey Process. Resident identifier #108. Facility census 113.</p> <p>Findings Include:</p> <p>a) Resident #108</p> <p>During the initial interview on 06/16/25 at 12:19 PM, Resident #108 stated, I came here in march and some of my stuff is still missing. They say the washing machine is broken and that it will be down for 6 months. They say they are looking for my stuff, but how long do I have to wait?</p> <p>A review of the Grievance Log on 06/17/25 at 8:30 AM, revealed a grievance filed by Resident #108 dated 06/05/25 and reads that Resident #108 was missing the following items:</p> <p>Size large red polo golf shirt,</p> <p>Short sleeve large charcoal shirt,</p> <p>Gray t-shirt short sleeve size large,</p> <p>3 pairs of shorts size large black, navy blue, and brown.</p> <p>All Boxer briefs, Reebok brand, and white [NAME] crew socks.</p> <p>The grievance read that the issue would be resolved by 06/10/25.</p> <p>During an interview, on 06/17/25 at 9:30 AM, Social Service Specialist (SSS) #72 stated, We looked for his things. No we have not replaced them yet, because the washer has been down and we were so backed up in laundry we were waiting for it to get caught up to see if it was in there.</p> <p>The SSS further confirmed that the grievance was to be resolved by 06/10/25 and had not.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  515001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/19/2025
NAME OF PROVIDER OR SUPPLIER  Pine Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE  405 Stanaford Road Beckley, WV 25801	
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 - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on resident interview, staff interview and record review the facility failed to provide treatment in accordance with professional standards of practice by not passing medications at their scheduled administration times. This failed practice was a random opportunity for discovery during the Long-Term Care Survey Process. Resident identifier #70. Facility Census 113.</p> <p>Findings include:</p> <p>a) Resident #70</p> <p>During the initial interview on 06/16/25 at 11:17 AM, Resident #70 stated, Sometimes I have to wait a long time on my medicine. Our medications are never on time.</p> <p>A record review on 06/18/25 AT 11:30 AM, of Resident #70's Medication Administration Audit Report (MAAR) revealed the following:</p> <p>-04/06/25</p> <p>Lyrice Capsule 50 Milligrams (MG) was to be given at 6:00 AM and was not administered until 8:16 AM</p> <p>-04/07/25</p> <p>Lasix oral tablet 20 MG was to be given at 12:00PM and was not administered until 2:27 PM.</p> <p>-04/24/25</p> <p>Cholecalciferol Oral Capsule 1.25 MG was to be given at 8:00 AM and was not administered until 2:20 PM</p> <p>-04/30/25</p> <p>Potassium Chloride 10 MEQ, Sennosides-Docusate Sodium Tablet 8.6 to 50 MG, Wixela Inhub Inhalation Aerosol Powder Breath, Calcium Carbonate Oral Tablet, Allopurinol Oral Tablet 100 MG, Tylenol extra strength oral tablet 500 MG, and Apixaban oral tablet 5 MG was all to be given at 8:00 AM and was not administered until 12:34 PM.</p> <p>-06/18/25</p> <p>Ipratropium-Albuterol Inhalation Solution 3 MG/3ML was to be given at 12:00AM and was not administered until 1:30 AM.</p> <p>During an interview on 06/18/25 at 3:13 PM, Unit Manager Registered Nurse (UMRN) #15 stated, I can answer for April 30, The nurse had a family emergency and had to leave, so we had to have another nurse come in to give the meds that is why they were late that day. There is a note, where the doctor was notified. The other days I do not know, and do not have an answer for.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  515001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/19/2025
NAME OF PROVIDER OR SUPPLIER  Pine Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE  405 Stanaford Road Beckley, WV 25801	

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 - Few</p>	<p>UMRN #15 further confirmed that the medications were late and not administered within the (1) one hour window.</p> <p>A review on of the policy titled {Medication Administration Policy}, under Medication Administration, 14. Reads as follows:</p> <p>Medications are administered within 60 minutes of scheduled time, except before or after meal orders, which are administered based on mealtimes. Unless otherwise specified by the prescriber, routine medications are administered according to the established medication administration schedule for the nursing care center. Medications should not be given at meal times or in the dining room unless specifically ordered with meals.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  515001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/19/2025
NAME OF PROVIDER OR SUPPLIER  Pine Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE  405 Stanaford Road Beckley, WV 25801	
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 - Minimal harm or potential for actual harm</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>Based on observation, record review and staff interview the facility failed to ensure catheter had proper drainage during a transfer. This was a random opportunity for discovery during the Long-Term Care survey and had the potential to affect a minimal number of residents. Resident Identifier: #104 Facility Census: 113</p> <p>Findings Include:</p> <p>During an observation on 06/19/25 at 10:55 AM the surveyor observed therapy staff transferring Resident #104 from their wheelchair to stretcher. While transferring the catheter bag was hooked to the transfer belt staff was using to transfer Resident #104. The transfer belt was placed above the waste and not allowing proper drainage that can allow for the possibility for a UTI.</p> <p>Interview with the Director of Nursing (DON) on 06/19/25 at 11:30 AM confirmed the catheter back should have been below the waste to maintain proper flow stating, I have already educated staff when i heard this had happened.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  515001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/19/2025
NAME OF PROVIDER OR SUPPLIER  Pine Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE  405 Stanaford Road Beckley, WV 25801	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, staff interview and record review, the facility failed to ensure refrigerator temperatures in a resident's room were maintained and logged in accordance with professional standards for food service safety. This was a random opportunity for discovery and had the potential to affect a limited number of residents. Resident identifier: 36. Facility Census: 113.</p> <p>Findings included:</p> <p>a) On 06/17/25 at 09:04 AM, the Refrigerator/Freezer Temperature Log for Resident # 36's personal refrigerator for June 2025 was reviewed and the following temperature and dates were recorded on the log:</p> <p>Temperatures recorded:</p> <p>06/05/25 - 45 degrees</p> <p>06/06/25 - 45 degrees</p> <p>06/09/25 - 48 degrees</p> <p>06/10/25 - 46 degrees</p> <p>No temperatures were recorded for 06/03/25, 06/04/25, 06/07/25, and 06/08/25.</p> <p>On 06/17/25 at 9:00 AM, Nursing Assistant #1 confirmed the missing dates, and the temperatures recorded on the Refrigerator/Freezer Temperature Log.</p> <p>b) The facility's policy and procedure for 'Refrigerators: Patient In-Room' stated, 4.1 A Refrigerator/Freezer Temperature Log will be maintained for every patient refrigerator.</p> <p>4.2 Nursing will observe and record temperatures of the refrigerator on a daily basis using the Refrigerator/Freezer Temperature Log.</p> <p>4.3 If temperature falls outside of the acceptable range, notify the Maintenance Department. According to the facility's In-Room Refrigerator/Freezer Temperature Log, the acceptable range for the refrigerator is 32-40 degrees F.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  515001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/19/2025
NAME OF PROVIDER OR SUPPLIER  Pine Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE  405 Stanaford Road Beckley, WV 25801	
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>Based on record review and staff interview, the facility failed to ensure a correct and complete medical record was maintained for residents. This was true for two (2) of thirty (30) residents reviewed. This failed practice had the potential to affect a limited number of residents. Resident identifiers: # 65 and # 111. Facility census: 113.</p> <p>Findings included:</p> <p>a) On 06/17/25, Advance Directives were not located for Resident # 65 and Resident #111 on the electronic medical chart. On 06/17/25 9:42 AM, the Interim Administrator confirmed there were no advanced directives for Resident #65 and #111 on the medical record</p> <p>The facility's policy and procedure purpose for Code Status Orders is To ensure that the patient's desired resuscitation wishes are documented in the medical record.</p>		