STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview the facility failed to ensure Resident # 3 was free from neglect. Nurse Aide #137 was assigned to be on one to one supervision with Resident #3 due to multiple falls. NA #137 neglected the resident by leaving the residents room braking the one to one supervision to go to the nurses station to plug up his phone. While he was out of the room Resident #3 got out of bed and fell and sustained a fracture to her facial bones. The neglect perpetrated by Resident #137 resulted in actual harm for Resident #3 when she sustained a [NAME] Fort 1 fracture (A horizontal fracture separating the teeth and hard palate from the upper maxilla. The upper teeth are mobile, but the nose and eyes remain stable). This was true for one (1) of nine (9) residents reviewed for abuse during the long term care survey. This will be cited as past non compliance because the facility identified the failures, identified the harm, and put a plan in place to correct the failures prior to 05/17/26 the first day of this Long Term Care Survey. Resident Identifier: #3. Facility Census: 117. Findings Included: a) Resident #3 A review of a reportable incident dated 11/17/25 indicated an incident occurred on 11/16/25 at 8:25/8:30 PM. The description of the event read as follows, Neglect resulting in fall with a serious bodily injury. Resident noted to have fall on 11/16/25. Upon assessment no injuries observed at this time. Resident was sent to acute setting at 11:20 am on 11/17/25. During the ER (Emergency Room) visit resident was noted to have orbital fracture. The alleged perpetrator was named as NA #137. A review of the five day follow up dated 11/21/26 found a summary which contained the following findings: .Through interviews and documentation, Mrs. (Last Name of Resident #3) had a previous falls and was placed on 1:1 (1 to 1) supervision after returning from the ER on [DATE]. On 11/16/25 CNA (NA #137) assigned to resident 1:1 supervision had left the room and the resident had a fall. On 11/17/25 resident was noted to have a change in condition and the provider was notified and gave order to send resident to the ER. A CT (Computed Tomography) scan was performed. The CT of head was negative for any acute abnormality. CT of the left orbit impression was left inferior wall fracture without CT evidence of entrapment. Fracture about the left lateral maxillary sinus wall. Associated hemorrhage within the left maxillary sinus. Left periorbital facial swelling/contusion. Resident was placed on 1:1 supervision after 11/15/25 fall. Tylenol was ordered and given Mrs. (Last Name of Resident #3) had another change of condition on 11/18/25 and was sent to (Name of Local Hospital) she was sent (Hospital in another state) due to LE fort 1 fracture. The resident had been assigned 1:1 supervision, an unapproved interruption in the delivery of these services occurred. During this period, the assigned Certified Nursing Assistant (CNA) was not in attendance with the resident resulting in a lapse in required supervision. The CNA was removed from duty and placed on suspension pending the outcome of a formal investigation. A new CNA was promptly assigned by the Director of Nursing to resume 1:1 supervision and immediate re education was initiate for staff regarding facility expectations and procedures related to 1:1 supervision. After investigating this occurrence the IDT (Inter Disciplanrr Team) team substantiated neglect resulting in Serious Bodily Injury. CNA suspended and terminated from employment at the facility. Education to be completed with all Nursing Staff on 1:1 supervision Responsibilities. A statement from Nurse Aide (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	#137 was found in the investigation it read as follows: (Name of RN) gave me my assignment of 1:1 with (First and Last Name of Resident #3) At approximately 2030 (8:30 PM) she was getting up to go to the bathroom and I had just left room with her and she started going down to the floor. I contacted Nurse. I had gone to the nurses station to put my phone on charge. She was asleep when I left the room. I didn't think she get up because she was asleep. I was attempting to get some additional information on her is another reason I had left the room. An interview with the Director of Nursing (DON), Nursing Home Administrator (NHA) and the Assistant Director of Nursing on the afternoon of 05/19/26 confirmed this incident did occur. They agreed the nurse aide left the room and the resident fell and sustained fractures to the face. They indicated the completed a plan of correction including education and audits. Facility's Plan of Correction The following was the facility's plan of correction: Event: CNA that was assigned to 1:1 with a resident (related to fall interventions) walked away and the resident obtained a fracture. The CNA was immediately suspended and another staff member was assigned to the resident. Education will provided to employees starting on 11/17/25 to ensure 1:1 is followed per policy. A post test to validate understanding. Any employees not available during this time frame will be provided re- education, including post test upon the beginning of the next shift to work. The Director of Nursing (DON)/ designee will monitor 1:1 events to ensure that 1:1 is being implemented per policy daily for two weeks including weekend and holidays, then 3 times a week for 2 weeks then randomly for 1 week. Results of monitors will be reported by the DON/designee monthly to the Quality Improvement Committee (QIC) for any additional follow up and or inservices until the issue is resolved, then randomly thereafter as determined by the QIC committee. The surveyor reviewed facility staff education which was all completed by 11/21/25. The daily audit for 1:1 supervision was reviewed they occured daily from 11/17/25 to 11/21/25 and then stopped. The DON was asked about this on the morning of 05/20/26, she stated that is when the 1:1 was discontinued for Resident #3 and no other residents have been placed on 1:1 supervision since. After reviewing the plan of correction and its implementation it was determined the facility was back in compliance beginning on 11/22/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observation, record review staff interview and resident interview, the facility failed to provide a safe, comfortable home-like environment by failing to ensure clean bed and bath linens in good condition available for the residents. This failed practice had the potential to affect more than a limited number of residents. Resident Identifiers: #31, #78 and #38. Facility Census: 117.Findings included: a) The facility's policy and procedure for Laundry handing and Processing policy stated. Laundry in a healthcare facility may included bed sheets, blankets, towels, personal clothing, patient apparel, gowns, and other linens. Par levels should be maintained to meet the residents' needs. On 05/17/26, the par level for linens were requested by this surveyor. The facility staff were unable to state the par level for this facility. The policy and procedure for Safe and Homelike Environment stated the center must provide: 1.3 Clean bed and bath linens that are in good condition.b) On 05/17/26 at 2:55 PM, the North Hall closet was investigated. Nurse Aide #57 confirmed there were no towels or washcloths available. The South Hall linen closet was investigated at 3:00 PM. The closet contained two (2) towels, ten (10) washcloths and no flat sheets. Nurse Aide #37 confirmed the amount of linen available and reported they have trouble getting linen daily. Nurse aide #37 sated there were daily issues and a problem with linen looking dirty and not clean. At 3:08 PM, the Administrator reported she had called another facility to get more linen.c) On 05/19/2026 at 3:34 AM, the following areas were investigated: South Hall Linen Cart 1 - No washcloths, No blankets, No flat sheets. South Hall Linen Cart 2 - One (1) blanket, No towels. North Hall Linen Cart 1 - One (1) blanket. No towels. North Hall Linen Cart 2 - One (1) towel. No blankets. No flat sheets. On 05/19/26 at 5:02 AM, the linen carts were reviewed and confirmed with the Director of Nursing. d) Resident #31 On 05/17/2026 at 11:50 AM, Resident #31 was observed lying across her bed with no linens. The resident had been served lunch in her bed. Nurse Aide #37 confirmed there were no linens and reported that she had gotten the resident up earlier, but didn't have clean sheets. Registered Nurse #3 confirmed there were no sheets on the bed and the resident had been served lunch. e) Resident #38 On 05/17/26 at 1:00PM, Resident #38 reported the facility runs out of linen and laundry. She stated beds require bedding and that the facility does not keep clean linen. f) Resident #78 On 05/19/26 at 10:00 AM, a Resident Council Meeting was held. Resident #78 reported being bathed by towels when washcloths weren't available and being dried by pillow cases when towels were not available.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Respond appropriately to all alleged violations. Based on record review and staff interview, the facility failed to correctly interpret the results of an investigation related to neglect for Resident #54, #83, #93, and #105. This was true for four (4) of eight (8) residents under the care area of neglect. Resident Identifiers: #54, #83, #93, and #105. Facility Census: 117. a) Facility-Reported Incident On 05/20/2026 at 1:38 PM, a facility-reported incident (FRI) dated 12/11/25 was reviewed. The FRI noted the following, On 12/11/25, Resident #54 alleged to staff that she was not changed all night the night of 12/10/25 into the morning of 12/11/25. The alleged perpetrator Nurse Aide (NA) #139 was suspended pending investigation. Through witness statements and documentation, the assigned CNA (certified nursing assistant) stated that she had changed and checked on Resident #54 multiple times throughout the night. She stated that there were a couple of times that the call light was on and Resident #54 was asleep. She stated that she did still check to see if Resident #54 had been needing to be changed and she was dry. Per her statement, the assigned CNA stated that she last checked Resident #54 at approximately 4 AM and that she was dry and asleep. When day shift CNAs changed Resident #54 later that morning, it was noted that Resident #54 was soaked, however, the urine was not dry. (Typed as written.) All residents with a BIMS (Brief Interview for Mental Status) of 8 (eight) or higher on the staff member's assignment (rooms 127-138) were interviewed regarding the allegations. Through witness statements, three (3) additional residents voiced they had experienced a delay in call light response time that night. Skin checks were performed on these residents. The skin checks showed no new skin impairments. These residents were also asked follow-up questions regarding the incident. These residents voiced that they are comfortable using the call light and notifying the nurse if they are unhappy with their care. These residents also denied experiencing any psychosocial distress following the incident and denied feeling that they were abused and/or neglected by this incident. (Typed as written.) After investigating this occurrence, the IDT (interdisciplanary team) unsubstantiated the allegations due to Resident #54 denying any psychosocial distress following the incident and no skin impairments were noted on the skin check .Three (3) residents on the same assignment voiced that they had experienced a delay in call light response time, however they denied abuse/neglect .Call light audits conducted with no trends noted. Education to be completed with the staff member on customer service and call light response time. (Typed as written.) At this time, the surveyor reviewed the residents' statements. The statement taken from Resident #54 was as follows: I wasn't changed last night after (Name of staff member) changed me at 5 PM until this morning. I don't know who my CNA was, I never saw anyone. I was soaked and my bed was soaked this morning. Signed by Resident #54. (Typed as written.) The following statement was taken from Resident #93. The resident responded to the question of did you have a concern with care over night shift 12/10/25-12/11/25? The resident stated, I didn't see anybody until this morning. The resident responded to the next question, did you receive incontinence/ADL (activities of daily living) over the night shift 12/10/25-12/11/25? The resident stated, Not at all. A statement was taken from Resident #105 with the same questions given to Resident #93. The resident responded, Yes, help was slow and I had to be wet longer. She was by herself. Lastly, the following statement was taken from Resident #83. The same questions were answered. The resident stated, Needed to be changed .didn't get me up at 6AM .didn't change me. An interview was held with Social Services Specialist (SSS) #107 on 5/20/25 at approximately 12:15 PM. The SSS #107 was asked about the incident which took place from 12/10/25 to 12/11/25. SSS #107 was asked, Why was neglect unsubstantiated? SSS #107 stated, The residents denied feeling neglected and they did not have any psychosocial issues. SSS #107 did agree three (3) other residents did express an issue with a delay in call light response time as well as the residents stating, They were not changed in a timely fashion and some hadn't seen anyone all night. SSS #107 stated, I didn't substantiate it because they denied neglect but also denying any psychosocial issues. After reviewing the definition of neglect, and understanding the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident does not need to feel neglected or have any psychosocial issues, SSS #107 confirmed the allegation of neglect should have been verified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based upon record review and staff interview, the facility failed to maintain accurate medical records for three (3) residents in the area of Minimum Data Set (MDS), and care plan. Resident identifiers: #2, and #12. Facility census: 117. Findings included: a) Resident #12 A review of Resident #12's medical record on 05/20/25 found she was admitted to hospice services on 06/05/25. A significant change Minimum Data Set (MDS) was completed with an Assessment Reference Date (ARD) of 06/20/25. A review of this MDS found that under Section J1400 Prognosis the following question was answered No: Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? Further review of the MDS with an ARD of 06/20/25 found Section O (Special Treatments, Procedures, and Programs), section K1 (Hospice care) was not marked, indicating the resident was not receiving this service even though she was receiving it. An interview with MDS Coordinator #5 and the Director of Nursing (DON) on the afternoon of 05/20/26 confirmed the MDS with ARD of 06/20/25 was inaccurate and needed correction. b) Resident #2 A review of Resident #2's medical record found the resident had an unstageable pressure ulcer present upon her readmission to the facility on [DATE]. A review of the MDS with an Assessment Reference Date (ARD) of 03/17/26 found that under Section M (Skin Conditions), the resident was coded as having one (1) unstageable pressure ulcer under F1. The question F2 read as follows: Number of these unstageable pressure ulcers that were present on admission or reentry? This question was answered with a zero (0). An interview with MDS Coordinator #5 and the Director of Nursing (DON) on the afternoon of 05/20/26 confirmed the MDS with ARD of 03/17/26 was inaccurate and needed correction because the pressure ulcer was present on admission.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to ensure resident care plans were revised for four (4) residents. The issues included a resident declining assistance with meals, a resident receiving dialysis, a resident preferring to sleep in the dining room and a resident whose discharge status had changed. This failed practice had the potential to affect more than a limited number of residents. Resident Identifiers: #5, #22, #63, and #102. Facility Census: 117. Findings included: a) Resident #5 On 09/20/26, Resident #5's care plan was reviewed. The resident was admitted to the facility on [DATE]. The resident's care plan stated, Resident/patient has potential for discharge, or is expected to be discharged , related to: admission for skilled short-term stay. Possible LTC. Date Initiated: 09/03/24. On 05/21/26 at 8:59 AM, the Director of Nursing confirmed the resident was long term care and the care plan had not been revised. b) Resident #22 On 05/19/25 at 12:45 PM, Resident #22's care plan was reviewed with the Administrator and the Director of Nursing. the Director of Nursing (DON) confirmed the resident's current plan of care and stated, She was supposed to go home. The resident is currently long term care at the facility. The resident's care plan stated, Resident/patient has potential for discharge, or is expected to be discharged related to: admission for skilled short-term stay. Possible long term-care due to being unable to care for self in the community. The resident's admission date was 06/14/24. The resident reported she sleeps in the dining room at night frequently sitting at a table. The resident was observed on 05/19/26 at 2:49 AM asleep in the main dining room by herself with her head on the table and throughout the night including at breakfast. The DON reported at 3:34 AM, She likes to be alone. A Progress noted dated 05/19/26 at 01:45 stated, Resident sleeping in dining room this shift, resident was offered multiple times to have assistance into bed, resident refused, attempted to redirect resident to sleep in her bed tonight, redirection unsuccessful. Resident checked and monitored numerous times, every attempt to return resident to bed to rest unsuccessful. Resident #22's care plan stated, I like to utilize internet on cell phone, lay down/rest, watch TV/movies, by myself inmy bedroom, Date Initiated: 06/21/2024. The resident's care plan had not been revised for frequently sleeping in the dining room. c) Resident #63 On 05/17/26 at 11:40 AM, Resident #63's tray card was reviewed during the lunch meal. The resident's tray card stated, Staff cut food into small bites. Nurse Aide #42 confirmed the resident declined to have his hamburger cut into small bites. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 05/19/26 at 7:30 AM, the resident was observed eating breakfast consisting of pancakes and sausage links. Resident #63 stated, No, I cut my own food. when asked about cutting up his food. Licensed Practical Nurse (LPN) #39 reported the resident frequently refuses to have his food cut into pieces. LPN #39 reported she would look for additional refusal documentation. No further information was provided. On 05/19/26 at 7:45 AM, Resident #63's care plan was reviewed and confirmed with the Assistant Director of Nursing. The resident's care plan stated, Provide Regular/Liberalized diet Regular Texture texture, Standard, Thin liquids consistency, NO straws, cut up large pieces, cut sandwiches in half, double portions as ordered.: the resident's care plan was not updated for declination of cutting food into small pieces. The resident's care plan also stated, NMES applied to laryngeal area during speech therapy targeting CN 10 to improve innervation and excursion needed for improved function. Date Initiated: 01/15/2025. The resident no longer received skilled speech therapy services. d) Resident #102 During an interview with Resident #102 he stated he use to have a fistula in his right upper arm but they had to remove it because it became infected. He stated that his current dialysis port was near his shoulder and motioned toward his right shoulder. When asked if he ever had one in his neck he stated, Yes but itt quit working so they moved it. He stated, They put the new one in when he was in the hospital in April. Furtherer review of the medical record found the resident was readmitted to the facility on [DATE]. A review of the hospital records found they placed a new dialysis access in his right clavicle and removed the one from the Juglar. A review of the residents care plan found the following: Focus statement: Resident exhibits or is at risk for impaired renal function and Immunodeficiency and is at risk for complications related to hemodialysis. This goal was initiated on 01/17/26 Goal: Hemodialysis access will remain patent. Date Initiated: 01/17/26 Resident will not experience any complications related to chronic insufficiency days. Date Initiated: 01/17/26 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interventions included: Monitor dialysis access for +bruit/+thrill q shift and prn Date Initiated: 01/17/2026 PermCath to the right jugular 2 lumens, do not change end caps Date Initiated: 04/30/26 An interview with the Director of nursing on 05/19/26 at 12:05 pm confirmed the resident care plan was not updated to reflect the removal of the fistula and the location of his dialysis access.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on record review, staff interview, resident interview and observation, the facility failed to ensure menus were followed as posted and stated on the resident's tray cards. This failed practice had the potential to affect more than a limited number of residents. Resident Identifiers: #31, #67, #68, #17 and #27. Facility Census: 117.Findings included: a) The facility's posted menu for 05/17/26 was as follows: Roasted turkey w/Gravy, Carrots, Oven Browned Potatoes, Dinner Roll or Egg & Sausage Casserole, [NAME] toast-Butter-Jelly, and Vanilla Ice Cream. Tray cards observed varied with vanilla ice cream, mixed fruit and peanut butter pie printed for dessert. The Week at a Glance menu given to the state surveyor for a Regular Liberalized diet stated the resident was to receive vanilla ice cream. The Week at a Glance menu for Therapeutic Lifestyle change stated the resident was to receive fruit sherbet. The facility's policy and procedure for Menu Standards stated, 5. Daily menus will be posted & the Week-At-A-Glance Menu may be used when state regulations require portion size and/or posting of the entire week. b) Resident #31 On 05/17/2026 at 11:50 AM, the resident received chocolate ice cream. The resident's tray card stated peanut butter pie. Registered Nurse #3 confirmed the resident's tray card and that the resident received chocolate ice cream, not vanilla. c) Resident #67 On 05/17/26 at 11:40 AM, the received chocolate ice cream but reported liking strawberry ice cream. Nurse Aide #42 confirmed the resident's tray card stated peanut butter pie, but the resident received chocolate ice cream. d) Resident #68 On 05/17/26 at 11:30 AM, the resident received chocolate ice cream. Nurse Aide #30 confirmed the resident did not receive vanilla ice cream as posted on the menu. The resident's tray card stated mixed fruit cup, but the resident received peaches and chocolate ice cream. e) Resident #17 On 05/17/26 at 11:35 AM, the resident received chocolate ice cream, but her tray card stated vanilla ice cream. Nurse Aide #42 confirmed that the resident's tray card stated vanilla ice cream, but the resident received chocolate. f) Resident #27 On 05/17/26 at 11:42 AM, the resident received chocolate ice cream for dessert, but her tray card stated peanut butter pie. Nurse aide #23 confirmed the resident received chocolate ice cream.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, record review and staff interview, the facility failed to ensure food was stored, prepared, distributed, and served in a manner that prevented foodborne illness to the residents. This failed practice had the potential to affect more than a limited number of residents. Facility Census: 117. Findings included: a) On 05/17/2026 at 10:15 AM, the Kitchen Investigation was initiated. The following items were observed by the state surveyor and confirmed by [NAME] #112 at 10:22 AM: -House Recipe Quick Oats - not sealed.-Muffin Mix - opened with use by date 04/26.-Cream Soup Base - opened with use by date 05/15/26.-Iced over freezer chest (Good Humor) containing ice cream with two (2)- three (3) inches of ice inside the entire chest. b) On 05/17/2026 at 10:25 AM, the following items were found and confirmed by [NAME] #112: -Eight (8) boxes piled in the floor by the door with trash in the top box (containing gloves and wrappers).-Pieces of paper and dirty floor in the dry storage room. c) On 05/17/26 at 10:36 AM, the following items were observed by the state surveyor and confirmed by [NAME] #112: -Water inside four (4) clean adaptive cups on a cart ready for lunch.-Two (2) dirty carts with spills and crumbs with clean adaptive equipment on one of the carts were observed.-Sandwich bread - opened and not labeled. [NAME] #112 stated the carts were Ready for lunch. d) On 05/17/26 at 10:31 AM, the following item was observed by the state surveyor and confirmed by [NAME] #123: -Salad Mix - use by date 05/14/26 - opened and brownish in color. e) On 05/17/26 at 10:35 AM, the following items were observed by the state surveyor and confirmed by [NAME] #123: -Box of hamburgers buns - opened and on the freezer floor.-Pepperoni slices -opened and not labeled. [NAME] #123 stated, I can't pick it up. referring to the box of hamburger buns. f) On 05/17/26 at 10:40 AM, the following items were observed by the state surveyor and confirmed by [NAME] #112: -North and South igloo coolers (blue and white) were dirty with a sticky substance that rubbed off. [NAME] #112 reported the coolers were used for snacks. g) On 05/19/26 at 6:55 AM, [NAME] #112, confirmed the handles in a untensil storage container were not all facing the same direction. h) The facility's policy and procedure for Refrigerated/Frozen Storage stated, Refrigerator 1.4 All foods are labeled and dated with the name of the product, date opened, and use by date. The policy for the Freezer stated, 2.5 Foods are kept in their original containers. If removed from the original container, foods are completely covered and labeled with the name of product and use by date. and 2.6 Freezers are kept clean and organized. Cleaning is routinely scheduled and completed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. Based on observation and staff interview, the facility failed to ensure garbage and refuse were disposed of properly in the kitchen. This failed practice had the potential to affect more than a limited number of residents. Facility Census: 117. Findings included: a) On 05/17/2026 at 10:15 AM, the Kitchen Investigation was initiated. Eight (8) boxes were plied on the floor by the kitchen door. The top box contained included gloves and wrappers. Torn pieces of paper were on the floor in the dry storage room. The garbage and refuse were confirmed by [NAME] #112 at 10:25 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and staff interview, the facility failed to ensure an accurate and complete record for Resident #62's Physician Order for Scope of Treatment (POST) form, a transfer form for Resident #13, accurate weights for Resident #15. This was true for three (3) of 33 residents reviewed during the survey process. Resident Identifiers: #62, #13, #15. Facility Census: 117.Findings Include: a) Resident #62 On 05/17/26 at 11:45 AM, the POST form was reviewed for Resident #62. The review found the signature of the resident representative was not dated. On 05/18/2026 at 12:02 PM , the Assistant Director of Nursing (ADON) #51 confirmed the resident representative's signature was not dated. b) Resident #13 On 05/19/26 at 6:00 AM, a record review was completed for Resident #13. The review found the resident had been sent to an acute care facility on 02/25/26. However, the date on the transfer form was 06/17/25, which was incorrect. On 05/19/26 at 6:16 AM, the Director of Nursing (DON) confirmed the date was incorrect on the transfer form. c) Resident #15 The facility's policy and procedure for Weights and Heights stated, 2. If the body weight of a patient is not expected, re-weigh the patient. An Inaccurate medical record for weights with an 40.8 pound (lbs.) weight gain in one (1) week was documented. On 05/04/2026, the resident weighed 114.2 lbs. On 05/11/2026, the resident weighed 155 lbs. which is a 35.73% Gain. On 05/18/26 at 12:00 PM, the Director of Nursing (DON) confirmed the resident's weights and the 40.8 pound weight gain. The DON reported the Assistant Director of Nursing (ADON) had more information on the weights. On 05/19/26 at 5:15 AM, the Assistant Director of Nursing confirmed the weight documented and stated, I didn't catch it until you guys asked for it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, resident interview, and staff interview, the facility failed to maintain an infection control program during medication administration for Resident #53 and #62, cleanliness for the East and [NAME] shower rooms, and the facility laundry room. These were random opportunities for discovery. Resident Identifiers: #53, #62. Facility Census: 117.Findings Include: a) Medication Administration On 05/19/26 at 8:00 AM, medication administration was being observed for Resident #53 completed by Licensed Practical Nurse (LPN) #13. When LPN #13 started to obtain the medication for Resident #53, hand hygiene was not completed prior to pulling the medication. Prior to completing an accucheck for the blood sugar level, no hand hygiene was completed. After the accucheck was completed hand hygiene was not completed. Upon returning to the medication cart, LPN #13 cleansed the glucometer with a sani-wipe. No hand hygiene was completed after cleansing the glucometer. On 05/19/26 at 8:15 AM, LPN #13 began pulling medication for Resident #62. After administering Resident #62's medication, the resident asked LPN #13 to brush her hair. LPN #13 did brush the resident's hair as requested. On 05/19/26 at 8:22 AM, LPN #13 left the resident's room. No hand hygiene was completed. The breakfast trays arrived on the hall. At this time, LPN #13 began passing breakfast trays and hand hygiene was not completed. On 05/19/26 at 8:35 AM, LPN #13 was advised about the observations when hand hygiene should have been completed. LPN #13 stated, okay. On 05/19/26 at approximately 8:45 AM, the Director of Nursing (DON) was notified and confirmed hand hygiene should be completed during medication administration as well as when passing meal trays. b) Shower rooms On 05/17/26 at 2:57 PM, the East shower room was toured. The tour found the trash overflowing into the floor, bagged dirty linen spilling into the floor from a trash can, and dirty, brown floors. On 05/17/26 at 2:58 PM, Nurse Aide (NA) #106 confirmed the trash was overflowing and the dirty linen was spilling into the floor from a trash can. NA #106 verified the floor were dirty. On 05/17/26 at 3:05 PM, the [NAME] shower room was toured. The tour found the trash overflowing into the floor, bagged dirty linen spilling into the floor from a trash can and dirty, brown floors. On 05/17/26 at 3:07 PM, NA #41 confirmed the trash was overflowing, the bagged linen was spilling into the floor and the floors were dirty. On 05/17/26 at 3:08 PM, the Administrator was notified and stated, we will get this cleaned up right away. c) Laundry room On 05/17/26 at 3:08 PM, a tour of the laundry room was completed. The Administrator entered the laundry room approximately one (1) minute after the Surveyors entered. The clean side of the laundry room was found to have dirty floors, a torn brief in the floor as well as a dirty linen cart. On 05/17/26 at 3:10 PM, the dirty side of the laundry room was found to have a dried, brown substance on the floor as well as dirty floors. On 05/17/26 at 3:20 PM, the Administrator stated, I'll get this taken care of right away.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on record review, resident interview and staff interview, the facility failed to provide dependent residents with necessary activities of daily living (ADL) for Resident #62's nail care. This was true for one (1) of three (3) residents reviewed under the care area of ADLs. Resident Identifiers: #62. Facility Census: 117.Findings Include: a) Resident #62 On 05/17/2026 at 12:30 PM, an initial interview was held with Resident #62. The resident stated, Look at my nails, they need cut. At this time, the resident's nails were observed to be long and in need of filing. On 05/18/26 at 9:15 AM, the resident was observed in her room. At this time, the nails remained long. On 05/19/26 at 4:45 PM, the Director of Nursing (DON) stated, I think they trimmed them yesterday but let me check. Activities usually does the nail care .they are going to start doing manicures once or twice a month. The DON did confirm the nail care should have been provided by the Activities department. The DON did not confirm at this time if the nails had been trimmed. On 05/20/2026 at 10:00 AM, an observation of Resident #62's finger nails appeared to be trimmed and filed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, resident interview and staff interview, the facility failed to ensure an accident-free environment, of which it has control, for storage of medication for Resident #10. This was a random opportunity for discovery. Resident Identifier: #10. Facility Census: 117.Findings Include: a) Resident #10On 05/17/26 at 12:10 PM, an initial interview was held with Resident #10. An observation of two (2) inhalers and a medication cup containing one (1) TUM at the bedside. At this time, the resident was asked, Do you keep medication at the bedside? The resident responded, I haven't taken them yet .I was getting dressed and putting lotion on. On 05/17/26 at 12:13 PM, Licensed Practical Nurse (LPN) #75 was asked to come into the resident's room. LPN #75 was asked, Is this resident supposed to have medication at bedside? LPN #75 stated, My bad. On 05/17/26 at approximately 12:30 PM, the Director of Nursing (DON) was notified of the medication at the bedside. The DON stated, Medication is not supposed to be at bedside.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, record review and staff interview, the facility failed to ensure oxygen therapy was maintained for Resident #124 and #15. These were random opportunities for discovery. Resident Identifers: #124 and #15. Facility Census: 117,Findings Include: a) Resident #124 On 05/17/2026 at 12:10 PM, an initial interview was conducted with Resident #124. An observation of the oxygen concentrator found the humidy bottle was empty. An interview was held with Licensed Practical Nurse (LPN) #75 regarding the oxygen therapy and the humidity bottle on 05/17/26 at 12:13 PM. LPN #75 stated, let me go get a new bottle .it should be on there. On 05/17/26 at approximately 2:00 PM, the Administrator was notified. The Administrator confirmed the humidy bottle should not be empty if used with oxygen therapy. b) Resident # 15 During the initial surveyor process, Resident #15 reported she was on four (4) liters of oxygen and she had difficulty breathing at times. The resident's oxygen concentrator was set on 3.5 liters upon observation. Licensed Practical Nurse (LPN) #22 reported she thought the resident as ordered 3.5 liters. LPN #22 confirmed the order for oxygen and stated, It is four (4). and It was a hair under. Resident #15's order stated, Oxygen at 4 L/min via Nasal Cannula continuously. every day and night shift for COPD. The resident's care plan stated, Administer Oxygen as ordered/indicated. The facility's policy and procedure for Oxygen Therapy Administration stated, 17.1 Open oxygen source and set flow rate on the flow meter to achieve the prescribed flow rate or fraction of inspired oxygen (FiO2).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview the facility failed to ensure a medication used in dialysis patients to help decrease the phosphate levels in a residents blood which was ordered to be given outside of the recommened dose or freqency was given only after consultation with the dialysis provider. This was true for one (1) of one (1) residents reviewed for the care area of dialysis during the long term care survey. Resident Identifier: #102. Facility Census: 117. Findings included: a) Resident #102 A review of Resident #102's medical record found he was discharged to the hospital on [DATE] and returned on 04/28/26. A review of the physician orders found a physician order for Sevelamer Carbonate Oral Tablet 800 MG (Sevelamer Carbonate) (Generic for Renvela): Give 1 tablet by mouth with meals for Hyperphosphatasemia, starting 01/17/26. This was the current order when the resident was sent to the hospital on [DATE]. Upon his readmission to the facility the following order was entered into the medical record: Renvela Oral Tablet 800 MG (Sevelamer Carbonate) Give 3 tablets by mouth one time a day for CKD (Chronic Kidney Disease). Start Date: 04/30/26. According to the Renevla Patient information Site the following pertains to this medication: Renvela(R)IndicationRenvela(R) (sevelamer carbonate) is used to control phosphorus levels in adults and children 6 years of age and older with chronic kidney disease (CKD) on dialysis.Important Safety InformationDo not use Renvela if you have a history of bowel obstruction or if you are allergic to sevelamer carbonate, sevelamer hydrochloride, or to any of the ingredients in Renvela.Talk to your doctor if you have had difficulty swallowing or swallowing disorders; or if you have had digestive tract surgery or other digestive disorders, including severe constipation.The most common side effects with sevelamer include vomiting, nausea, diarrhea, indigestion, abdominal pain, flatulence, and constipation.Cases of hypersensitivity, itching, rash, stomach pain, bleeding gastrointestinal ulcers, colitis, ulceration, necrosis, fecal impaction and less commonly, slow bowel activity, bowel obstruction, and bowel perforation have been reported.Cases of difficulty swallowing the Renvela tablet have been reported. Talk to your doctor if you have difficulty swallowing medicines in tablet form. Renvela powder for oral suspension may be considered by your doctor if you have a history of difficulty swallowing.Your doctor should monitor bicarbonate and chloride blood levels.Reduced vitamins D, E, and K (clotting factors) and folic acid blood levels may be followed by your doctor.Talk to your doctor when taking sevelamer with other medications.Promptly contact your doctor if you experience severe abdominal pain, new or worsening constipation, or other severe intestinal symptoms while on sevelamer.Take sevelamer with meals and adhere to your prescribed dietThis order is outside of the recommended dose or frequency.Renvela Oral Tablet 800 MG (Sevelamer Carbonate) Give 3 tablet by mouth one time a day for CKD- The frequency of daily is below the usual frequency of 3 to 4 times per day.Provider aware.This note was entered into the medical record on 04/29/26 at 2:05 PM. An interview with the Director of Nursing (DON) on the afternoon of 05/19/26 confirmed the medication was only ordered for one time daily upon his readmission to the hospital because the hospital had sent that order back on the discharge summary. When asked if it had been clarified with his physician at dialysis she indicated it had not. She stated, We will get it clarified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. Based on record review, observation and resident interview, the facility failed to ensure a diet was provided that took into the consideration the resident's preferences. This failed practice had the potential to affect a limited number of residents. Resident Identifier: #22. Facility Census: 117. Finings included: a) Resident #22 - On 05/19/26 at 7:25 AM, Resident #22 was observed in the dining room and was not eating her breakfast. The resident stated she received cornflakes and did not like them and would not eat them, The resident reported she disliked hard boiled eggs. The resident's Tray Card stated, 2 bowls of fruit loops (with 'out' handwritten), NO EGGS or pork. and Assorted fruit juices - 8oz. The resident was served cornflakes, two (2) boiled eggs and no juice. Following surveyor intervention, the resident received two bowls of fruit loops since the delivery truck had just run. Registered Nurse #5 confirmed the resident's tray card and the food the resident was served. b) The facility's policy and procedure for Dining Service Standards stated, 8.1 Meal Selection: meal selection is done by pre-selected menus, point-of-service choice, or resident preference driven selection.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515001	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Lodge	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)
F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. Based on observation, record review and staff interview, the facility failed to ensure residents received therapeutic diets as ordered by the physician. This failed practice had the potential to affect a limited number of residents. Resident Identifiers: #31 and #68. Facility Census: 117.Findings included: a) Resident #31 On 05/17/2026 at 11:45 AM, during the initial investigation process, Resident #31's lunch tray and tray card were observed. The resident's tray card stated, Large portions for meals. The resident did not receive large portions. Registered Nurse #3 confirmed the resident received a regular size serving of food on her tray. The resident's care plan stated, Resident is of nutrition concern related to potential for inadequate po intake, GERD. The resident's diet order stated, Regular/Liberalized diet, Regular Texture texture, Standard Thin Liquids consistencyLarge portions. b) Resident #68 On 05/17/26 at 11:30 AM, Resident #68 was observed in the dining room at the lunch meal. the residents tray card stated, Large Protein. The resident was served a regular size portion of protein. Nurse Aide #30 confirmed the resident did not receive a large portion of protein. The resident's care plan stated, Provide Consistent Carbohydrate (CCD) diet, Regular Texture texture, Standard Thin Liquids consistency small carb portions/large protein portions, fruit instead of dessert diet as ordered. The residents diet order stated, Consistent Carbohydrate (CCD) diet Regular Texture texture, Standard thin Liquids consistency, small carb portions/large protein portions, fruit instead of dessert.