

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  515007	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2026
NAME OF PROVIDER OR SUPPLIER  Huntington Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1720 17th Street Huntington, WV 25701	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on resident interview, record review and staff interview, this facility failed to ensure reasonable accommodation of needs, a residents touch call light was to be accessible to the resident at all times. This was found during the Long Term Care Survey Process. This was true for (1) one of (1) one resident observations. Resident identifier#: 14. Facility census: 181. Findings include:a) Resident #14 Record review of care plan states in part, (Resident to have touch call light due to diagnosis multiple sclerosis. B) Diagnosis review: Functional quadriplegia, quadriplegia, unspecified, contracture right elbow, contracture left hand, multiple sclerosis. On 04/06/26 at 4:05 PM observation revealed Resident #14's call light lying on the floor, missing the clip to attach it to the bed linens. Registered nurse (#45) verified this and stated, It needs to stay on her chest, she cannot move enough to reach out. -04/08/2026 9:00 AM Resident (#14) Observation: Call light out of reach on the floor. Resident reports I don't know where my light is; I need a nurse. This surveyor went to the desk and reported to Licensed Practical nurse (#95) that the resident could not locate her call light and needed a nurse. Licensed practical nurse (#95) reported she would let her nurse know. On 04/08/26 at 9:30 AM the surveyor entered the room to follow up for the resident. The surveyor observed that the call light remained on the floor. Resident reports, He came in and cleaned my eyes and put eye drops in, I still don't have my call light and I can't move. Registered Nurse (#137) was brought in. This surveyor questioned her where the call light should be, as the resident is unable to actively move her arms to reach or move the call light. Registered nurse (#137) reports, It should be lying on her chest close to her chin so she can use it as needed. This surveyor informed Registered nurse (#137) that the call light was on the floor ,Registered nurse (#137) verified it was on the floor and placed it back on the resident's chest. And reported I will make sure her nurse knows, On 04/08/26 at 10:30 AM during an interview with the Director of Nursing (#29) regarding Resident #14's inaccessible call light, it was discussed that there was not a clip to attach to linens and that this was an ongoing observation since Monday. DON #29 reported, Oh, I did not know that, I thought it was today. We then went to the room and observed her call light was accessible with a clip to ensure it was attached to the bed linen. Reports, I had them put this on once I knew the issue.</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<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, staff interview and resident interview, the facility failed to ensure a homelike environment by keeping rooms clean and maintaining a comfortable and safe room temperature. This included Resident's #202 and #23. Findings included:</p> <p>a) Resident #23</p> <p>During an interview with Resident #23 on 04/06/26 at 2:29 PM the resident reported feeling cold at night when the temperature drops and the heat is off.</p> <p>b) Resident #202</p> <p>During an interview with Resident #202 at 2:35 PM he was observed wearing a coat with his wife, who was also wearing a coat. Resident reported the room had been cold since the temperature dropped last night. They reported this to staff and were told there was no way to adjust the heat individually in rooms, and nothing had been done.</p> <p>On 04/06/26 at 3:00 PM, Maintenance Director measured the room temperature in Resident #23's room to be 62.8 degrees Fahrenheit and the hallway outside the room at 61.5 degrees Fahrenheit. He stated he could turn the heat back on but it would take 5 hours for the boiler system to heat up. He said he planned to turn it back on tonight anyway because the temperature was supposed to be cold again.</p> <p>Review of facility policy titled Homelike Environment. Specific Procedures /Guidance sections 2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: h. comfortable and safe temperatures (71 degrees Fahrenheit - 81 degrees Fahrenheit.)</p> <p>Review of the policy for cleaning and disinfecting environmental surfaces reads as follows:</p> <p>Environmental surfaces will be cleaned and disinfected according to current Center for Disease Control (CDC) recommendations for disinfection of healthcare facilities and the Occupational Safety and Health Administration (OSHA) bloodborne pathogens standard.</p> <p>Definitions read in part: Cleaning refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs but, by removing the germs it decreases their number and therefore any risk of spreading infection.</p> <p>Specific procedures and guidance read in part:</p> <p>9. Housekeeping surfaces (floors, tabletops etc.) will be cleaned on a regular basis (daily, (3)three times a week etc.) and when surfaces are visibly soiled.</p> <p>12. Disinfecting (or detergent) solutions will be prepared as needed and replaced frequently with fresh solution. Floor mopping solution will be replaced every three resident rooms or changed no less often than at (60) minute intervals.)</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/06/26 at 2:32 PM in room [ROOM NUMBER], an observation was made of a sticky substance on the floor near the bed. Wheel chair cushion with sticky substance, cushion is cracked and has odor. Nurse assistant #196 verified. Reporting I will let the nurse know about the chair cushion</p> <p>On 04/06/26 at 2:35 PM an observation in room [ROOM NUMBER] revealed a sticky substance on the floor near the beds. Debris along edges of walls, under beds, trash on floor. Nurse aide registered (#196) verified. Reports We have not seen a housekeeper today here, we try to pick up as we have time to do</p> <p>On 04/06/26 at 3:23 PM an observation in room [ROOM NUMBER] revealed that the floor had trash debris and sticky substances, and a dark grey sticky substance had built up along the wall. Air conditioner filter had an excessive amount of dust debris. Nurse aide #196 reported, I only see house keeping every other day in here and have not seen anyone change these filters.</p> <p>On 04/06/26 at 3:27 PM observation in room [ROOM NUMBER] revealed the air conditioner's front cover had cracked plastic and would not stay on the unit. Along wall rust noted with paint peeling. Floor has trash debris and a sticky substance. Overall needing cleaned. Licensed Nurse supervisor #8 confirmed and reported, I will let maintenance know about the air conditioner.</p> <p>On 04/06/26 at 3:49 PM in room [ROOM NUMBER], an observation noted a large amount of dust and debris on the air conditioner filter. Debris along wall at baseboards grey build up. Trash can without liner, trash in can and along floor. In front of closet debris observed. Nurse aide #207 and #200 verified reporting, housekeeping usually comes every other day. Reports also we have been here since February I don't recall maintenance being in at all</p> <p>At 3:50 PM on 04/06/26 in room [ROOM NUMBER], an observation revealed that the floor had debris with a sticky substance. Nurse aide #196 verified this observation.</p> <p>A revisit on 04/07/26 at 10:09 AM revealed that although the rooms were swept, grey, sticky buildup remained along the edges of the floors near the walls. Rooms had an odor of stagnant water. Trash cans in rooms (#317, #319, #325, and #327) had no liners. Trash debris was on the floor in Rooms #309 and #317. The floor had a sticky substance. Regional director of maintenance (RDOM) #230 and Housekeeping Manager (HM) #172 toured with this surveyor and verified the findings. Housekeeping manager (#172) reported, The person assigned to this floor was off; I had someone covering.</p> <p>On 04/07/26 at 10:30 AM the surveyor observed that the microwaves in the pantry were not cleaned and had a large amount of food debris and sticky substance on each one. Housekeeping manager #172 informed this surveyor, I believe dietary is supposed to clean these, we do the floors and the cabinet tops. Spoke with Dietary manager (#212) she informed this surveyor, I don't think we do the microwaves, just the refrigerators. Attempted to pull policy for review however could not find one. Informed this surveyor I will call my regional person and get back with you</p> <p>04/07/26 11:30 AM Dietary manager #212 reported, My regional person (name) said we do not have a clear policy; however, after speaking with the housekeeping manager, they will begin to ensure these are cleaned daily as well.</p> <p>On 04/08/26 at 8:45 AM during observations on unit 300 odor persisted throughout, including stagnant water, human body odor, and urine, (continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>04/13/26 10:00 AM Continued observations of pantries: microwave on unit (1) one with dried liquid debris and some food debris, in refrigerator food debris and dried white sticky liquid on shelving. A case of styrofoam cups on floor certified nursing assistant (#75) verified and picked up the case of cups.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on Electronic Medical Record (EMR) review and staff interview, the facility failed to ensure residents were given the opportunity to attend care plan conferences and failed to revise a care plan after a resident had all teeth extracted. This was true for two (2) of 41 residents reviewed for care plans. Resident identifiers: #54, # 48. Facility census: 181. Findings included:</p> <p>a) Resident #45</p> <p>A review of the care plan for Resident #45, on 04/08/26 at 10:45 AM, found the following:</p> <p>Focus: Oral/dental: (Resident name) requires assistance with their oral and/or dental care. Has natural teeth in poor repair with obvious caries and missing teeth. Date initiated: 02/01/25. Revision on: 02/11/25.</p> <p>Goal: (Resident name) will be free from dental complications thru review period. Date initiated: 02/01/25. Revision on: 10/18/25. Target date: 04/06/26.</p> <p>An interview with the Care Plan/MDS Coordinator #46 on 04/08/26 at 10:45 AM confirmed the care plan had not been updated after the resident had all teeth extracted on 10/08/25.</p> <p>b) Resident #48</p> <p>During an interview with Resident #48 at approximately 1:30 PM the resident stated that he had not been involved in a care plan since his admission.</p> <p>During an interview with the MDS Coordinator #46 at approximately 2:30 PM the Minimum Data Set (MDS) Coordinator stated that Resident #48 did not want to be involved in his care plan. The surveyor asked MDS Coordinator #46 for documentation verifying resident #48 did not want to be involved. No evidence was available or provided before the facility exit.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>Based on observation, resident interview, record review (recipes, production sheets) and staff interviews, this facility failed to ensure menus, recipes and production sheets are being followed. This was found during the Long term Care Survey Process. Facility census: 181. Findings include: A review of the menu for day 11 of the cycle revealed the following for Lunch: For regular consistency diets- Ziti with meat sauce, Italian blend vegetables, vanilla pudding. For Consistent carbohydrate diets (CCD) -Ziti with meat sauce, Italian blend vegetables, diet vanilla pudding. For Renal diets- Hamburger on bun, Italian blend vegetables, vanilla pudding. Review of menu for day 17 of the menu cycle: Lunch- For regular consistency diets- Baked fish, sweet potatoes, collard greens, angel food cake. For CCD diets- Baked fish, sweet potatoes, collard greens, angel food cake. For renal diets: Baked fish, buttered pasta, mixed vegetables, angel food cake. Review of recipe for ziti with meat sauce- ingredients- oil olive, pasta penne, oil salad, garlic chopped natural, onion fresh yellow, carrot diced frozen, tomatoes crushed, tomato diced in juice, salt, oregano leaves, fresh basil, sugar, beef ground, pork ground. Review of recipe for baked fish- Pangasius fish, margarine, black pepper, and paprika. Observations during meal preparation in the kitchen: Observation resumed in the department for meal service at 11:15 AM on 04/08/26. The surveyor observed [NAME] #124 and questioned them regarding the ingredients used to prepare this meal. He reports I ground the hamburger so I did not have to worry about the chopped diets, added some seasoning, poured tomato sauce over the noodles and baked it. Adding cheese at the end. Questioned if he reviewed recipe prior to meal preparation and he denied reporting I didn't see one. Reviewed the recipe for today's meal-ziti with meat sauce-with the manager; the dietary manager verified that the recipe had not been followed. Tray line service began- 12:10 PM. During this time, Server #118 did not use the correct scoop size; it needed 8 oz and 12 oz per the production sheet. The surveyor observed that all 10 trays were incorrect. At 12:25 PM, the manager corrected each one and then took over the tray line. Server #118 assisted in ensuring all other components of the meal were ready for service : chopped vegetables and puree meal. Observation continues in the department for meal service on 04/13/2026 at 11:00 AM. Observed Regional Dietary Manager assisting with meal being prepared for day as the day shift cook left. Menu for day- baked fish observed a breaded fish was being prepared for all diets. Questioned Dietary manager regarding the use of breaded fish for all diets and not the baked fish per recipe. The manager reported They like this pub style fish better, but I should have used the un-breaded for the CCD and renal diets. Dietician in facility, this surveyor questioned her regarding using the pub style breaded fish for all diets, she reported I did not realize they were not using the un-breaded for these diets.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, resident interview, record review, and staff interview the facility failed to ensure meals were served in a palatable manner and a safe and appetizing temperature to ensure resident satisfaction. This was found during the Annual Survey Process.(Resident indicators- #1, #13, #31, #48 #125) (Census181) Findings include: Review of the Food Temperature Policy and Procedure Manual revealed The temperature of all food items will be taken and properly recorded prior to service of each meal. Procedures read in part: All hot food items must be cooked to appropriate internal temperatures, held and served at a temperature of at least 135 degrees Fahrenheit (F). All cold food items must be stored at a temperature of 41 degrees (F) or below.Temperatures should be taken periodically to ensure hot foods stay above 135 degrees (F) and cold foods stay below 41 F during the holding and plating process and until food leaves the service area. Foods sent to the units for distribution (such as meals) will be transported and delivered to the unit to maintain temperatures at or below 41 degrees (F) for cold foods and at or above 135 degrees (F) for hot foods. On 04/06/26 at 2:00 pm the surveyor observed the lunch meal service being served. The meal consisted of the following:Herbed breaded pork chop, stuffing, diced carrots, and Jell-O. Meal served: nonbreaded pork chop to all residents on the unit. During an interview with Resident #149 the resident reported, This pork chop is not even breaded and it is really tough. Resident #31 reported, I don't see any breading on the pork chop, I was hoping for some and I hoped it wouldn't be so tough.Resident #125 reported, They did not even bread these tough chops. I can't chew thisReviewed with the dietary manager, she verified they did not prepare the breaded pork chop. On 04/07/26 at 2:05 PM observation of the served lunch meal revealed it consisted of grilled chicken, mashed potatoes, and cauliflower. Menu for lunch for regular consistency diet: grilled chicken, smashed red potatoes, cauliflower. Resident #31 reported, The chicken is rubbery; I cannot chew it. I asked for something else just waiting.Resident #125 reported, The chicken is too tough to chew, I have plenty of snacks, I'll be okay. Staff interview with [NAME] #116 reported, Once I baked the chicken I put it in the steamer to keep it warm. [NAME] #116 also reported, Sometimes the chicken breast get tough 04/09/2026 12:36 PM Review of the resident council meeting minutes regarding food revealed: 10/31/25- resident complaint- meals sometimes late, meals some issues with cold temps. 12/05/25 (for November)-resident complaint-some issues with cold temps. 1/30/26 -resident complaint-cold temps at times 2/27/26-resident complaint-meal service late at times, cold food temps Observation of the tray line at 11:45 AM on 04/14/26 revealed the following:Pre-service temperatures: Regular fish-172 degrees (F)Chopped fish-168 degrees (F)Puree fish-170 degrees (F)Collard greens-166 degrees (F)Puree greens-162 degrees (F)Sweet potatoes-168 degrees (F) The observation on 04/14/26 revealed that the tray line started at 12:00 PM. A test tray was sent to a cart at 1:50 PM. The test tray was delivered to the unit at 1:55 PM. The test tray was checked at 2:10 PMResults:Chopped fish-122 degrees (F)Greens-130 degrees (F)Sweet potatoes- 128 degrees (F)Pineapple tidbits- 60 degrees (F)04/06/26 3:30 PM Resident #13 reported, The food is usually cold when we get it, I don't like the taste. When I ask for something different I don't get anything. 04/06/26 2:51 PM Resident #1 reported, The food is horrible; it's not hot when it needs to be. I don't get what I want a lot. When I ask for something else sometimes I get it sometimes I don't.</p>		