

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER St. Barbara's Memorial Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 134 St Barbaras Road Monongah, WV 26554	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on medical record review, staff interview, and operation policy, the facility failed to take actions to thoroughly investigate an alleged violation related to physical abuse. Resident identifier #1. Facility census: 52.</p> <p>Findings include:</p> <p>a) Resident #1</p> <p>Record review of the facility's policy titled, Abuse, neglect, and exploration, showed:</p> <ul style="list-style-type: none"> - Report allegations to appropriate state and local authorities involving neglect, exploitation or mistreatment (including injuries of unknown source), suspected criminal activity, and misappropriation of patient property not later than two (2) hours after the allegation is made if it does result in serious bodily injury. - Report allegations to appropriate state and local authorities involving neglect, exploitation or mistreatment (including injuries of unknown source), suspected criminal activity, and misappropriation of patient property not later than (24) hours after the allegation is made if it does not result in serious bodily injury. - Written procedures for investigations include: <ul style="list-style-type: none"> - Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others that might have knowledge of the allegations; - Focusing the investigation on determining if abuse, neglect, exploration, and / or mistreatment has occurred, the extent, and the cause; and - Providing complete and through documentation of the investigation. <p>A record review found an allegation from 10/14/24 where a Feeding Assistant (FA) #200, hit Resident #1 on the shoulder.</p> <p>A reportable was completed with action notes:</p> <p>(continued on next page)</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>FA #200 involved was suspended immediately. The incident was reported to all appropriate outside agencies. A statement was obtained from FA #200 that confirmed she was upset with Resident #1, and she may have struck her in attempt to redirect her hands away from her face.</p> <p>Continued review found a social services summary stating during the process of interviewing FA #200, she became argumentative asking why it was ok for a resident to hit and spit on her but, not ok for her to do anything about it.</p> <p>During the interview, on 05/07/25 at 3:30 PM, the Administrator verified that all staff working at the time were not asked for witness statements or other residents interviewed regarding FA #200.</p>		