| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 515021 | A. Building<br>B. Wing | 01/14/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Madison Park Healthcare | 700 Madison Avenue<br>Huntington, WV 25704 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation and staff interviews the facility to ensure the preparation of food items in accordance with professional standards for food service safety when not obtaining a hair restraint for his beard. This was a random opportunity of discovery. Facility Census: #40. Findings Include: a) [NAME] hair restraint On 01/12/26 at 11:15 AM it was observed Dietary [NAME] #14 standing over a skillet of beef cooking for the lunch meal. He had a beard and did not have a hair restraint in placed. In according to the current standards of practice such as the Food Code of the FDA, food service staff must wear hair restraints (e.g., hairnet, hat, and/or beard restraint) to prevent hair from contacting food. When ask if he was to have a hairnet in place over his beard he responded probably. He was ask to find one and place it in order to protect the residents. Review of the facility policy for Preventing Foodborne Illness - Food Handling revealed . 3. All employees to utilize appropriate hair restraints sufficient to prevent hair from contacting food or food surfaces On 01/12/26 at 11:30 AM it was confirmed with the Dietary Services Director #31 that all cooks should have hairnets on their head as well as their beard if they have such. |

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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|---|---|
| F 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>Based on observation and staff interviews the facility failed to provide the resident with the right to a dignified dining experience. This was a random opportunity of discovery. Resident Identifier: #25 Facility Census: #40 Findings Include: a) Resident #25 On 01/12/26 at 12:28 PM it was observed that Resident #25 did not have a lunch tray. Staff Certified Nurse Aide (CNA) #60 was sitting with Resident #25's roommate assisting her with her lunch meal while Resident #25 watched. When the CNA was asked if Resident #25 was getting a lunch tray, she responded we are waiting for someone to free up to be able to assist her. On 01/12/26 at 1:01 PM the Director of Nursing was informed of the above, at which time she agreed they both were to be assisted with their meal at the same time. |

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|---|---|
| F 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview the facility failed to complete the Physicians Order for Scope of Treatment (POST) accordingly. This was true for two (2) of three (3) POST forms reviewed during the long term survey process. Resident Identifiers: #13 and #47. Facility Census: #40.Findings Include: a) Resident #13 On [DATE] at 10:50 AM record review of the Physicians Order for Scope of Treatment (POST) form dated [DATE] revealed Resident #13 had a POST on file stating the Resident was a No CPR (Do not attempt Resuscitation), Comfort Care Treatments with no artificial means of nutrition desired. There was an incapacity form dated [DATE] by the Physician stating the resident has long term incapacity due to dementia. The Patient/Patient Medical Power of Attorney (MPOA) representative/surrogate signature (required) line on the form stated, Verbal consent (name of MPOA) and dated [DATE]. It was unclear as to which staff member obtained the POST form as there were no witnesses or staff member names on the POST. The POST form was signed by the house Physician and is dated [DATE]. On [DATE] during an interview with the MPOA the MPOA stated she was in the facility every week visiting her dad. On [DATE] at 2:20 PM during an interview with the Director of Nursing (DON) she could not explain why the POST form had no witnesses of the verbal consent, why the MPOA had not been requested to sign the POST in person nor why the Physician had signed and dated the POST [DATE]. On [DATE] at 12:45 PM the Administrator agreed the POST form should have been witnessed by at least one staff member and the MPOA did come in weekly allowing a physical signature to be obtained. There was no explanation for the incorrect physician's date other than an error due to the new year beginning. b) Resident #47 On [DATE] at 3:10 PM record review of the Physicians Order for Scope of Treatment (POST) form dated [DATE] revealed Resident #47 had a POST on file stating the Resident was a CPR (Attempt Resuscitation), Full Treatments with no artificial means of nutrition desired. There was an incapacity form dated [DATE] by the Physician stating the resident had short term incapacity due to confusion. As of [DATE] at the exit of the survey Resident #47 did not have capacity to make medical decisions, however Resident #47 signed the POST on file. According to the 2026 [NAME] Virginia Center for End-of-Life Care .The POST form is completed after discussion with the individual or incapacitated individual's medical power of attorney representative or surrogate decision-maker regarding treatment preferences . Therefore, the POST form in this case should have been explained, discussed and signed by Resident #47's Medical Power of Attorney which is in place. On [DATE] at 3:10 PM there was an interview with the Administrator with discussion concerning the above. |