STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515025	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elkins Rehabilitation & Care Center	2533 Beverly Pike Elkins, WV 26241

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 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on record review and staff interview the facility failed to provide care and services in accordance with current standards of practice by administering Resident #115 a Benzodiazepines that she was not ordered. The State Agency (SA) confirmed that this failed practice caused harm to Resident #115. After Resident was given the Benzodiazepines she fell, resulting in a sprained hip. The incident occurred on 07/06/24 and was corrected on 07/08/24, therefore it is cited at past non-compliance.In a addition the facility failed to ensure it followed its policy and procedure for Resident #45 on weight management. This failed practice was found true for (2) of (27) residents investigated for quality of care during the Long-Term Care Survey Process. Resident identifiers #115 and #45. Facility Census #103.Findings Include: a) Resident #115A review 0N 08/27/25 at 1:40 PM of an Facility Reported Incident dated 07/08/25, revealed a description of an incident that is summarized as follows: On 07/06/25 at approximately 11:00 AM, Nurse administered narcotic without a physician's order to Resident #115. The medication belonged to another resident. Nurse reported that she was attempting to control the resident's behaviors. Resident #115 then fell and was sent to the local emergency room where it was determined that she had a sprained hip. The nurse was terminated on 07/08/24 after admitting to administering the medication. The facility substantiated the incident. A record review on 08/27/25 at 2:15 PM, revealed an incident report dated 07/06/24 that describes an incident as follows:Resident was standing in the doorway between hallway and common room when another resident attempted to come by in her wheelchair. Resident went to move and lost her balance and slid down the doorway onto the floor. Resident fall was witnessed by this nurse and (2) two Nursing Assistants (NA). Resident sent later in the day to emergency room for pain and a bruise to right elbow and hip. Further record review revealed a nurses note dated for 07/06/24 at 6:42 PM that reads as follows:Resident back to facility via stretcher with RCEMT from (local emergency room named). Resident skin warm pink dry and intact and shows no sign or symptoms of discomfort or distress. Residents D/C summary states that she has a right hip sprain and she should follow up with her doctor in 2 days. A review of Resident #115's orders for Ativan shows that at the time of the incident Resident #115 did not have an order for Ativan.During an interview on 08/27/25 at 2:49 PM, with the Director of Nursing (DON), The administrator, and the Licensed Social Worker (LSW), The DON stated, We did not put it all together that this had happened. A CNA came forward and we reviewed the cameras and found out that the resident was given this medication. On the video it shows the nurse getting the Ativan out of another resident's medications and then putting other medications out of the drawer in a strawberry ice cream and making a milkshake in which she had the resident drink. Not long after that (Resident #115 named) fell and had to go out. We immediately fired that nurse. b) Resident #45 A record review on 08/27/25 at 8:43 AM, revealed that Resident #45 weighed 166.6 pounds (lbs.) on 05/09/25 and on 08/17/25 weighed 143 lbs. A review on 08/27/25 at 9:15 AM of the policy titled {Weight Policy/Assessment/Interventions}, under procedure number, reads as follows: The resident's first weight will be obtained by CNA on admission and readmission. The next two weights will be obtained by the shower team. Resident will be weighed for a total of three days following admission/readmission. Then weekly for four weeks. Monthly after that by the shower team. If there is a weight difference of 5 lbs., shower team will weight the following day to (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
	515025	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elkins Rehabilitation & Care Center	2533 Beverly Pike Elkins, WV 26241

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 0684 Level of Harm - Actual harm Residents Affected - Few	verify if there has been a change in the weight.Further record review of Resident #45's weights, revealed that on 07/11/25 Resident #45 weighed 154.4 lbs. and on 07/24/25 weighed 150.5 lbs. Which is a (5) five pound weight loss. Resident #45 was not re-weighed until 07/27/25. During an interview on 08/27/25 at 9:42 AM, The Administrator confirmed that Resident #45 had not been re-weighed the next day for a (5) five pound weight loss like it says to do in the policy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515025	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elkins Rehabilitation & Care Center	2533 Beverly Pike Elkins, WV 26241

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on staff and resident interviews, and observation The Facility failed to ensure residents knew they had the right to file grievances anonymously. This deficient practice had the potential to affect more than a limited number of residents. Facility Census 103: Findings included: a) During observation and resident interview on 08/25/25 at approximately 2:40 PM Resident #88 stated she did not know how to file a grievance anonymously, that she would just talk to the social worker if she had any complaints. In an interview with Resident #41 On 08/25/25 at 2:55 PM, the resident stated she did not know how to file a grievance/complaint anonymously but stated she would just talk to staff.Review of Section C of the most recent Minimum Data Set (MDS), revealed Residents #88 and #41 had capacity and were cognitively intact. A review of the facilities Grievance policy and Procedure revealed the residents have the right to file grievances without discrimination or reprisal. The policy stated the facility would notify residents individually and through postings on the right to file grievances verbally, in writing, or anonymously. During Residential council meeting on 08/26/2025 at 1:30PM, Resident #26, #36, and #44, were in attendance with capacity. They stated they did not know how to file a grievance form anonymously and stated they were never told how or where to file it. Based on record review of Section C of the most recent MDS record verified Residents #26, #36 and #44 had capacity and were cognitively intact. On 08/26/25 at 2:18 PM, during an interview with the Social Worker, she verified the facility had a locked box labeled complaints located on a shelf in the conference room hallway and acknowledged that residents in wheelchairs would not be able to reach it without staff assistance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515025	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elkins Rehabilitation & Care Center	2533 Beverly Pike Elkins, WV 26241

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 and staff interview the facility failed to ensure the resident environment over which it had control was as free from accident hazards as possible. This failed practice was a random opportunity for discovery.Resident identifiers: #51, #63 and #100. Facility Census: 101. a) Residents #51 and #63** On August 25, 2025, at 12:20 PM, the bathroom of Residents #51 and #63 was observed to have a very wet and slippery tile floor with standing water puddles around the toilet base. In an interview with Employee #55, she acknowledged the water puddles and slippery floor and stated she would report it to maintenance. In an interview with Maintenance #175 on 08/25/25, at 12:45 PM, he stated he had discovered the shower faucet was not completely turned off, which caused the standing water and slippery floor tiles in Residents #51 and #63's bathroom. b) Resident #101 On 08/25/25, at 3:46 PM, upon entering Resident #101's room, it was observed that she had a large pair of pink nail clippers in her hand with nail clippings in her lap. On 08/25/25, at 3:50 PM, in an interview with Employee #200, she acknowledged Resident #101 had nail clippers in her hands and stated she did not know where she got them or if it was permissible for her to have them. In an interview with LPN (Licensed Practical Nurse) #135 on 08/26/25, at 9:15 AM, she stated Resident #101 was not supposed to have the nail clippers in her room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515025	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elkins Rehabilitation & Care Center	2533 Beverly Pike Elkins, WV 26241

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 - Few	Provide and implement an infection prevention and control program. Based on observation and staff interview, the facility failed to establish and maintain an infection prevention and control program designed to provide sanitary environment to help prevent the development and transmission of communicable diseases and infections with regards to the personal care equipment for two (2) residents. This failed practice was a random opportunity of discovery. Resident identifiers # 66 and #9. Facility census: 101. a) Resident # 66During facility entrance observation and interview on 08/25/25 at 3:40 PM, holes and exposed padding were observed on both Resident #66's wheelchair back rest and walker belt strap. b) Resident # 9In an interview with resident # 9 on 08/26/25 at 9:05AM, it was observed that her scooter chair had rips and tears on the right side back rest exposing the inner padding. During a facility walk through with the Infection preventionist on 08/27/25 at 9:35 AM she acknowledged both Resident #9's wheelchair and walker and Resident # 66's scooter chair had exposed inner padding. She stated they would be removed and repaired.