

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER Glenwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1924 Glen Wood Park Road Princeton, WV 24739	
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 - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on resident interview, staff interview, record review and observation, the facility failed to ensure an environment that was free from accident hazards over which the facility has control. This failed practice had the potential to affect more than a limited number of residents. Resident Identifiers: #1, #7, #64, #72, #79 and #42. Facility Census: 90. Findings included: a) Resident #42 On 06/16/2026 at 9:50 am, Resident #42 was observed in bed with fall mat propped up against the opposite wall of her room. At 10:03 AM during an interview with Licensed Practical Nurse (LPN) #62, entered the room and was asked about the fall mat. She stated she did not think it was permitted to be in use with the table. She moved the resident's bed to the lowest position and left the room to get her some medication. When she returned she stated she had asked her superior and was wrong, then proceeded to put the resident's fall mat to the right side of her bed. Review of Resident #42's care plan page 1 and 2 revealed the following: Focus The resident has had multiple falls related to poor cognition, poor, safety awareness. Date initiated 11/09/23, Revision on 04/07/25 Interventions/Tasks (include but are not limited to) Bed in low position (initiated 07/16/26, revision 05/15/26) Devices: include fall mat to right side of the bed (initiated 11/21/24, revision 05/15/26) Review of Resident's physician orders reveal the following: Devices: Broda chair, cushion to Broda chair, Dycem to Broda chair, perimeter mattress, fall mat 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

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER Glenwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1924 Glen Wood Park Road Princeton, WV 24739	
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 - Some	right side of bed, raised toilet seat, hipsters as resident will allow, palm posey as resident will allow. Order Date 05/015/26 b) Resident #1 On 06/15/26, Resident #1 reported the facility had removed the screws from the window so his windows could go all the way up. The screws were observed laying on the window sill. The resident's second story room had two, large windows overlooking the lake. The resident reported he liked the windows open to keep his room cool. A potential accident hazard of a resident trying to leave the facility via the window or fall out of the window was identified. Nursing staff reported to another surveyor there were three (3) 'wanderers' on that hallway. Resident #1 has capacity and a Brief Interview for Mental Status (BIMS) score of fifteen (15). On 06/15/26 at 5:15 PM, the open windows were confirmed by the Administrator and Interim Director of Nursing, The Interim Director of Nursing stated, We will get them nailed. the Administrator reported that they were coming now to fix it. On 06/16/26 at 3:06 PM, Licensed Practical Nurse #121 reported the fallowing residents were elopement risks and wanderers on Resident #1's hallway to a surveyor team member: Resident #7, incapacitated, BIMS score: 00. Resident #64, incapacitated, BIMS score: 4. Resident #72, incapacitated, BIMS score: 3. Resident # 79, incapacitated, BIMS score: 6.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER Glenwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1924 Glen Wood Park Road Princeton, WV 24739	
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 and staff interview the facility failed to ensure proper handwashing and glove use was being utilized during meal service. This was found during the annual survey process. This failed practice had the potential to affect more than a limited number of residents. Facility census: 91. Findings include:a) Review of policy for Food preparationPolicy statement- All foods are prepared in accordance with the FDA Food CodeProcedures reads in part:All staff will practice proper handwashing techniques and glove use.Dining Services staff will be responsible for food preparation procedures that avoid contamination by potentially harmful physical, biological, and chemical contaminationReview of policy for Meal DistributionPolicy Statement: Meals are transported to the dining locations in a manner that ensures proper temperature maintenance, protects against contamination, and are delivered in a timely and accurate manner.Procedures read in part:Proper food handling techniques to prevent contamination and temperature maintenance controls will be used for point-of-service dining.On 06/16/2026 at around 11:30 AM, during tray line observation of the first (10) of (10) meals prepared and served, the cook with gloved hands placed lettuce, tomato, cheese and the pickle onto the plate. She did not wash her hands, change gloves or use utensils to prevent cross-contamination. After the 10th plate, District Manager (#8) verified the cook was not using utensils to prevent cross-contamination, stopped the tray line and instructed the cook to change gloves, wash hands and obtain utensils to use to prevent cross-contamination. Staff interview with cook (#92) confirmed she did not use tongs or other utensils during meal plating, reporting, I didn't think about using tongs since I have gloves on.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER Glenwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1924 Glen Wood Park Road Princeton, WV 24739	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on record review, staff interview and observation, the facility failed to ensure residents' dignity and respect were maintained during meal service in the dining room. This failed practice had the potential to affect a limited number of residents. Resident Identifiers: #88 and #77. Facility Census: 90. Findings included: a) Resident #88 On 06/15/26 at 12:20 PM, during observation of the dining room, Resident #88 was observed at a table with a visitor eating his lunch meal. The resident's catheter bag was hanging from the bottom of his wheelchair uncovered. At 12:10, Nurse Aide #119 confirmed the catheter was not covered and stated, Yes ma'am. The facility's policy and procedure for Catheter Drainage Bag and Tube Maintenance stated, g. Drainage bags will be covered when the resident is out of the room for dignity and infection prevention. b) Resident #77 On 06/15/26 at 12:20 PM, during observation of the dining room, Resident #77 was observed being assisted by Activities Leader #78 with her meal. The resident's plate of food and drinks were left on the serving tray and the lid from her meal was on the table beside the resident's food with trash from the tray in it. Activities Leader #78 confirmed the resident's food and drink were not removed form the service tray and stated, Oh.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER Glenwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1924 Glen Wood Park Road Princeton, WV 24739	
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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on document review and staff interview, the facility failed to notify the Ombudsman of a Resident's discharge from the facility and return to home. This was true for Resident #97. Resident identifier: #97. Facility Census: 90. Findings included: Findings included: a) Resident #97 Resident #97 was discharged to home on [DATE]. On 06/16/26 a review of resident's medical chart showed no documentation of notification of discharge to Ombudsman for Resident #97. b) During an interview with the facility Administrator on 06/17/26 at 12:51 PM, she acknowledged that the social worker did not complete a notification to the ombudsman for the resident at that time. She stated the social worker was unaware the ombudsman needed to be notified and that they subsequently received in-service training.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER Glenwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1924 Glen Wood Park Road Princeton, WV 24739	
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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on record review and staff interview, the facility failed to ensure a Preadmission Screening and Resident Review (PASARR) was updated for a resident with a new diagnosis of dementia after admission to the facility. This failed practice had the potential to affect a limited number of residents. Resident Identifier: #8. Facility Census: 90. Findings included: a) Resident #8 On 06/15/26, during Resident #8's initial record review, the Preadmission Screening and Resident Review (PASRR) was reviewed. The resident's admission date to the facility was 10/11/25. The resident's primary diagnosis listed in the medical chart was Sjogren syndrome, Unspecified. A diagnosis of Dementia in other Diseases Classified Elsewhere, Unspecified Severity, With Other Behavioral Disturbance was added to the medical record on 10/24/25. Dementia was not marked on the resident's most recent PASRR dated 10/28/25. On 06/16/26 at 2:15 PM, the Interim Director of Nursing reviewed the PASRR and confirmed dementia was not indicated on the PASRR and stated that she would check for an updated PASRR. No additional information was given to the state surveyor.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER Glenwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1924 Glen Wood Park Road Princeton, WV 24739	
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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities Based on record review and staff interview, the facility failed to ensure a Preadmission Screening and Resident Review (PASRR) was accurately completed on admission to the facility for a resident with a diagnosis of Post-Traumatic Stress Disorder (PTSD). Resident Identifier: #8. Facility Census: 90. Findings included: a) Resident #8 a) On 06/15/2026, during Resident #8's initial record review, the Preadmission Screening and Resident Review (PASRR) was reviewed. The resident's admission date to the facility was 10/11/25. The resident's medical record documented a diagnosis of Post-Traumatic Stress Disorder (PTSD) on 10/11/25. b) PTSD was not marked on the resident's most recent PASRR dated 10/28/25. On 06/16/26 at 2:15 PM, the Interim Director of Nursing reviewed the PASRR and confirmed PTSD was not indicated on the PASRR and stated that she would see if there was an updated PASRR. No additional information was given to the state surveyor.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER Glenwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1924 Glen Wood Park Road Princeton, WV 24739	
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 - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on record review and staff interview, the facility failed to ensure care plans were reviewed and revised for three (3) residents. The issues included resident's a resident receiving a thirty (30) day notice of discharge, a resident's dialysis weight being documented in the medical record and a resident receiving tube feedings. Resident identifiers: #2, #8 and #59. Facility Census: 90. Findings included: a) Resident #59 An interview with the resident on 06/15/26 at 3:37 PM revealed Resident #59 had capacity to make her own medical decisions and reported that she would like to discuss the possibility of a discharge home. Resident #59 reported she had never attended a care plan meeting and stated that she was unsure as to what it was of if she had been invited. Review of the resident's records showed a copy of an invitation to a care plan meeting dated 05/13/26 in the chart. There is no evidence in the chart that a care plan meeting was held that day. Interview with Social Worker #12 on 06/17/26 at approximately 11:30 AM revealed there was no note written on the day of the care plan and only a signature page with three (3) staff signatures. No explanation was included regarding whether the resident attended or did not attend nor the reason why. Findings included: b) Resident #2 On 06/16/2026 at 9:10 AM, during the initial interview, the resident reported she wanted to go home or to another nursing facility. The resident stated, I want out people. and reported no other nursing facility would take her. Resident #2's care plan was reviewed. The resident's care plan stated, Resident wishes to be discharged to the community when able, Resident will verbalize/communicate an understanding of the discharge plan, Resident will be discharged to appropriate location based upon physical/cognitive status, Discuss feelings and concerns of resident, and resident representative, with impending discharge, and Establish a pre-discharge plan. Evaluate progress and revise plan as needed. Referral to Take me Home program (TMH) per Resident's request: Resident declines the assistance Referrals made to other SNF's per Resident's request: needs could not be met. Referral made to Communicare behavioral SNF with Resident's agreement. The resident's care plan also stated, Behavioral agreement completed with Resident. Resident provided 30 day discharge due to continued behaviors. Date Initiated: 03/31/2026. (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER Glenwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1924 Glen Wood Park Road Princeton, WV 24739	
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 - Few	06/17/26 at 11:05 AM, Social Worker #32 reported that there had been multiple attempts to discharge the resident to another facility upon the resident and family's request. Social Worker #32 reported the resident was not discharged because the resident won her appeal to stay in the facility. Social Worker #32 stated the care plan just wasn't updated apparently. and I took it out. On 06/17/26 at 12:45 PM, the Administrator confirmed the resident's care plan and stated, It was over 30 days. On 06/17/26, the resident's care plan was reviewed for nutrition. The resident's care plan stated, Obtain weight per practitioner order. Use facility weights not dialysis dry weights. Date Initiated: 04/30/2026. The resident's physician's order stated, May obtain weights and labs from dialysis center. All weights documented in the medical record from 02/20/26 were all dry dialysis weights. Dialysis dry weights were documented after care plan date of 04/20/26 on 06/08/26, 05/26/26, 05/11/26, and 05/04/26. On 06/17/26 at 12:35 PM, Resident #2's care plan was reviewed and confirmed with the Interim Director of Nursing. The Interim Director of Nursing reported the process is to use dialysis weight, but the resident refuses. On 06/17/26 at 12:45 PM, the Administrator confirmed the resident's care plan and weights. c) Resident #8 On 06/16/26, during the initial interview process, Resident #8 reported she was no longer receiving tube feedings and she was not on a puree diet. The resident's physician order was for a regular diet with regular liquids and a med pass product (2 Calorie) six (6) times a day. Medication is given via a percutaneous endoscopic gastrostomy tube. The resident received water via enteral tube. The resident's care plan stated, Administer tube feeding and water flushes as ordered.TF: Osmolite 1.5 237ml QID to provide 948ml total volume, 1420kcal; 75ml water flush before and after each feeding QID for a total of 1320ml. On 06/17/2026 at 3:23 PM, the care plan and orders were reviewed with the Administrator and confirmed.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2026
NAME OF PROVIDER OR SUPPLIER Glenwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1924 Glen Wood Park Road Princeton, WV 24739	
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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. Based on record review, staff interview, resident interview and observation, the facility failed to ensure a resident was able to utilize adaptive equipment for safe fluid intake appropriately. This failed practice had the potential to affect a limited number of residents. Resident Identifier: #51. Facility Census: 90. Findings included: a) Resident #51 On 06/15/26 at 12:25 PM, during the dining room observation, Resident #51 had a two-handled cup with a lid and could not get his thickened drink to come out. The hole in the adaptive cup was located on the top side of the cup instead of the bottom. The hole in the cup was not positioned where the resident could get a drink. The resident attempted several times to get a drink. Nurse Aide #119 confirmed the resident was unable to get a drink and turned the cup around so the resident could get a drink following state surveyor intervention. On 06/16/26 at 12:10 PM, Resident #51 was observed in the dining room attempting to get a drink. When the state surveyor asked the resident what was wrong, Resident #51 answered, Can't drink. The resident was attempting to drink from the side of the cup where the hole was located beside the handle and trying to move the lid when he could not get a drink. Nurse Aide in Training #117 confirmed the resident could not get a drink and stated, I'll help you, (resident's name). The resident was able to get a drink from the adaptive cup following state surveyor intervention. On 06/16/26 at 12:30 PM, Interim Director of nursing confirmed the cup and lid and reported staff education for the adaptive cup would be initiated. On 06/16/26 at 3:40 PM, the Speech-Language Pathologist reported the cup was intended to decrease bolus size because the resident takes large drinks. The resident's order stated, Two-handled cup for all meals. The resident's tray card stated, Two Handled Cup with CONCAVE LID.		