STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515038	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Shepherd Nursing Home	159 Edgington Lane Wheeling, WV 26003

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 interview, 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: 181 Findings included: a) Resident #470 and #26 During facility entrance observation and resident interviews on 08/18/25 at approximately 2:40 PM, Resident #470 stated she did not know how to file a grievance anonymously.In an interview with Resident #26 On 08/18/25 at 2:53PM, She stated she did not know how to file a grievance/complaint anonymously.Based on a record review of Section C of the most recent Minimum Data Set (MDS) records, both Residents #470 and #26 had capacity and was cognitively intact. Based on the facilities Grievance policy and Procedure, the residents have the right to file grievances without discrimination or reprisal. The facility will notify residents individually and through postings on the right to file grievances verbally, in writing, or anonymously. During resident council meeting on 08/20/2025 at 1:45 PM, Resident #23, #48, #19, #78, #86, #123, and #164 were in attendance and all had capacity. They stated they did know how to file a grievance/complaint by filling out the form with the social worker. When asked if they could file anonymously, 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 Resident #23, #48, #19, #78, #86, #123, and #164 had capacity and were cognitively intact. Staff Interviews;On 08/20/25 at 11:50AM, during an interview with Social Worker (SW) #183, she confirmed the residents do come to her office to file grievances. SW #183 and acknowledged residents did not know how to file grievances anonymously. During an interview with the Administrator, on 08/20/25, she stated she was unaware the residents did not know how to file grievances anonymously and discussed that the facility did not have grievance boxes on the wall for resident safety and that residents can give the forms to any staff member.

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
	515038	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Shepherd Nursing Home	159 Edgington Lane Wheeling, WV 26003

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interviews, the facility failed to ensure the resident environment remained as free of accident hazards as possible; and that the resident received adequate supervision and assistance devices to prevent accidents. Mounted wall heaters had maintenance access panel covers missing exposing thin sharp metal edges, wires and hot pipes in 3 (three) resident rooms. This failed practice was a random opportunity for discovery. Resident identifiers #58, #146, #33, and #74. Facility Census: 181. Findings Included:a) On 08/18/25 at 11:50 AM, during a facility entrance walkthrough it was observed that the wall mounted heater maintenance access panel covers were missing and exposing thin sharp metal edges, hot pipes, and wires in room [ROOM NUMBER], #343, and #347, where Resident #58, #146, #33, and #74 reside.On 08/20/25 at approximately 9:28 AM, during a walk through and interview with Employee #136, she acknowledged the wall heaters maintenance access panel covers were missing and exposing thin sharp metal edges, wires, and hot pipes in resident room [ROOM NUMBER], #343, and #347 . This finding was also verified by the facility Maintenance #261 on 08/20/25 at approximately 9:48 AM. He stated he had a plan for replacement covers and would be replacing them immediately.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515038	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Shepherd Nursing Home	159 Edgington Lane Wheeling, WV 26003

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on record review, staff interviews and resident interviews, the facility failed to ensure residents receive the help and care they need without waiting long periods of time. This deficient practice had the potential to affect more than a limited number of residents. Resident identifiers: #86, #181, #161, #23, #400, #19, #48, #86, #45, and #99. Facility Census: 181Findings included:a) On 08/18/25 at 2:53PM, In an interview with Resident #26, She stated on Sunday(08/19/25) she had to wait 45 minutes to get staff to take her to the restroom and stated she was going to soil herself. She said I know I wear briefs, but it is not comfortable to wet in them. I try not to if I can help it. She stated that long wait times often happen on the weekends and evening shifts but also sometimes on day shift as well. She also stated that staff will come in and turn off the call light, say they will be right back, leave the room and not return causing her to have to repush the call light button.On 08/21/25 at approximately 11:18 AM Resident # 193's daughter stated that her mother was a resident of the facility. She further stated that she was very pleased with the care and services provided to her family members. Upon being asked whether there was anything she was not pleased about, she stated that there were staffing shortages on weekends.Based on a record review of Section C of the most recent MDS records, Resident #26 had capacity and was cognitively intact. During Resident Council Meeting on 08/20/25 at 2:00 PM, Resident #23, #48, #19, #86, #181, #123, #164, and #78 with capacity attended and complained that mostly on weekends and sometimes on dayshift they have had to wait long periods for staff to answer their call lights. b) Resident # 86Resident #86 stated that on Monday (08/19/25), while she was using the exercise bike in The Day Room, she used her phone and called staff 4 times during a 45-minute wait for staff to take her to the bathroom.c) Resident #181Resident #181 stated a couple of weeks ago, during weekend shift, she was placed on the toilet and had a 40-to-50-minute wait for staff to get back to her. d) Resident #161 Resident #161 stated that it can take 20 to 30 minutes and longer for staff to answer the call light and at times staff will turn it off and not return.e) Resident #23Resident #23 acknowledged that at times, the call lights do take long periods of times, but he had no other concerns at this time.On 08/20/25 at approximately 3:30 PM, during an interview with the DON, related to concerns reported during the Resident Council meeting, she acknowledged the resident complaints of long waits for call lights to be answered On 08/21/25 at 10:30 AM a review of past Resident Council Past Meeting Minutes, dated 12/18/24, 03/27/25, 06/26/25, and 07/31/25 revealed Resident #48, #400, #86, and #19 had complained of long waits for call lights to be answered and staff turning off the call light then not returning for long periods of time.f) Resident #400 Resident #400 reported that during the day, the wait can be long. Resident #400 filed a grievance on 12/18/24 stating that call bell wait times can be long during the day.g) Resident #19 On 03/27/25, Resident #19 reported that at times it can take a long time for her call to be answered.h) Resident #48 On 06/26/25, Resident #48 reported that staff would turn off the call light and leave to get help then not return for long periods.i) Resident #86 On 07/31/25, Resident #86 reported she had to get up later than she wanted. During a grievance record review 0n 08/20/25 at 3:45PM, it was discovered there were 3 past grievances filed by 2 residents. j) Resident #45 Resident #45 filed grievances on 08/29/24 and on 11/21/24 stating in both grievances that she had pushed her call button. The nurse aide came into her room, turned off the call light, and told her they would return. On 08/20/25 staff did not return at all, then on 11/21/24 the staff did not come back for a long period of time. k) Resident #99On 08/19/25, at approximately 1:20 PM, during an interview with Resident #99, she stated that she had been at the facility for about four years and had noticed many changes over the past year. The resident mentioned that previously, the staffing was consistent, with few changes.Resident #99 expressed that she preferred to be dressed and out of bed by around 7:30 AM; however, she often must wait until approximately 8:30 AM or 9:00 AM to do so. Additionally, she mentioned that on 08/16/25, she had to wait for dinner until 7:30 PM. She indicated that, in her (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515038	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Shepherd Nursing Home	159 Edgington Lane Wheeling, WV 26003

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	opinion, these delays were primarily due to staff being reassigned to other areas of the facility.On 08/20/25, a record review of grievances filed by residents revealed that several residents had complaints regarding late and cold meals. Resident #19 filed a grievance indicating that her meals were often served late. Additionally, Residents #23, #48, and #78 voiced similar concerns during the resident council meeting, stating that their food was frequently delivered late.On 08/20/25, at approximately 12:55 PM, this surveyor was approached by a family member of Resident #193 while riding the elevator. The family member mentioned staffing concerns. Specifically, she reported, There have been times when I had to leave the room to find someone because the call-bell wasn't answered, or my family member's food tray didn't arrive.During an interview on 08/20/25 at 10:51 AM with Licensed Practical Nurses (LPN) #176 and #218, they stated that they were not aware of any staffing shortages. During an interview with Nursing Assistants (NA) #48, #106 and #200 on 08/19/25 and 08/20/25, they confirmed that when staff called out, they had to manage with the staff who were on duty. They stated that sometimes they had to take care of the whole hallway of residents by themselves.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515038	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Shepherd Nursing Home	159 Edgington Lane Wheeling, WV 26003

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on record review and interview, the facility failed to ensure that the recommendations by the pharmacist were reviewed, addressed, responded to, and signed by the physician. Resident identifiers: #16, #1, #15, #23, and #19. Facility Census: 181. a) Resident #16 Resident #16's record review on 08/202/5 at 2:00 PM revealed the following recommendations: On 03/11/25 the Consulting Pharmacist stated: Patient has had significant weight loss. Recommend assessing for weight loss and the possible need for the initiation of medication to help with appetite. There was no review, or acknowledgement of the recommendation by the physician. The recommendation was unsigned. On 07/16/25 the Consulting Pharmacist noted: Patient has had several soft blood pressures located in their vital signs. Recommend adding monitoring/hold parameters for BP (blood pressure) medications. There was no review, or acknowledgement of the recommendation by the physician. The recommendation was unsigned. During an interview with the DON on 08/20/25 at approximately 11:35 AM, a request was made for any documentation or orders, confirming that the physician had reviewed the pharmacist's recommendations, and either disagreed or acted upon those recommendations. No documentation was received prior to the end of the survey. Record review of the facility's policy titled, Medication Regimen Review, (MRR) with a revision date 11/2020 showed: --Physician must sign that they agree or disagree with the consultant pharmacist recommendations on the MRR form. -- If the MRR form was not signed or comments were not made during the physician visit, the RN will call the physician for comments needed or fax a copy of the form to the Physician's office for comments. b) Resident #19 A medical record review for Resident #19 revealed monthly drug regimen reviews response without signature, actions or rational if no action taken by the physician. --12/21/24 Recommendation to consider titrating Trulicity to 3mg for better blood sugar control --05/22/25 Recommendation PALT guidelines recommend utilizing GDMT (guideline-directed medical therapy) to maintain blood sugar between 100-200 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515038	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Shepherd Nursing Home	159 Edgington Lane Wheeling, WV 26003

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--07/25/25 Recommendation to consider PALT guidelines recommend utilizing GDMT to maintain blood sugar between 100-200 Consider need for additional blood sugar management. During an interview on 08/21/25 at 11:30 AM the Director of Nursing verified that the physician did not sign, document the action or rational. c) Resident #15 A medical record review for Resident #15 revealed monthly drug regimen reviews response without signature, actions or rational if no action was taken by the physician. 04/07/25 Recommendation PALT guidelines recommend utilizing GDMT to maintain blood sugar between 100-200 08/13/25 Recommendation Patient has significant weight gain noted in their vital signs. Assess cause for weight gain and possible need for medication adjustments. Currently prescribed Tricor Consider a lipid panel to assess need for medication. During an interview on 08/21/25 at 11:30 AM the Director of Nursing verified that the physician did not sign, document the action or rational. d) Resident #1 Record Review on 08/20/25 revealed missing medical doctor's signature on two (2) medication regimen reviews dated 07/31/25 and 06/30/25. 'Sign here tags were in place for the medical doctor but no signature had been obtained. During an Interview on 8/20/25 the pharmacist stated that they place a copy in the hard chart for the MD to review and sign. e) Resident (23) The medication regimen review (MRR) for Resident #23. The MRR dated 07/31/25 and 06/30/25 were not signed. Sign here tags were in place for the signature of the MD. On 8/20/25 the pharmacist stated that they place a copy in the hard chart for the MD to review and sign.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515038	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Shepherd Nursing Home	159 Edgington Lane Wheeling, WV 26003

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 interviews, the facility failed to store food in a safe sanitary manner in regard to expired milk and storing medical supplies in the freezer in the resident's pantry. This has the potential to affect more than a limited number of residents. Facility census: 181.Findings Included: a) Kitchen During the initial kitchen tour on 08/21/25 at 11:35 AM observations found: Walk-in refrigerator -found 4 half gallons of milk expired. During an interview on 08/21/25 at 11:40 a.m., the Dietary manager confirmed the milk was expired. During the tour on 08/18/25 at 11:45 AM of the resident pantries found medical Ice packs stored in resident freezers in four (4) of five (5) pantries. An interview on 08/18/25 at 11:45 AM with the Dietary Manager confirmed the medical ice packs should not be stored with resident food.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515038	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Shepherd Nursing Home	159 Edgington Lane Wheeling, WV 26003

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 - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, facility policy review and interview, the facility failed to have a water management plan that followed nationally accepted standards (CDC), and incorporated measures to control and prevent Legionella and other opportunistic waterborne pathogens. Facility Census: 181. Findings Include:a) During an interview on 08/19/25 at approximately 11:13 AM the Maintenance Director (MD) #130 provided legionella testing results for four (4) different locations around the facility. The results were negative. Monthly temperature logs were reviewed. MD #130 provided monthly flushing and disinfection logs for dead ends and unused rooms, equipment and showers, verifying that the facility performed control measures, such as flushing and draining dead ends, and unused showers. MD #130 stated that there had been no outbreaks of Legionella or other waterborne infections. Upon requesting a copy of the facility's Water Management Plan, MD #130 stated that he did not have a copy of the Water Management Plan. During an interview with the Administrator on 08/20/25 at approximately 3:30 PM, the administrator produced a Water Management Plan which stated the following: [Typed as Written] GOOD SHEPHERD NURSING HOMEWater Management PlanBuilding Water SystemWater enters the building through the water main on [NAME] Lane. The cold water then disperses throughout the building. Water also goes to the water softener system and returns to the hot water boilers to be dispersed throughout the building. The garden fountain is filled when in use but is not a continuous feed. Backflow values prevent this water from returning to the system. The sprinkler system has its own water main entrance into the building, also on [NAME] Lane. There is backflow prevention throughout the system, throughout the building. Aerators on all sinks are anti-microbial.Cold water is distributed directly to ice machines, showers, whirlpools, and faucets on all 3 floors and to outer building laundry area. Cold water also goes directly to garden fountain. Backflow prevention throughout the cold water system. Garden fountain cleanliness is maintained with chlorine.Cold water is treated to 140 degrees by 2 water heaters and water storage areas. The laundry hot water is treated to 160 degrees and the final rinse on dish machine id heated to 180 degrees.Hot water is distributed throughout the building from the hot water tanks and water storage area through mixing valves, reducing the temperature to 110 degrees. There is backflow prevention throughout the system. Hot, cold and waste water is discarded through the sewer line UV lights installed in ice machines at point of water entrance Air conditioner units have UV lighting inside. Legionella/HPC testing completed semi-annually by SDI Environmental.The facility's water management plan did not incorporate measures to control and prevent Legionella and other opportunistic waterborne pathogens that followed nationally accepted standards (CDC). The plan did not include the measures MD #103 was taking monthly to prevent issues or the locations where the legionella testing had occurred. During the interview with the Administrator on 08/20/25 at approximately 3:30 PM, the administrator confirmed that the documents provided were the facility's water management plan. The administrator also confirmed that the maintenance department did not have a copy of the water management plan.Upon being asked how the maintenance staff knew what policies to follow, the administrator stated that the facility had contracted with a water management company that notified the facility's maintenance staff of the actions and protocols to be taken monthly.Upon request, the Administrator submitted a copy of a quotation for legionella testing dated 09/07/23. The quotation was signed on 05/19/25. A review of the submitted contract revealed the following verbiage: The following quotation is in response to your request for pricing regarding potable legionella testing throughout the various locations you manage. It covers annual and bi-annual culture-based legionella testing at the following locations.The contract did not include a water management plan or an arrangement to provide water management services to the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515038	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Shepherd Nursing Home	159 Edgington Lane Wheeling, WV 26003

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 observation and interview, the facility failed to promote the resident's right to a dignified existence. Resident #41 was observed in the hallway in only his brief. This was a random opportunity for discovery. Resident Identifier #41. Facility census: 181.Findings Include: a) Resident #41On 08/20/25, at approximately 9:31 AM, Resident #41 was observed in a wheelchair outside his room, wearing only a brief. He was clearly visible to staff and other residents walking down the hallway. Staff members were seen passing by the resident without expressing any concern about his attire. This concern was brought to the attention of Licensed Practical Nurse (LPN) #24, who responded, I don't know why he hasn't been dressed yet! LPN #24 then went directly to the resident and wheeled him back to his room. She was observed to instruct a Nursing Assistant (NA) to help Resident #41 get dressed. The Director of Nursing was notified of this finding on 08/202/25 at approximately 10:30 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515038	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Shepherd Nursing Home	159 Edgington Lane Wheeling, WV 26003

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interviews, the facility failed to provide a safe, clean, comfortable, and homelike environment for room [ROOM NUMBER] and #340. This failed practice was a random opportunity for discovery. Facility Census: 181. Findings included:a) room [ROOM NUMBER]:Upon survey entrance and resident interviews on 08/18/25 at 12:05 PM, a discolored surface of residue build up at the base of the pipe behind the raised toilet seat was discovered. b) room [ROOM NUMBER]:Upon survey entrance and resident interviews on 08/18/25 at 1:05PM, two (2) dried brown substance smears were observed on the right-side wall below the toilet seat.On 08/20/25 at 9:28AM, during a walk through and staff interview with Employee #136, she acknowledged the brown smears in room [ROOM NUMBER]'s bathroom. The discolored residue build-up in room [ROOM NUMBER]'s bathroom was still there, and she stated she would have them taken care of.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515038	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Shepherd Nursing Home	159 Edgington Lane Wheeling, WV 26003

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 record review and interview, the facility failed to notify the Office of the Long-Term-Care Ombudsman of the resident's discharge from the facility. Resident Identifier: #188. Facility Census: 181. Findings Include:a) Resident #188The resident was no longer at the facility. A closed record review performed on 08/20/25 at 9:30 AM revealed that the resident was transferred to the hospital on [DATE]. Record review revealed that the resident's Power of Attorney (POA) was notified on 05/24/25. During an interview with Social Worker #183 on 08/20/25, at approximately 1:20 PM, she presented a document that verified the notification of the resident's family members and the responsible party. When asked whether the Ombudsman had been notified, SW #183 indicated that she would need to check for that information.At approximately 10:00 AM on 08/21/25 SW #183 stated that she did not have any documentation to verify that the Ombudsman had been notified.During an interview with the Administrator on 08/21/25, at approximately 12:00 PM, the Administrator confirmed that they could find no record of a notification to the ombudsman.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515038	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Shepherd Nursing Home	159 Edgington Lane Wheeling, WV 26003

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to update the PASARR for Resident #19, after the resident was diagnosed with a major mental disorder after admission to the facility. This was true for one (1) of four (4) residents reviewed for PASARR during the survey process. Resident Identifier: 19. Facility census: 181. a) Resident #19On 08/21/25, a record review of the resident's electronic medical record (EMR), the resident's admission PASARR, dated 08/31/23, indicated no level II was needed. Section lll #30 MI/MR Assessment indicated Other developmental disabilities.A continued record also revealed Resident#19 received a diagnosis of Paranoid Schizophrenia on the diagnosis listed after admission on [DATE] but did not receive a new PAS to address whether specialized services were needed. On 08/21/25 at 11:06 AM, an interview with the Director of Nursing confirmed the PAS presented to the surveyor did not indicate Paranoid Schizophrenia and was never updated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515038	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Shepherd Nursing Home	159 Edgington Lane Wheeling, WV 26003

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 - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on record review and interview, the facility failed to ensure the clarification of a resident's medication order for a drug that was required to be taken with food h. This was a random opportunity for discovery. Resident Identifier #40. Facility Census: 181.Findings Include: a) Resident #40 Record review on 08/20/25 at 8:59 AM revealed that Resident #40 had the following order dated 05/01/25, prescribed by her physician:Sensipar Oral Tablet 30 MG (Cinacalcet HCl)Give 1 tablet by mouth one time a day for elevated calciumThe United States Food and Drug Administration (FDA) guidelines state the following for administration of Cinacalcet (Sensipar):For all indications, Cinacalcet (Sensipar) should be taken with food or shortly after a meal and should always be taken whole and not divided. Sensipar lowers serum calcium and, therefore, patients should be carefully monitored for the occurrence of hypocalcemia. Potential manifestations of hypocalcemia include paresthesia's, myalgias, muscle cramping, tetany, and convulsions. Serum calcium should be measured within 1 week after initiation or dose adjustment of Sensipar. Once the maintenance dose has been established, serum calcium should be measured approximately monthly.During an interview with the Director of Nursing (DON) on 08/21/25, the DON produced a copy of the Physicians Drug Reference (PDR) and confirmed that the guidelines stated that Sensipar should be administered with food. However, the DON insisted that the medication was administered at mealtime. The DON further stated that the facility's mealtimes coincided with the medication administration times.A review of the medication administration schedule provided by the facility on 08/21/25 revealed that the medication administration time for a once a day (QD) medication was 8:00 AM to 10:00 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515038	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Shepherd Nursing Home	159 Edgington Lane Wheeling, WV 26003

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on record reviews and interviews, the facility failed to follow weight policy and ensure resident weight was accurate and if needed a re weight preformed. Resident #51's weights were not rechecked per policy. This was a random discovery during the survey process and had the potential to effect more then a limited number of residents. Resident identifier: #51. Facility census: 181 a) Resident #51Resident #51 had five weights entered into the charting that should have triggered a re-weigh on that same day, as well as notification to the Medical Doctor. The facility failed to preform the re-weigh or notify the MD per facility policy. Record review on 08/21/25 at 9:55 AM revealed the following:Five weight events of 5% loss / gains from 01/01/25 - 08/12/25 01/01/25 145.8 pounds (5.5% (7.6 pounds) from previous weight01/01/25 145.8 lbs, 5.5% / 7.6 lbs from previous weight used by system01/04/25 145.8 lbs, 5.5% / 7.6 lbs from previous weight used by system. 07/01/25 143 lbs, 7% / 10 lbs from previous weight used by system08/04/25 133 lbs, 7% /10 lbs from previous weight used by system08/10/25 133.2 lbs 6.9% / 9.8 lbs from previous weight used by system. On each of these occassions there was no re-weight or notification of the medical provider. The facility policy on weights was as follows:resident with significant weight loss (greater or equal to 5% of body weight in 30 days , or 10% in 180 days) need weighed weekly until stable.if there is a 5lbs change from previous weight, resident must be re-weighed to verify.use same scale each time.CNA to record all weekly and monthly weights in POCNurse supervisor to maintain/check weights and notify MD of significant changes. During an interivew on 08/21/25 at 9:30 AM Licensed Practical Nurse (LPN) #269 said the nurse aides typically do the weights and enter them into the system. They come and tell the nurses and if there is a big difference they are rechecked When asked what was considered a big difference LPN #269 was unsure of the actual policy and when a reweight is needed. She said something like 10 lbs they look at a reweight. Policy review revealed the trigger weight was defined as 5 pounds or 5% per policy. On 08/21/25 at 11:27 AM Director of Nursing #32 [NAME] stated there was not a specific Nursing Supervisor assigned to checking on the resident weights. DON #32 said, Its more on each section to monitor them and notify the MD if needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515038	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Shepherd Nursing Home	159 Edgington Lane Wheeling, WV 26003

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on record review and interview, the facility failed to ensure that the recommendations by the pharmacist were reviewed, addressed, and responded to, by the physician. This effected 2 out of 4 residents sampled. Resident Identifier 23 and 1. Census:181 The facility FAILED TO MEET STANDARD as evidenced by:The facility failed to ensure the pharmacist recommendations where address by the physician to ensure medication need or adjustment for residents #1 and #23. There were no copies of the recommendations in the electronic charts, the hard copies had the recommendations in them, but were unsigned by MD for the last two months. Resident (1) Record Review: 08/20/2025 MRR - was not signed into the resident's chart. There was not an electronic or hard copyMissing signature of MD on last two MRR's dated 7/31/25 & 6/30/25 Had sign here tags in place for MDInterview: 8/20/2025Pharmacist stated that they place a copy in the hard chart for the MD to review and sign.Resident (23) Record Review :08/20/2025 MRR - was not signed into the residents chart. MRR - was not signed into the resident's chart. There was not an electronic or hard copyMissing signature of MD on last two MRR's dated 7/31/25 & 6/30/25 Had sign here tags in place for MDInterview : 8/20/2025Pharmacist stated that they place a copy in the hard chart for the MD to review and sign.