Printed: 08/28/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515047 NAME OF PROVIDER OR SUPPLIER Worthington Healthcare Center For information on the nursing home's plan to correct this deficiency, please continuous plants are continuous plants.		(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZIP CODE 2675 36th Street Parkersburg, WV 26104	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some			failed to ensure residents were free is physically restrained by a nurse rose to test for COVID. Resident ney locked the resident's wheelchair moving and leaving the room. If therefore the reasonable person the remaining 93 residents at risk ll employed by the facility and a future. All 95 residents were in an eigency (SA) received the Plan of n 02/20/24 at 10:28 PM. The lated on 02/21/24 at 2:00 PM. It therefore the reasonable person the remaining 93 residents at risk ll employed by the facility and a future. All 95 residents were in an eigency (SA) received the Plan of n 02/20/24 at 10:28 PM. The lated on 02/21/24 at 2:00 PM.

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 515047

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515047	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2024	
NAME OF PROVIDER OR SUPPLIER Worthington Healthcare Center		STREET ADDRESS, CITY, STATE, ZI 2675 36th Street Parkersburg, WV 26104	P CODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)			on)	
F 0600	b) RN #40 (statement collected by	the facility)		
Level of Harm - Immediate jeopardy to resident health or safety	In a statement collected by the facility, on 11/17/23, RN #40 stated she was doing medication pass when a resident came and asked her to check Resident #43. The resident said Resident #43 was complaining of a sore throat.			
Residents Affected - Some	RN #40 said she explained to Resident #43 that she would be doing a COVID test. According to RN #40, Resident #43 became agitated and was afraid of having her nose swabbed. RN #40 said she explained the protocol to the resident and tried to convince her she would be careful, and it would not hurt. RN #40 said Resident #43's roommate tried to calm her down too. RN #40 said NA #55 helped by holding the resident's hand and her head while she (RN #40) performed the test.			
	c) NA #55			
	The surveyor obtained a statement Scheduler (NSS) #51 on 11/20/23	from the facility for NA #55. NA#55 ga by phone.	ve her statement to Nursing Staff	
	In her statement the NA said she w hand and her head. Trying to relax	vas, Pulled to west for 1:1. Tried to caln resident.	n the resident down by holding her	
		(RN #40's name) was the nurse trying t g by and stopped to help.(AA #143nam		
	NA #55 stated she was making the	resident laugh and smile when it was	over.	
	d) NA #66			
	The statement from the facility for N	NA #66 was given by NA #66 on 11/20/	/23 to NSS #51	
	NA #66 stated she was in a room on front hall when she heard screaming. NA #66 said she went into the and saw RN#40, Activity Aide #143, and NA #55 with Resident #43. RN #40 had a swab in her hand. NA was holding the resident's hands and Activity Aide #143 was holding the resident's head. NA #66 said by time she got all the way to them they had finished the test.			
	e) Activity Assistant (AA) #143			
	The surveyor received a statement 11/20/23.	taken by the facility from AA #143. AA	#143's statement was taken on	
	I was walking down the hall and sa aide holding head to assist the nurs	w the nurse trying to give (Resident #4 se with the test.	3's name) a Covid test. I saw the	
	f) Employee #145			
	The surveyor obtained a statement	taken by the facility for Employee #14	5 on 11/20/23.	
	(continued on next page)			

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NAME OF PROVIDED OF CURRUED		STREET ADDRESS, CITY, STATE, ZI	D CODE	
Worthington Healthcare Center	NAME OF PROVIDER OR SUPPLIER Worthington Healthcare Center		PCODE	
•		Parkersburg, WV 26104		
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F 0600	I spoke to the resident, explained who I was and ask her if she recall attempting to get a Covid test on Friday(11-17-23). The resident was non-verbal/Did not indicate she remembered in anyway.			
Level of Harm - Immediate jeopardy to resident health or safety	g) Resident #8			
Residents Affected - Some	The surveyor obtained a statement	from Resident #8 dated 11/19/23.This	statement was taken by an RN.	
	my room and came out and seen the	ne's ever seen resident being abused, in ne nurse and the CAN holding resident a said he didn't know their names, but the	down to swab her. Resident was	
	h) Employee #146			
	The surveyor obtained a facility sta on 11/19/23 to Clinical Manager/RN	tement from Employee #146. This state N #109	ement was given by the employee	
	They came to give her a covid test. She didn't want I told her it's okay, I was holding her hand. The one girlheld her head and the nurse swabbed her nose, she was screaming the whole time. I told someone but I can't remember who.			
	i) Certified Occupational Therapy A	ssistant(COTA)#139		
	The surveyor obtained a facility sta	tement from COTA #139		
	at approx.12:30 PM on 11/19/2023 covid tested on Friday (11-17-2023 holding (Resident #143's name) he by the screaming and thought that	session with (Name of Resident #54) and (name of Resident #8) both in therapy room at same time rox.12:30 PM on 11/19/2023, it was brought up that another patient (Resident #43's name) was being ested on Friday (11-17-2023) and that a nurse aide that talks funny with dark hair and a foreigner was g (Resident #143's name) head back as she was screaming very loudly and that they were disturbed screaming and thought that she was allowed to refuse ea covid test if she wanted to refuse .Both is reported that she could be identified if they saw her.		
	j) NA#13			
	The surveyor obtained a statement	taken by the facility from NA #13. The	statement was dated 11/19/23.	
	with this resident and we nt to the h	care to a resident on the front hall whe nall to see (NA#55's name) holding (Re dent's nose. This incident happened Fr	sident#43's name) head back for	
	Further review of the reportable incident found a finding of unsubstantiated despite the multiple staff a resident statements who confirmed it did happen. The survey team completed staff interviews during to course of the survey with the following findings:			
	k) Director of Nursing			
	(continued on next page)			

CTATEMENT OF DEFICIENCIES	(VI) DDO//DED/CURS/ 155/6/ 15	(V2) MILITIDUE CONCEDURATION	(VZ) DATE CURVEY	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	515047	A. Building B. Wing	02/23/2024	
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		P CODE	
Worthington Healthcare Center		2675 36th Street Parkersburg, WV 26104		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0600 Level of Harm - Immediate	During an interview with the Director of Nursing (DON) on 02/20/24 at 9:20 AM she stated, I don't really know about it. Let me get the Administrator and Clinical Manager (CM) #109.			
jeopardy to resident health or safety	I) Clinical Manager (CM) #109			
Residents Affected - Some		AM on 02/20/24 was conducted. CM#1 ents, and completed this skin checks .Ti		
	m) Administrator			
	I .	at 10:00 AM on 02/20/24 was conduct perwork. The administrator stated, The with this.	0 0	
	n) Resident#8			
		10:37 AM with Resident #8 who has a as screaming. My room was across from		
	screaming, and we came out, (Nan	AM with NA #66 she stated, I feel like w ne of Activity Assistant #143) was behin uch, but I did feel like it was an issue. I	nd her and (Name of RN #40) was	
	screaming, I came out of the room putting a swab in her nose. I don't i came in and told me to write down	24 at 10:54 AM with NA #13 she states, I was in a room up the hall, and I heard of the room and saw (Name of NA#55) was holding her head, and the nurse was ose. I don't remember what nurse I reported it to but the east wing (Name of CL #109 write down what I had seen on the paper, So I did. Just the way she was screaming I ort it. They definitely did the swab ;she was taking the swab out of her nose when I		
	help. I went to help her. I was holdi	on 02/20/24 at 2:39 PM she stated, What ng her head and hands to calm her down to the room. The nurse was so busy sh	wn. If I knew I was going to be in	
	An attempt was made to contact Ri answer or return call.	N #40 via telephone, as well as RN #26	6 pm 02/20/2 at 2:00 PM with no	
	At the time of this survey NA #55 and RN #40 were both still employed at the facility and this allegation wa unsubstantiated event though there were multiple witness statements confirming the incident did happen on11/17/23.			
	o) Resident#11			
	(continued on next page)			

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety	A facility reportable incident (FRI) dated 10/03/23 in the (AM), was reviewed involving Resident #11. The allegations contained in this reportable was RN #40, locked Resident #11's wheelchair and held the back of the wheelchair which prevented the resident from freely leaving the room which she was confined to. This allegation was reported as possible involuntary seclusion.			
Residents Affected - Some	The facility investigated and gathered the following statements: p) NA#141			
	The surveyor obtained a statement	taken by the facility on10/02/23.		
	NA #41 said while giving NA a lunch break and taking on the 1:1 she was stopped by the RN #40 and was asked to give another patient care while she took the 1:1. NA#41 said RN #40 forced Resident #11 back into her room locking her wheelchair and holding the back of the wheelchair so Resident #11was unable to leave her room.			
	q) RN#40 gave a statement on10/0	03/23:		
	RN#40 said she was doing her medication pass when a family member of one of the resident's asked her to call for Resident#101's nurse aide. RN #40 said she asked NA#141 if she was assigned to Resident #101. NA #141 said she was the aide for Resident #101. NA #141 also said she was watching Resident #11 because the nurse aide assigned to Resident#11 was on break and had asked her to watch Resident#11 while also attending Resident #101. NA #141 said she had a conversation with Resident #11 while walking around the facility. She said Resident #11 was as going to the exit door and kept saying she was going home. When RN #26, who was the assigned nurse to Resident#11 noticed this behavior she said she would take over Resident #11 so RN #40 could finish medication pass. Resident #11 started hitting and punching us and kept on saying bad words. The staff took Resident #11 to her room while RN #26 had a conversation with the resident trying to have her calm down.			
	Then wrote at the bottom of this sa	me statement was a short statement fr	om RN #26.	
	The summarization of the statemer	nt is:		
	r) RN #26			
	RN#26 agreed with RN#40's stater therapeutic.	ment that the incident with the wheelch	air was for a limited period and was	
	This allegation was unsubstantiated by the facility. However, an in-service entitled Abuse and Neglect dated 10/03/23 was completed by Clinical Manager #7 for the staff. Further education was completed with RN #40 by Clinical Manager #7 on 10/03/23 which involved reviewing the facility policy entitled [NAME] Virginia Abuse, Neglect and Misappropriation. The section regarding involuntary seclusion was highlighted. Both RN #40 and the Clinical Manager (CM) #7 signed and dated the facility policy. Clinical Manager #7 verified RN #40 was still employed by the facility as a night shift nurse.			
	s) Clinical Manager (CM) #7			
	(continued on next page)			

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	directed by the administrator to corhave any further action regarding the An attempt was made to contact Ranswer or call back at this time. t) NA #142 NA#142 was not able to be intervied During an interview with the Adminhe stated, During the investigation RNs were in the room, versus an Aversus someone seeing what they wheelchair was held. u) Plan of Correction On 02/20/24 the Nursing Home Adfollowing plan: Employee(RN) #40 was suspended that the employee could return to was Regional Team Member. Employee (NA) #55 was suspended that the employee could return to was Regional Team Member. Residents with BIMS scores of 12 and Residents with BIMS scores of 12 and Residents with BIMS scores of 11 and Staff will be reeducated on the Abube physically educated prior to the Team Member. There will be training for all staff on imposed for purposes of discipline The training will be conducted by the Staff will be reeducated on restrain.	N #40 via phone, as well as RN #26 On whether were she no longer works at the istrator on 02/20/24 at 5:00 PM regarding you have to weigh the totality of all the activity Assistant. Sometimes you have think happened. The statement from being investigation and legal reviework, employee #40 will have extensive work Employee #55 will have extensive and above were interviewed for potention below had a skin assessment completes, Neglect, and Misappropriation Politinext shift with signatures. The training a Resident Rights including the right to or convenience and not required to treat the Regional Team Member.	education with RN#40. I did not in 02/20/24 at 2:00 PM with no his facility. Ing the incident with Resident #11 statements received and two (2) to see what actually happened oth RN's does not conclude that the example of the complex of the conclude that the example of the conclude of the

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	After a thorough review the team was Director of Clinical Operations week correction upon discovery.	rill determine if substantiated. Audits will will a weeks and monthly x 6 months e QAPI Committee monthly x 6 months	ill be conducted by the regional and randomly thereafter with

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F 0604 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Ensure that each resident is free from 49465 Based on record review, staff intensification physical abuse. Staff physical physically restrained. A nurse aide perform a swab of the nose to test the resident to their room where the wheelchair preventing them from more than the remaining them from the standard was applied. Not only did them and the remaining 93 resident employed by the facility and actions future. This placed all 95 residents The facility was notified of the IJ at Correction (POC) at 10:23PM on 00. The SA observed for the implement Resident identifiers: #43 and #11. If Findings include: a) Resident #43 On 02/20/24 at 9:45AM a medical mincident dated 11/21/23. The report held by Nurse Aide (NA) #55 while Upon reviewing RN #40's written standing just to make her calm down. The investigation included statement b) RN #40 (statement collected by In a statement collected by the facine resident came and asked her to chasore throat. RN #40 said she explained to Resident #43 became agitated and protocol to the resident and tried to	om the use of physical restraints, unless view and resident interview the facility of ly restrained two (2) residents. Resider (NA) nurse aide held her head prevent Resident #43 for COVID. Resident #11 ey locked the resident's wheelchair and noving and leaving their room. Ize how these actions made them feel these failures harm Resident #11 and ts at risk for serious harm and/or death se were not taken to ensure they did not in an immediate jeopardy (IJ) situation 6:15 PM, on 02/20/24. The state agen 2/20/24. The SA accepted the POC on tation of the POC and the IJ was abated that was in regards to an incident on 11/17. Registered Nurse (RN) #40 completed that was in regards to an incident was documents from RN #40, NA #13, and NA #66 the facility) It was a fraid of the would be doing a CO was a fraid of having her nose swabbed alm her down too. RN #40 said NA #55 and mer down too. RN #40 said NA #55 and mer down too. RN #40 said NA #55 and mer down too. RN #40 said NA #55 and mer down too. RN #40 said NA #55 and mer down too. RN #40 said NA #55 and mer down too. RN #40 said NA #55 and mer down too. RN #40 said NA #55 and mer down too. RN #40 said NA #55 and mer down too. RN #40 said NA #55 and mer down too. RN #40 said NA #55 and mer down too. RN #40 said NA #55 and mer down too. RN #40 said NA #55 and mer down too. RN #40 said NA #55 and mer down too. RN #40 said NA #55 and mer down too. RN #40 said NA #55 and mer down too. RN #40 said NA #55 and mer down too. RN #40 said NA #55 and mer down too.	is needed for medical treatment. Is alled to ensure residents were free in #43 was and #11 were both ing movement so the nurse could became agitated and a nurse took if physically held the resident's therefore the reasonable person Resident #43 but they also placed in The alleged perpetrators were still abuse other residents in the coty (SA) received the Plan of 02/20/24 at 10:28 PM. In an angle was for Covid testing. In an asal swab for Covid testing. In A #55) holds Resident #43's ented as the 2 PM - 10 PM shift. In as doing medication pass when a resident #43 was complaining of a serident #43 was complaining of a covid test. According to RN #40, and RN #40 said she explained the indication to the would not hurt. RN #40 said

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F 0604	c) NA#55			
Level of Harm - Immediate jeopardy to resident health or safety	The surveyor obtained a statement Scheduler (NSS) #51 on 11/20/23	from the facility for NA#55. NA#55 gavely phone.	ve her statement to Nursing Staff	
Residents Affected - Some	In her statement the NA said she w hand and her head. Trying to relax	as, Pulled to west for 1:1. Tried to caln resident.	n the resident down by holding her	
		(RN #40's name) was the nurse trying t g by and stopped to help.(AA #143nam		
	NA #55 stated she was making the	resident laugh and smile when it was	over.	
	d) NA #66			
	The statement from the facility for N	NA #66 was given by NA #66 on 11/20,	/23 to NSS #51	
	NA #66 stated she was in a room on front hall when she heard screaming. NA #66 said she went into the hall and saw RN#40, Activity Aide #143, and NA #55 with Resident #43. RN #40 had a swab in her hand. NA #55 was holding the resident's hands and Activity Aide #143 was holding the resident's head. NA #66 said by the time she got all the way to them they had finished the test.			
	e) Activity Assistant (AA) #143			
	The surveyor received a statement 11/20/23.	taken by the facility from AA #143. AA	#143's statement was taken on	
	I was walking down the hall and sa aide holding head to assist the nurs	w the nurse trying to give (Resident #4 se with the test.	3's name) a Covid test. I saw the	
	f) Employee #145			
	The surveyor obtained a statement	taken by the facility for Employee #14	5 on 11/20/23.	
		vho I was and ask her if she recall atter non-verbal/Did not indicate she remen		
	g) Resident #8			
	The surveyor obtained a statement	from Resident #8 dated 11/19/23.This	statement was taken by an RN.	
	Resident was asked in interview if he's ever seen resident being abused, he stated, 'The other night I was in my room and came out and seen the nurse and the CAN holding resident down to swab her. Resident was asked if he knew who they were he said he didn't know their names, but they were foreign.			
	h) Employee#146			
	(continued on next page)			
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F 0604 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	on 11/19/23 to Clinical Manager/RN They came to give her a covid test. held her head and the nurse swabb can't remember who. Certified Occupational Therapy Ass. The surveyor obtained a facility state During session with (Name of Resi at approx.12:30 PM on 11/19/2023 covid tested on Friday (11-17-2023 holding (Resident #143's name) he by the screaming and thought that patients reported that she could be i) NA#13 The surveyor obtained a statement (NA#66'sname) & I were providing with this resident and we nt to the K (RN#40's name) to covid swab resi Further review of the reportable incresident statements who confirmed course of the survey with the follow j) Director of Nursing During an interview with the Director about it. Let me get the Administration. An interview with CL#109 at 9:50 A incident .I came in and got statement administration. k) Administrator An interview with the Administrator	She didn't want I told her it's okay, I word her nose, she was screaming the voted had been to the tall to the tall to the tall tall tall tall tall tall tall tall tal	as holding her hand. The one girl whole time. I told someone but I ooth in therapy room at same time (Resident #43's name) was being with dark hair and a foreigner was udly and that they were disturbed at if she wanted to refuse .Both statement was dated 11/19/23. In we heard screaming. We finished esident#43's name) head back for riday 11/17 after dinner. It despite the multiple staff and eted staff interviews during the O AM she stated, I don't really know 9,stated,I got the call about the hen I handed it over to the

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0604 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	remember what happened. She was smack them off of her. An interview on 02/20/24 at 10:51 / screaming, and we came out, (Nan in front of her. I don't remember mu. An interview on 02/20/24 at 10:54 / screaming, I came out of the room putting a swab in her nose. I don't r came in and told me to write down felt like I needed to report it. They ownent into the room. Telephone interview with NA #55 on help. I went to help her. I was holding trouble I would have never gone into the answer or return call. At the time of this survey NA #55 a unsubstantiated event though there on 11/17/23. m) Resident #11 A facility reportable incident (FRI) of allegations contained in this reportate wheelchair which prevented the allegation was reported as possible. The facility investigated and gather n) NA #141 The surveyor obtained a statement NA #41 said while giving NA a luncasked to give another patient care.	ed the following statements: taken by the facility on10/02/23. th break and taking on the 1:1 she was while she took the 1:1. NA#41 said RN id holding the back of the wheelchair so	what I remember, we heard and her and (Name of RN #40) was felt like she had the right to say no. It come up the hall, and I heard and the east wing (Name of CL #109). Just the way she was screaming I the swab out of her nose when I wat I remember r is the nurse needed who. If I knew I was going to be in e was just trying to get it done. So pm 02/20/2 at 2:00 PM with no the facility and this allegation was firming the incident did happen which she was confined to. This stopped by the RN #40 and was #40 forced Resident #11 back into

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515047	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2024	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Worthington Healthcare Center		2675 36th Street Parkersburg, WV 26104		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0604 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	RN#40 said she was doing her medication pass when a family member of one of the resident's asked her to call for Resident#101's nurse aide. RN #40 said she asked NA#141 if she was assigned to Resident #101. NA #141 said she was the aide for Resident #101. NA #141 also said she was watching Resident #11 because the nurse aide assigned to Resident#11 was on break and had asked her to watch Resident#11 while also attending Resident #101. NA #141 said she had a conversation with Resident #11 while walking around the facility. She said Resident #11 was as going to the exit door and kept saying she was going home. When RN #26, who was the assigned nurse to Resident#11 noticed this behavior she said she would take over Resident #11 so RN #40 could finish medication pass. Resident #11 started hitting and punching us and kept on saying bad words. The staff took Resident #11 to her room while RN #26 had a conversation with the resident trying to have her calm down.			
	p) RN #26			
	Then wrote at the bottom of this sa	me statement was a short statement fr	om RN #26.	
	The summarization of the statemer	nt is:		
	RN#26 agreed with RN#40's statement that the incident with the wheelchair was for a limited period and wa therapeutic. This allegation was unsubstantiated by the facility. However, an in-service entitled Abuse and Neglect dated 10/03/23 was completed by Clinical Manager #7 for the staff. Further education was completed with RN#40 by Clinical Manager #7 on 10/03/23 which involved reviewing the facility policy entitled [NAME] Virginia Abuse, Neglect and Misappropriation. The section regarding involuntary seclusion was highlighted. Both RN#40 and the clinical manager #7 signed and dated the facility policy. Clinical Manager #7 verified RN#40 was still employed by the facility as a night shift nurse.			
	q) Clinical Manager (CM) #7			
	During an interview with Clinical Manager (CL) #7 on 02/20/24 at approximately11:15 AM she stated directed by the administrator to conduct an in-service and to do individual education with RN#40. I di have any further action regarding this reportable.			
	An attempt was made to contact R answer or call back at this time.	N #40 via phone, as well as RN#26 Or	02/20/24 at 2:00 PM with no	
	r) NA#142			
	NA #142 was not able to be interview	ewed because she no longer works at	this facility.	
	s) Administrator			
	he stated, During the investigation were in the room, versus an Activity	istrator on 02/20/24 at 5:00 PM regard you have to weigh the totality of all the y Assistant. Sometimes you have to se appened .The statement from both RN'	statements received and 2 RNs e what actually happened versus	
	(continued on next page)			

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 515047

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515047	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2024	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	CTDEET ADDRESS CITY STATE TID CODE	
Worthington Healthcare Center		2675 36th Street Parkersburg, WV 26104	PCODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0604	t) Plan of Correction			
Level of Harm - Immediate jeopardy to resident health or safety	On 02/20/24 the Nursing Home Ad following plan:	ministrator, Director of Nursing, and the	e Corporate Office implemented the	
Residents Affected - Some	, , , ,	d pending investigation and legal review work, employee #40 will have extensive		
		ed pending investigation and legal revie work Employee #55 will have extensive		
	Residents with BIMS scores of 12 a	and above were interviewed for potenti	al physical abuse.	
	Residents with BIMS scores of 11 of	or below had a skin assessment compl	eted for potential physical Abuse.	
		use, Neglect, and Misappropriation Poli- next shift with signatures. The training		
	There will be training for all staff on Resident Rights including the right to be free from any physical restraints imposed for purposes of discipline or convenience and not required to treat the resident medical symptoms. The training will be conducted by the Regional Team Member.			
	Staff will be reeducated on restrain	t alternatives.		
		eportable events to determine if physica Social Services, Director of Nursing or I		
	After a thorough review the team will determine if substantiated. Audits will be conducted by the regional Director of Clinical Operations weekly x 4 weeks and monthly x 6 months and randomly thereafter with correction upon discovery.			
	Audit results will be reviewed by the	e QAPI Committee monthly x 6months.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION	515047	A. Building	02/23/2024	
	515047	B. Wing	02/23/2024	
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		P CODE	
Worthington Healthcare Center		2675 36th Street		
		Parkersburg, WV 26104		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 informati	on)	
F 0607	Develop and implement policies an	nd procedures to prevent abuse, neglec	et, and theft.	
Level of Harm - Minimal harm or potential for actual harm	49465			
Residents Affected - Few		view and resident interview the facility f ation, and abuse prevention was impler ng physically restrained.		
	Resident #43 was physically and restrained by a nurse aide who held her head preventing movement so the nurse could perform a swab of the nose to test Resident #43 for COVID.			
	Resident #11 became agitated and a nurse took the resident to her room where they locked the residents wheelchair and physically held the resident's wheelchair preventing her from moving and leaving her room.			
	The state agency (SA) determined these failures caused Resident #11 and Resident #43 to suffer physically and mentally. Neither resident was able to verbalize how these actions made them feel. Not only did these failures harm Resident #11 and Resident #43 but they also placed the remaining 93 residents at risk for serious harm and/or death because both alleged perpetrators were still employed by the facility and actions were not taken to ensure these perpetrators did not abuse other residents in the future. This placed all 95 residents in an immediate jeopardy (IJ) situation.			
	The facility was first notified of the IJ at 6:15 PM, on 02/20/24. The SA received the Plan of Correction (POC) at 10:23 PM on 02/20/24. The SA accepted the POC on 02/20/24 at 10:28 PM.			
	The SA observed for the implemen	tation of the POC and the IJ was abate	ed on 02/21/24 at 2:00 PM.	
	Resident Identifiers: #43 and #11.	Facility Census: 95.		
	Findings included:			
	a) Abuse Policy			
	A review of the facility's abuse policy titled: [NAME] Virginia Abuse, Neglect, & Misappropriation Policy # NS 1018-03 revealed the following definition of immediately read: means as soon as possible, in the absence of a shooter state time frame requirements, but not later than 2 hours after the allegations is made, if the event that cause the allegation involve abuse or result in bodily injury, or not later than 24 hours if the events that cause the allegation do no involve abuse and do result in serious bodily injury. Under section titled Protection: In the event an allegation is made the facility will take measures to protect residents from harm during an investigation. Accurate and timely reporting of incidents, both alleged and substantiated, will be sent to officials in accordance with state law.			
	Under section II Training, Number 2 section B Read: Understanding behavioral symptoms of resident including those with dementia and related diseases that may increase the risk of abuse and neglect and how to respond (including interventions to deal with aggressive behaviors).			
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515047	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2024
NAME OF PROVIDER OR SUPPLIER Worthington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2675 36th Street Parkersburg, WV 26104	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	be immediately removed from the a statement and not left alone If multiple employees are involved, completed. The employees will not complete. #5 reads After completing statement(s), the other incident is completed. The employee(s) will be notified of Appropriate measures will be taken. I. Returning to work including no chall. Additional education and training III. Disciplinary action if appropriate guidance. b) Resident #43 On 02/20/24 at 9:45AM a medical reincident dated 11/21/23. The report was held by Nurse Aide (NA) #55 vesting. Upon reviewing RN #40's written stated.	es or staff. sused of being a party to abuse, neglectarea(s) of resident care, interviewed by the employees will be separated until is be permitted to be alone in the facility employee(s) will be asked to vacate the the finding of the investigation in with the employee(s) post investigation angle in regular pay during off time. It is including termination following facility execord review was completed for Residuable was in regard to an incident on 1 vahile Registered Nurse (RN) #40 complete the complete that the statement it was determined NA #55 helencident was documented as the 2 PM and the complete that the statement it was determined to the complete that the statement it was determined to the complete that the statement it was determined to the complete that the comple	facility leadership for a written individual statements are at any time until the investigation is a facility until further investigation of on including but not limited to: HR termination policies and ent # 43 regarding a reportable 1/17/23 were the resident's head leted a nasal swab for Covid d Resident #43's heaad just to

F 0607 Fui	MMARY STATEMENT OF DEFIC	STREET ADDRESS, CITY, STATE, ZI 2675 36th Street Parkersburg, WV 26104 tact the nursing home or the state survey a		
(X4) ID PREFIX TAG SUI (Eac	MMARY STATEMENT OF DEFIC	tact the nursing home or the state survey a	agency	
F 0607 Fui			ауспоу.	
		SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Residents A	Registered Nurse #40 gistered Nurse (RN) #40 gave the #40 (statement collected by the a statement collected by the facilident came and asked her to che throat. #40 said she explained to Resisted and stocol to the resident and tried to sident#43's roommate tried to cand and her head while she (RN# NA#55 Be surveyor obtained a statement heduler (NSS) #51 on 11/20/23 lener statement the NA said she wand and her head. Trying to relax #55's statement also reflected (le(AA)#143's name) was walking #55 stated she was making the law #66 stated she was in a room of the saw RN#40, Activity Aide #143's holding the resident's hands at e she got all the way to them the Activity Assistant (AA) #143	athered by the facility as a result this invented by the facility as a result this invented following statement on 11/17/23: In facility) Itity, on 11/17/23, RN #40 stated she was eck Resident #43. The resident said Resident #43 that she would be doing a CO was afraid of having her nose swabbe convince her she would be careful, an alm her down too. RN #40 said NA #55 40) performed the test. If from the facility for NA#55. NA#55 gave by phone. If as a pulled to west for 1:1. Tried to calmous resident. If and RH40's name) was the nurse trying the graph of the pulled to help. (AA #143 name) are sident laugh and smile when it was a sident laugh and smile when it was a sident laugh and she heard screaming and NA #55 with Resident #43. RN # and Activity Aide #143 was holding the resident laugh and she heard screaming and NA #55 with Resident #43. RN # and Activity Aide #143 was holding the resident laugh and she heard screaming and NA #55 with Resident #43. RN # and Activity Aide #143 was holding the resident was holding the reside	vestigation found the following as doing medication pass when a sident #43 was complaining of a PVID test. According to RN #40, d. RN #40 said she explained the d it would not hurt. RN #40 said helped by holding the resident's ve her statement to Nursing Staff In the resident down by holding her of administer the Covid test. (Activity e) was holding the resident's hand. Dover. 23 to NSS #51 NA #66 said she went into the hall 40 had a swab in her hand. NA #55 esident's head. NA #66 said by the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	515047	A. Building B. Wing	02/23/2024	
NAME OF PROVIDER OR SUPPLIE	ER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Worthington Healthcare Center		2675 36th Street Parkersburg, WV 26104		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0607 Level of Harm - Minimal harm or	I was walking down the hall and saw the nurse trying to give (Resident #43's name) a Covid test. I saw the aide holding head to assist the nurse with the test.			
potential for actual harm	h) Employee #145			
Residents Affected - Few	The surveyor obtained a statement	taken by the facility for Employee #14	5 on 11/20/23.	
		ho I was and ask her if she recall atter non-verbal/Did not indicate she remen		
	i) Resident #8			
	The surveyor obtained a statement	from Resident #8 dated 11/19/23.This	statement was taken by an RN.	
	Resident was asked in interview if he's ever seen resident being abused, he stated, 'The other night I was in my room and came out and seen the nurse and the CAN holding resident down to swab her. Resident was asked if he knew who they were he said he didn't know their names, but they were foreign.			
	j) Employee#146			
	The surveyor obtained a facility sta on 11/19/23 to Clinical Manager/RN	tement from Employee #146. This state N #109	ement was given by the employee	
	They came to give her a covid test. She didn't want I told her it's okay, I was holding her hand. The one girl held her head and the nurse swabbed her nose, she was screaming the whole time. I told someone but I can't remember who.			
	k) Certified Occupational Therapy A	Assistant(COTA)#139		
	The surveyor obtained a facility sta	tement from COTA #139		
	at approx.12:30 PM on 11/19/2023 covid tested on Friday (11-17-2023 holding (Resident #143's name) he by the screaming and thought that	dession with (Name of Resident #54) and (name of Resident #8) both in therapy room at same time in x.12:30 PM on 11/19/2023, it was brought up that another patient (Resident #43's name) was being sted on Friday (11-17-2023) and that a nurse aide that talks funny with dark hair and a foreigner was (Resident #143's name) head back as she was screaming very loudly and that they were disturbed creaming and thought that she was allowed to refuse ea covid test if she wanted to refuse .Both reported that she could be identified if they saw her.		
	I) NA#13			
	The surveyor obtained a statement	taken by the facility from NA #13. The	statement was dated 11/19/23.	
	(NA#66'sname) & I were providing care to a resident on the front hall when we heard screaming. We finished with this resident and we not to the hall to see (NA#55's name) holding (Resident#43's name) head back for (RN#40's name) to covid swab resident's nose. This incident happened Friday 11/17 after dinner.			
	(continued on next page)			

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515047	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2024
NAME OF PROVIDER OR SUPPLIER Worthington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2675 36th Street Parkersburg, WV 26104	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident statements who confirmed course of the survey with the follow m) Director of Nursing During an interview with the Director about it. Let me get the Administrate An interview with CL#109 at 9:50 A incident .I came in and got stateme administration. n) Administrator An interview with the Administrator administrator reviewed d all the pay comfort her .I don't see a problem of the composition of the computting a swab in her nose. I don't reame in and told me to write down felt like I needed to report it. They composite into the room. Telephone interview with NA #55 on help. I went to help her. I was holding trouble I would have never gone into the time of this survey NA #55 and the course of the contact RI answer or return call.	or of Nursing (DON) on 02/20/24 at 9:2 for and Clinical Manager(CL)#109. M on 02/20/24 was conducted. CL#10 ents, and completed this skin checks .T at 10:00 AM on 02/20/24 was conducted.	O AM she stated, I don't really know 9,stated,I got the call about the hen I handed it over to the ed regarding Resident #43.The y held her head and hand to BIMS of 15 the resident stated, I m hers at the time. I wanted to what I remember ,we heard and her and (Name of RN #40) was felt like she had the right to say no. room up the hall, and I heard g her head, and the nurse was ut the east wing (Name of CL #109). Just the way she was screaming I the swab out of her nose when I at I remember r is the nurse needed wn. If I knew I was going to be in he was just trying to get it done. 6 pm 02/20/2 at 2:00 PM with no the facility and this allegation was

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515047	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2024	
NAME OF PROVIDER OR SUPPLIE	- D	STREET ADDRESS, CITY, STATE, ZI	P CODE	
Worthington Healthcare Center		2675 36th Street Parkersburg, WV 26104	PCODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0607	p) Resident#11			
Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A facility reportable incident (FRI) dated 10/03/23 in the (AM), was reviewed involving Resident #11. The allegations contained in this reportable was RN #40, locked Resident #11's wheelchair and held the back of the wheelchair which prevented the resident from freely leaving the room which she was confined to. This allegation was reported as possible involuntary seclusion.			
	The facility investigated and gather	red the following statements:		
	q) NA#141			
	The surveyor obtained a statement	taken by the facility on10/02/23.		
	NA #41 said while giving NA a lunch break and taking on the 1:1 she was stopped by the RN #40 and was asked to give another patient care while she took the 1:1. NA#41 said RN #40 forced Resident #11 back into her room locking her wheelchair and holding the back of the wheelchair so Resident #11was unable to leave her room.			
	r) RN#40 gave a statement on10/0	3/23:		
	call for Resident#101's nurse aide. NA #141 said she was the aide for because the nurse aide assigned to while also attending Resident #101 around the facility. She said Reside home. When RN #26, who was the take over Resident #11 so RN #40	aid she was doing her medication pass when a family member of one of the resident's asked her to esident#101's nurse aide. RN #40 said she asked NA#141 if she was assigned to Resident #101. said she was the aide for Resident #101. NA #141 also said she was watching Resident #11 he nurse aide assigned to Resident#11 was on break and had asked her to watch Resident#11 attending Resident #101. NA #141 said she had a conversation with Resident #11 while walking a facility. She said Resident #11 was as going to the exit door and kept saying she was going then RN #26, who was the assigned nurse to Resident#11 noticed this behavior she said she would Resident #11 so RN #40 could finish medication pass. Resident #11 started hitting and punching pt on saying bad words. The staff took Resident #11 to her room while RN #26 had a conversation esident trying to have her calm down		
	Then wrote at the bottom of this sa	me statement was a short statement fr	om RN #26.	
	The summarization of the statemer	nt is:		
	s) RN#26 agreed with RN#40's sta was therapeutic.	tement that the incident with the wheel	chair was for a limited period and	
	This allegation was unsubstantiated by the facility. However, an in-service entitled Abuse and Neglect 10/03/23 was completed by Clinical Manager #7 for the staff. Further education was completed with I by Clinical Manager #7 on 10/03/23 which involved reviewing the facility policy entitled [NAME] Virgin Abuse, Neglect and Misappropriation. The section regarding involuntary seclusion was highlighted. B RN#40 and the clinical manager #7 signed and dated the facility policy. Clinical Manager #7 verified I was still employed by the facility as a night shift nurse.			
	During an interview with Clinical Manager (CL) #7 on 02/20/24 at approximately11:15 AM she state directed by the administrator to conduct an in-service and to do individual education with RN#40. I have any further action regarding this reportable.			
	(continued on next page)			

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 515047

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515047	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2024	
NAME OF DROVIDED OR SUDDILL	NAME OF PROVIDER OR SUPPLIER		P CODE	
Worthington Healthcare Center		STREET ADDRESS, CITY, STATE, ZI 2675 36th Street Parkersburg, WV 26104	FCODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0607 Level of Harm - Minimal harm or potential for actual harm	An attempt was made to contact RN #40 via phone, as well as RN#26 On 02/20/24 at 2:00 PM with no answer or call back at this time. t) NA#142 was not able to be interviewed because she no longer works at this facility.			
Residents Affected - Few	During an interview with the Administrator on 02/20/24 at 5:00 PM regarding the incident with Resident #11 he stated, During the investigation you have to weigh the totality of all the statements received and 2 RNs were in the room, versus an Activity Assistant. Sometimes you have to see what actually happened versus someone seeing what they think happened .The statement from both RN's does not conclude that the wheelchair was held.			
	u) Plan of Correction			
	On 02/20/24 the Nursing Home Ad following plan:	ministrator, Director of Nursing, and the	e Corporate Office implemented the	
	Employee(RN) #40 was suspended pending investigation and legal review and HR review, if it determined that the employee could return to work, employee #40 will have extensive abuse and neglect training, by the Regional Team Member.			
	Employee (NA) #55 was suspended pending investigation and legal review and HR review ,if is it determined that the employee could return to work Employee #55 will have extensive abuse and neglect training by the Regional Team Member.			
	Residents with BIMS scores of 12 a	and above were interviewed for potentia	al physical abuse.	
	Residents with BIMS scores of 11 of	or below had a skin assessment compl	eted for potential physical Abuse.	
	Staff will be reeducated on the Abuse, Neglect, and Misappropriation Policy, through in person, text blast w be physically educated prior to the next shift with signatures. The training will be conducted by the Regional Team Member. There will be training for all staff on Resident Rights including the right to be free from any physical restraint imposed for purposes of discipline or convenience and not required to treat the resident medical symptoms. The training will be conducted by the Regional Team Member.			
	Staff will be reeducated on restrain	t alternatives.		
		eportable events to determine if physica Social Services, Director of Nursing or D	•	
	After a thorough review the team will determine if substantiated. Audits will be conducted by the regional Director of Clinical Operations weekly x 4 weeks and monthly x 6 months and randomly thereafter with correction upon discovery.			
	Audit results will be reviewed by the	e QAPI Committee monthly x 6months.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION	515047	A. Building	02/23/2024	
	515047	B. Wing	02/23/2024	
NAME OF PROVIDER OR SUPPLII	NAME OF PROVIDER OR SUPPLIER		P CODE	
Worthington Healthcare Center		2675 36th Street		
		Parkersburg, WV 26104		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 informati	on)	
F 0656	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.			
Level of Harm - Minimal harm or potential for actual harm	49465			
Residents Affected - Few		we and staff interview the facility failed to be was found true for (2) two of (3) three acility Census 95.		
	Findings Include:			
	a) Resident #44			
	A record review on 02/19/24 at 1:00 PM of Resident #44's care plan revealed the resident was at risk for and had a fall from bed on 02/10/24.			
	Further record review of Resident #44's care plan found an intervention for, Fall mat to side of bed this intervention was initiated 02/13/24.			
	An observation on 02/19/24 at 1:46 PM of Resident #44 found her lying in bed. No fall mat was beside the bed or in the room.			
	An Observation on 02/21/24 at 11:3	30 AM of Resident # 44 in her bed, the	fall mat was not at bedside.	
	An interview on 02/21/24 at 11:40 / bedside.	AM with Clinical Manager (CM) # 109, o	confirmed the fall mat was not at	
	b) Resident #1			
	A record review on 02/19/24 at 1:10 and has had the following falls:	0 PM of Resident #1's care plan reveal	ed Resident #1was at risk for falls	
	01/24/24 Fall in the dining room			
	02/13/24 Fall in the lobby			
	02/02/24 Fall in the room			
	02/18/24 Fall in the dining room			
	Further record review of Resident # liquids.}	#1's care plan reads, {recessed cup wit	h lid to decrease spillage of hot	
	An observation on 02/21/24 at 11:30AM, Resident #1 was in the dining room. She had a cup of coffee in a regular coffee cup.			
	(continued on next page)			
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			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515047	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2024
NAME OF PROVIDER OR SUPPLIER Worthington Healthcare Center		STREET ADDRESS, CITY, STATE, Z 2675 36th Street Parkersburg, WV 26104	IP CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 02/21/24 at recessed cup as being a cup with a	2:30 PM with Occupational Therapy A a concave lid with a hole in the top . so confirmed that a regular coffee cup is i	ssistant (OTA) # 139 describes a metimes it has 2 handles and

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NAME OF PROVIDER OR SUPPLIER Worthington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2675 36th Street Parkersburg, WV 26104	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Administer the facility in a manner 49465 Based on record review, staff intermanner which enabled it to use its maintain the highest practicable ph failed to identify and substantiate pensure the alleged perpetrators did Neither resident was able to verba standard was applied. These action for serious harm and/or death beca actions were not taken to ensure the immediate jeopardy (IJ) situation. The facility was first notified of the Correction (POC) at 10:23 PM on 0 survyeors observed for the implem Resident identifiers: #43 and #11. If Findings included: a) Resident#43 On 02/20/24 at 9:45AM a medical incident dated 11/21/23. The reportable was regarding an in Resident #43's head was held by N swab for Covid testing. Upon review was holding the resident's head to statements from RN #40, NA #13, Further review of the statements gastatements. RN #40 (statement collected by the facility in the resident was the facility of the statement of the statements gastatements.	that enables it to use its resources effectively and efficiently to resource solutions and involuntary seclusion. In our abuse each involuntary seclusion in the future. Ilize how these actions made them feel the placed these two (2) residents and the residents and the residents in the resident and residents in the resident of the POC and the IJ was absoluted and the POC and the IJ was absoluted and resident on 11/17/23 during the 2:00 PM record review was completed for Resident on 11/17/23 during the 2:00 PM record review was completed for Resident on 11/17/23 during the 2:00 PM record review was resulted by the facility as a result this in athered by the facility as a result this in	ctively and efficiently. Failed to be administered in a enable each resident to attain or eing. The facility's administration in and take appropriate actions to therefore the reasonable person the remaining 93 residents at risk if employed by the facility and if future. All 95 residents were in an eigency (SA) received the Plan of in 02/20/24 at 10:28 PM. The lated on 02/21/24 at 2:00 PM. The ent #43 regarding a reportable - 10:00 PM shift. Surse (RN) #40 completed a nasal determined that RN #40 felt she completed by the facility includes eas doing medication pass when a

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	515047	A. Building B. Wing	02/23/2024	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Worthington Healthcare Center		2675 36th Street Parkersburg, WV 26104		
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F 0835 Level of Harm - Immediate jeopardy to resident health or safety	RN #40 said she explained to Resident #43 that she would be doing a COVID test. According to RN #40, Resident #43 became agitated and was afraid of having her nose swabbed. RN #40 said she explained the protocol to the resident and tried to convince her she would be careful, and it would not hurt. RN #40 said Resident#43's roommate tried to calm her down too. RN #40 said NA #55 helped by holding the resident's hand and her head while she (RN#40) performed the test.			
Residents Affected - Many	NA#55			
	The surveyor obtained a statement Scheduler (NSS) #51 on 11/20/23 l	from the facility for NA#55. NA#55 gav by phone.	ve her statement to Nursing Staff	
	In her statement the NA said she was, Pulled to west for 1:1. Tried to calm the resident down by holding he hand and her head. Trying to relax resident.			
	NA #55's statement also reflected (RN #40's name) was the nurse trying to administer the Covid test.(Activity Aide(AA)#143's name) was walking by and stopped to help.(AA #143name) was holding the resident's hand.			
	NA #55 stated she was making the resident laugh and smile when it was over.			
	NA #66			
	The statement from the facility for NA #66 was given by NA #66 on 11/20/23 to NSS #51			
	NA #66 stated she was in a room on front hall when she heard screaming. NA #66 said she went into the hall and saw RN#40, Activity Aide #143, and NA #55 with Resident #43. RN #40 had a swab in her hand. NA #55 was holding the resident's hands and Activity Aide #143 was holding the resident's head. NA #66 said by the time she got all the way to them they had finished the test.			
	Activity Assistant (AA) #143			
	The surveyor received a statement 11/20/23.	taken by the facility from AA #143. AA	#143's statement was taken on	
	I was walking down the hall and sa aide holding head to assist the nurs	w the nurse trying to give (Resident #4 se with the test.	3's name) a Covid test. I saw the	
	Employee #145			
	The surveyor obtained a statement	taken by the facility for Employee #14	5 on 11/20/23.	
		ho I was and ask her if she recall atter non-verbal/Did not indicate she remen		
	Resident #8			
	The surveyor obtained a statement	from Resident #8 dated 11/19/23.This	statement was taken by an RN.	
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NAME OF PROVIDED OF CURRUED		STREET ADDRESS CITY STATE 71	P CODE
NAME OF PROVIDER OR SUPPLIER Worthington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2675 36th Street Parkersburg, WV 26104	
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F 0835 Level of Harm - Immediate jeopardy to resident health or safety	Resident was asked in interview if he's ever seen resident being abused, he stated, 'The other night I was in my room and came out and seen the nurse and the CAN holding resident down to swab her. Resident was asked if he knew who they were he said he didn't know their names, but they were foreign. Employee #146		
Residents Affected - Many	The surveyor obtained a facility statement from Employee #146. This statement was given by the employee on 11/19/23 to Clinical Manager/RN #109		
	They came to give her a covid test. She didn't want I told her it's okay, I was holding her hand. The one girl held her head and the nurse swabbed her nose, she was screaming the whole time. I told someone but I can't remember who.		
	Certified Occupational Therapy Assistant(COTA)#139		
	The surveyor obtained a facility statement from COTA #139		
	During session with (Name of Resident #54) and (name of Resident #8) both in therapy room at same time at approx.12:30 PM on 11/19/2023, it was brought up that another patient (Resident #43's name) was being covid tested on Friday (11-17-2023) and that a nurse aide that talks funny with dark hair and a foreigner was holding (Resident #143's name) head back as she was screaming very loudly and that they were disturbed by the screaming and thought that she was allowed to refuse ea covid test if she wanted to refuse .Both patients reported that she could be identified if they saw her.		
	NA#13		
	The surveyor obtained a statement	taken by the facility from NA #13. The	statement was dated 11/19/23.
	(NA#66'sname) & I were providing care to a resident on the front hall when we heard screaming. We finished with this resident and we nt to the hall to see (NA#55's name) holding (Resident#43's name) head back for (RN#40's name) to covid swab resident's nose. This incident happened Friday 11/17 after dinner.		
	Further review of the reportable incident found a finding of unsubstantiated despite the multiple staff and resident statements who confirmed it did happen. The survey team completed staff interviews during the course of the survey with the following findings:		
	Director of Nursing		
	During an interview with the Director of Nursing (DON) on 02/20/24 at 9:20 AM she stated, I don't really know about it. Let me get the Administrator and Clinical Manager(CL)#109.		
	I .	M on 02/20/24 was conducted. CL#109 ents, and completed this skin checks .Tl	<u> </u>
	Administrator		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515047	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2024	
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NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Worthington Healthcare Center		2675 36th Street Parkersburg, WV 26104		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0835 Level of Harm - Immediate jeopardy to resident health or safety	An interview with the Administrator at 10:00 AM on 02/20/24 was conducted regarding Resident #43. The administrator reviewed d all the paperwork. The administrator stated, They held her head and hand to comfort her .I don't see a problem with this. Resident#8			
Residents Affected - Many	During an interview on 02/20/24 at 10:37 AM with Resident #8 who has a BIMS of 15 the resident stated, I remember what happened. She was screaming. My room was across from hers at the time. I wanted to smack them off of her.			
	An interview on 02/20/24 at 10:51 AM with NA #66 she stated, I feel like what I remember ,we heard screaming, and we came out, (Name of Activity Assistant #143) was behind her and (Name of RN #40) was in front of her. I don't remember much, but I did feel like it was an issue. I felt like she had the right to say no.			
	An interview on 02/20/24 at 10:54 AM with NA #13 she states, I was in a room up the hall, and I heard screaming, I came out of the room and saw (Name of NA#55) was holding her head, and the nurse was putting a swab in her nose. I don't remember what nurse I reported it to but the east wing (Name of CL #109 came in and told me to write down what I had seen on the paper, So I did. Just the way she was screaming I felt like I needed to report it. They definitely did the swab ;she was taking the swab out of her nose when I went into the room.			
	Telephone interview with NA #55 on 02/20/24 at 2:39 PM she stated, What I remember r is the nurse needed help. I went to help her. I was holding her head and hands to calm her down. If I knew I was going to be in trouble I would have never gone into the room. The nurse was so busy she was just trying to get it done.			
	An attempt was made to contact R answer or return call.	ntact RN #40 via telephone, as well as RN #26 pm 02/20/2 at 2:00 PM with no		
		#55 and RN #40 were both still employed at the facility and this allegation which there were multiple witness statements confirming the incident did happen		
	Resident#11			
	allegations contained in this reports	dated 10/03/23 in the (AM), was review able was RN #40, locked Resident #11 are resident from freely leaving the room a involuntary seclusion.	I's wheelchair and held the back of	
	The facility investigated and gathered the following statements:			
	NA#141			
	The surveyor obtained a statement	taken by the facility on10/02/23		
	The surveyor obtained a statement taken by the facility on10/02/23.			
	(continued on next page)			

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety	NA #41 said while giving NA a lunch break and taking on the 1:1 she was stopped by the RN #40 and was asked to give another patient care while she took the 1:1. NA#41 said RN #40 forced Resident #11 back into her room locking her wheelchair and holding the back of the wheelchair so Resident #11was unable to leave her room. RN#40 gave a statement on10/03/23: RN#40 said she was doing her medication pass when a family member of one of the resident's asked her to call for Resident#101's nurse aide. RN #40 said she asked NA#141 if she was assigned to Resident #101. NA #141 said she was the aide for Resident #101. NA #141 also said she was watching Resident #11 because the nurse aide assigned to Resident#11 was on break and had asked her to watch Resident#11 while also attending Resident #101. NA #141 said she had a conversation with Resident #11 while walking around the facility. She said Resident #11 was as going to the exit door and kept saying she was going home. When RN #26, who was the assigned nurse to Resident#11 noticed this behavior she said she would take over Resident #11 so RN #40 could finish medication pass. Resident #11 started hitting and punching us and kept on saying bad words. The staff took Resident #11 to her room while RN #26 had a conversation with the resident trying to have her calm down. Then wrote at the bottom of this same statement was a short statement from RN #26. The summarization of the statement is: RN#26 agreed with RN#40's statement that the incident with the wheelchair was for a limited period and was therapeutic.		
Residents Affected - Many			
	This allegation was unsubstantiated by the facility. However, an in-service entitled Abuse and Neglect dated 10/03/23 was completed by Clinical Manager #7 for the staff. Further education was completed with RN#40 by Clinical Manager #7 on 10/03/23 which involved reviewing the facility policy entitled [NAME] Virginia Abuse, Neglect and Misappropriation. The section regarding involuntary seclusion was highlighted. Both RN#40 and the clinical manager #7 signed and dated the facility policy. Clinical Manager #7 verified RN#40 was still employed by the facility as a night shift nurse. During an interview with Clinical Manager (CL) #7 on 02/20/24 at approximately11:15 AM she stated, I was directed by the administrator to conduct an in-service and to do individual education with RN#40. I did not		
	answer or call back at this time.	his reportable. N #40 via phone, as well as RN#26 On ewed because she no longer works at t	
	he stated, During the investigation were in the room, versus an Activit	istrator on 02/20/24 at 5:00 PM regardi you have to weigh the totality of all the y Assistant. Sometimes you have to se appened .The statement from both RN'	statements received and 2 RNs e what actually happened versus
	(sommod on noxt page)		

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Worthington Healthcare Center		2675 36th Street Parkersburg, WV 26104	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 02/20/24 the Nursing Home Administrator, Director of Nursing, and the Corporate Office implemented th following plan: Employee(RN) #40 was suspended pending investigation and legal review and HR review, if it determined that the employee could return to work, employee #40 will have extensive abuse and neglect training, by the Regional Team Member. Employee (NA) #55 was suspended pending investigation and legal review and HR review, if is it determine that the employee could return to work Employee #55 will have extensive abuse and neglect training by the Regional Team Member. Residents with BIMS scores of 12 and above were interviewed for potential physical abuse. Residents with BIMS scores of 11 or below had a skin assessment completed for potential physical Abuse. Staff will be reeducated on the Abuse, Neglect, and Misappropriation Policy, through in person, text blast wibe physically educated prior to the next shift with signatures. The training will be conducted by the Regional Team Member. There will be training for all staff on Resident Rights including the right to be free from any physical restraint imposed for purposes of discipline or convenience and not required to treat the resident medical symptoms. The training will be conducted by the Regional Team Member. Staff will be reeducated on restraint alternatives. There will be a team review of all reportable events to determine if physical abuse occurred, per state definitions. The team will include, Social Services, Director of Nursing or Designee, and Executive Director. After a thorough review the team will determine if substantiated. Audits will be conducted by the regional Director of Clinical Operations weekly x 4 weeks and monthly x 6 months and randomly thereafter with		
	correction upon discovery. Audit results will be reviewed by the	e QAPI Committee monthly x 6months.	

AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515047	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2024	
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,	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable infor accordance with accepted profession 45173 Based on record review and staff in record for Resident #97. This is true Resident Identifier: #97. Facility Cere Findings Included: a) Resident #97 On 02/20/24 at 11:00 PM, a record discharge summary dated 10/23/23 stated, Resident has been unable to written.) After reviewing the physical therapy and attended the therapy sessions progress notes state, Pt (patient) professions	rmation and/or maintain medical record conal standards. Interview, the facility failed to maintain a set for one (1) of five (5) residents review insus: 95. The discharge summary under the set of participate in getting up with therapy or notes throughout the stay at the facility in the facility gym while seated in a whopel wc (wheelchair) x (times) 75' (fee anager (CM) #109 reviewed the dischargent the seated in the therapy notes.	ds on each resident that are in complete and accurate medical yed during the survey process. 7. The record review found a section 3 Course of Illness/Progress due to FX (fracture). (Typed as ty, the resident did participate fully eelchair. In addition, other therapy t) sba (stand by assistance).	

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NAME OF PROVIDED OF SUPPLIED		CTREET ADDRESS CITY CTATE TID CODE		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0880	Provide and implement an infection	Provide and implement an infection prevention and control program.		
Level of Harm - Minimal harm or potential for actual harm	45173			
Residents Affected - Some	Based on observation and staff interview, the facility failed to maintain appropriate infection control standards for the cleaning and disinfecting of the [NAME] Unit and maintaining the storage of clean linen. These were random opportunities for discovery. Facility Census: 95.			
	Findings Include:			
	a) Cleansing Dwell Time			
	On 02/20/24 at 9:25 AM, Housekeeper (HK) #46 on the [NAME] wing was asked what type of cleanser does the facility use for surfaces and floors? HK #46 stated (Name of Cleanser) for the floors and surfaces. HK #46 was then asked, what is the dwell time? HK #46 stated, about 5 (five) minutes.			
	On 02/20/24 at 9:40 AM, the Housekeeping Director (HKD) #41 confirmed the name of the cleanser and the dwell time was 10 minutes .it must remain wet . HKD #41 stated, we have reviewed the dwell times .l'm not sure why HK #46 didn't know.			
	On 02/20/24 at 10:00 AM, the label and directions were reviewed for the facility cleanser. The directions state, Treated surfaces must remain visibly wet for 10 minutes.			
	No further information was obtained during the survey process.			
	b) Linen Cart			
	On 02/20/24 at 1:45 PM, the linen of flap across the top the cart.	cart on the East wing was observed. Ti	he linen cart was uncovered with a	
	On 02/20/24 at 1:50 PM, Nurse Aid top of the cart and was not covered	02/20/24 at 1:50 PM, Nurse Aide (NA) #31 and NA #87 confirmed the linen cart had the flap across the of the cart and was not covered.		
	On 02/21/24 at approximately 3:00 PM, the Director of Nursing (DON) was notified and confirmed the linen cart should be covered.			
	No further information was obtained	d during the survey process.		