STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515049	A. Building B. Wing	07/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Morgantown Heights of Journey	1379 Van Voorhis Rd Morgantown, WV 26505

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 staff interview, the facility failed to provide a dignified experience while receiving an administration of insulin for Resident #44. This was a random opportunity fordiscovery. Resident Identifier: #44. Facility Census: 84.Findings Include: a) Resident #44On 07/08/25 at 12:08 PM, an observation of Licensed Practical Nurse (LPN) #45 administering Humalog insulin to Resident #44 in the hallway.On 07/0/25 at 12:09 PM, an interview was held with LPN #45. LPN #45 was asked, Did you administer an injection in the hallway? LPN #45stated, Yes, but I'm running behind, there is always an issue with obtaining the blood sugars in the morning, night shift won't do it.On 07/08/25 at 12:11 PM, the Corporate Registered Nurse (RN) was notified and confirmed the injection should not have been given in the hallway.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation and staff interviews, the facility failed to ensure the call system was accessible to residents while in their bed or other sleeping accommodations within the resident'sroom. This was a random opportunity for discovery. Resident identifier: #12. Facility Census 84Findings include: a) Resident #12On 07/07/25 at 1:10 PM, Resident #12 was heard yelling for help and continued yelling until 1:35 PM. Upon checking on the resident and entering her room, Resident #12 was observed sitting in her wheel chair at the end of her bed. Her call bell was out of her reach on her bed near the pillow.On 07/07/25 at 1:35 PM, in and interview withLicensed Practical Nurse #17, she acknowledged the call button was not within reach of the resident and stated that she was unaware as a nurse aide was just with the resident.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review and staff interview, the facility failed to develop the a comprehensive personal care plan for Resident #80. This was true for one (1) of six (6) residents reviewedduring the survey process. Resident Identifier: #80. Facility Census: 84Findings Include: a) Resident #80On 07/08/25 at approximately 2:00 PM, the care plan was reviewed for Resident #80. The review found the care plan was blank under multiple focus areas. The following areas were included:--Focus area: The resident has or a potential for: (acute pain-less than 30 days/sub acute pain 30-90 days/Chronic pain greater than 90 days)Pain/Pain Potential is Related to: (Typed as written.) No further information was listed under the focus area.Under the interventions of this focus area lists the following: The resident prefered to have pain controlled by: (SPECIFY) medication, treatment). No further information was listed with thisintervention.--Focus area: The resident has bowel incontinence r/t (related to). No further information is listed under the focus area.--Focus area: The resident has a communication problem r/t (blank). No further information is listed under the focus area.The goals found under the focus area are: The resident will maintain current level of communication function by (SPECIFY how, with what assistance i.e. making sounds, using appropriate gestures, responding yes/no questions appropriately, using communication board, writing messages) through the next review date. An additional goal was listed as: The resident will be able to make basic needs known by (SPECIFY) on a daily basis through the next review.Upon further review of the record as well as an resident interview, the resident did not have any type of issues with communication.--Focus area: Requires assistance with Activities of Daily Living. The intervention listed states, Walking Assist: (independent, supervision/oversight, setup, verbal cues/encouragement, non-weight bearing assistance, weight-bearing assistance, total dependence). No further information is listed.On 07/08/25 at approximately 3:15 PM, the Corporate Registered Nurse (RN) confirmed the care plan was incomplete and contained the wrong information regarding a communication issue.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on record review, resident interview, and staff interview the facility failed to provide care in accordance with professional standards of care by not following physician 's orders for woundtreatments, and medication administration. This failed practice was found true for (5) five of (5) five residents reviewed for medication administration and wound care during the complaint survey. Resident identifiers: #80, #5, #40, #76 and #6. Facility Census: 84 Findings included:a) Resident #80On 06/11/25 at 3:33 PM, the Emergency Medical Services (EMS) staff, reported to the ED that the resident was found to be lying in urine and feces, and red, raw irritated skin was noted on the buttocks as well as the perineum. Upon examination the ED doctor documented the condition of the wound were as follows:A left leg wound that is necrotic and decubitus to the sacral area and severe skin breakdown.Upon further review of the ED Physician affidavit, obtained from Adult Protective Services (APS) stated, Unclean physical condition, significant excoriations to the perineal and groin area, which appear to be due to inability to care for personal hygiene/lack of appropriate care from the facility. Significant pain with any amount of movement to this area.A further review of the facility's medical record for Resident #80 revealed no treatment had been ordered to the severely excoriated areas.On 07/08/25 at 9:50 AM, Resident #80, who continued to be hospitalized , was interviewed via telephone. The resident stated, More attention was needed for my wounds, the incontinence care hurt like hell. The wait to receive incontinence care would be approximately (2) two hours and the aides had a bad attitude and were rough when providing the care. In addition, the interview continued with the Medical Power of Attorney (MPOA), who was present. The MPOA agreed that the resident did not receive the care she should have received.A record review on 07/08/25 at 10:40 AM, revealed nothing in her medical record that indicated MASD was present, or any treatments were in place for it.On 07/09/25 at approximately 4:00 PM, the Corporate Registered Nurse (RN) and Director of Nursing (DON) were notified and confirmed immediate skin sweeps would be completed on all the other residents within the facility.On 07/09/25 at 4:30 PM, the report entitled, Medication Administration Audit Report was requested for Resident #80. The report included missed and late medications. The facility has a liberalized medication administration schedule which allows the medication to be administered two (2) hours prior and two (2) hours after the scheduled time. This period of time, also, allows for the one (1) hour prior and one (1) hour after the two (2) hour time frame. For example, if a medication is scheduled for 8:00 AM, the nurse has from 6:00 AM to 11:00 AM to administer the medication before it is considered late. Although, the facility had a five (5) hour window, the following medications were administered late:--Tylenol 325 mg (milligram) by mouth four times daily for pain ordered for 06/01/25 at 4:00 PM, administered at 7:08 PM, this was 8 minutes past the 5-hour timeframe. --Multivitamin one tablet by mouth daily vitamin deficiency was ordered for 06/03/25 at 8:00 AM, administered at 11:06 AM, this was 6 minutes past the 5-hour timeframe.--Vitamin D3 25 mcg (microgram) by mouth daily for vitamin deficiency was ordered for 06/03/25 at 8:00 AM, administered at 11:06 AM, this is 6 minutes past the 5-hour timeframe.--Magnesium Oxide 400 mg by mouth twice daily was ordered for 06/03/25 at 8:00 AM, administered at 11:06 AM, this is 6 minutes past the 5-hour timeframe.--Eliquis 5 mg by mouth twice daily anticoagulant was ordered for 06/03/25 at 8:00 AM, administered at 11:06 AM, this is 6 minutes pastthe 5-hour timeframe.--Amiodarone 200 mg (milligram) by mouth daily was ordered for 06/03/25 at 8:00 AM, administered at 11:05 AM, this is 5 minutes past the 5-hour timeframe.--Sennosides 8.6 mg (milligram) by mouth daily constipation was ordered for 06/03/25 at 8:00 AM, administered at 11:06 AM, this is 6 minutes past the 5-hour timeframe.--Tylenol 325 mg by mouth four times daily for pain was ordered for 06/03/25 at 8:00 AM, administered at 11:06 AM, this is 6 minutes past the 5-hour timeframe.--Lasix 40mg by mouth daily for blood pressure was ordered for 06/03/25 at 8:00 AM, administered at 11:06 AM, this is 6 minutes past the 5-hour timeframe.--Lisinopril 5mg by mouth daily for blood pressure was ordered for 06/03/25 at 8:00 AM, administered at 11:06 AM, this is 6 minutes past the 5-hour timeframe.--Aspirin 81 mg by mouth daily anticoagulant was ordered for 06/03/25 at 8:00 AM, administered at 11:05 AM, this is 5 minutes past the 5-hour timeframe.--Juven 1 packet by mouth two times daily was ordered for 06/03/25 at 8:00 PM, administered at 11:25 PM, this is 25 minutes past the 5-hour timeframe.--Famotidine 20 mg by mouth two times daily was ordered for 06/03/25 at 8:00 AM, administered at 11:06 AM, this is 6 minutes past the 5-hour timeframe. --ProSource 30 ml (milliliter) by mouth three times daily was ordered for 06/03/25 at 8:00 AM, administered at 11:06 AM, which is 6 minutes past the 5-hour timeframe.--Miralax 17gr (gram) by mouth daily for constipation was ordered for 06/03/25 at 8:00 AM, was administered at 11:06 AM, this is 6

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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, interview and policy review the facility failed to properly store food in accordance with professional standards. This is true for the facility kitchen and nourishmentpantry. This had the potential to affect all residents in the facility. Facility census: 84.residents in the facility. Facility census: 84. Findings included:a) On 07/07/25 at 12:27 PM, during a Brief Tourof The Kitchen, with The Dietary Manager # 87who acknowledged the following in the Chest Freezer with no label or dates:- A Bucket of vanilla ice cream.- 2 pints of ice cream inside a brown paper bagOn 07/08/25 at 6:00 PM a review facility policy labeled HCSG Policy 019, Food Storage: ColdFoods. Procedures, number 5 stated All foods will be stored wrapped or in covered containers,labeled and dated, and arranged in a manner toprevent cross contamination.03/4/25 11:30 AM Observation of Kitchen Pantry:- A Package of Elbow Macaroni with no label or dateOn 07/08/25 at 6:00PM during a review of facility policy marked HCSG Policy 018 Food Storage:Dry Goods, listed under procedures number six(6) stated: 'Storage areas will be neat, arranged for easy identification, and date marked as appropriate.