

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Morgantown Heights of Journey		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to notify residents and their representatives of room changes. This failed practice was found true for (2) two of (3) three residents reviewed for room change notifications during the complaint survey. Resident identifiers: #60, and #68. Facility Census: 89. Findings include: a) Resident # 60 A record review on 07/28/26 at 10:00 AM, revealed that Resident #60 had been in room [ROOM NUMBER] since her admission on [DATE]. Resident was moved to room [ROOM NUMBER] on 07/02/25. No room change notification could be found in the medical record. b) Resident #68 A review of the medical record revealed that Resident #68 was admitted to room [ROOM NUMBER] on 03/10/26, On 4/27/26 she was moved to room [ROOM NUMBER], and then on 06/16/26 moved to room [ROOM NUMBER]. No room change notification could be found in the medical record. During an interview on 07/28/26 at 10:40 AM, Resident #15 who has Brief Interview for Mental status (BIMS) of 15, stated, I was okay with my room change, but I did not know that I was moving until the day I moved. c) Staff interview During an interview on 07/28/26 at 2:54, The Licensed Social Worker, (LSW) stated, No, the room change notifications were not completed for those two residents. I have a text conversation on my phone where I was talking to (Resident #68 name) daughter about it. The State Agency (SA) asked, Can you show me that the resident was aware of the room change? LSW stated, No, I cannot. d) Policy review A review on 07/29/26 at 10:15 AM, of the policy titled {Notification of Change}, under compliance guidelines reads: The facility must inform the resident, consult with the resident's physician and /or notify the resident's family member or legal representative when there is a change requiring such notification. Circumstances requiring notification include: 5. A change of room or roommate assignment.		

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: 515049	Facility ID: 515049 If continuation sheet Page 1 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Morgantown Heights of Journey		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to ensure the Medical Power of Attorney (MPOA) was notified regarding transfer to an acute care facility related to a change of condition. This failed practice has the potential to affect more than a minimal number of residents residing in the Long-Term Care Facility. Resident #100. Facility census 89. Based on staff interview and clinical chart review completed on 7/29/26 at approximately 1:30 PM, an interview was conducted with the Director of Nursing (DON) regarding the transfer of Resident #100 to the hospital on [DATE] The DON confirmed the resident was transferred to the hospital on that date and acknowledged that the resident's designated Medical Power of Attorney (MPOA) was not notified at the time of the transfer. The DON further confirmed, based upon review of the resident's clinical record, that documentation reflected the MPOA was not notified until April 28, 2026, when notification was sent via email. The DON acknowledged there was no documentation to support that the resident's representative had been notified on or near the date of transfer. The DON stated that facility practice is to notify the resident's representative as soon as practicable following a transfer to another healthcare setting to ensure the representative is informed of the resident's condition, location, and has the opportunity to participate in care decisions. The DON acknowledged that the delay in notification was not consistent with facility expectations or federal requirements and confirmed that the failure to timely notify the MPOA had the potential to negatively affect the resident representative's ability to participate in the resident's care and continuity of care.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Morgantown Heights of Journey		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on resident interview, record review, observation, and staff interview, the facility failed to ensure one resident (Resident #71) received timely incontinent care and was protected from neglect by allowing the resident to remain in urine-soaked clothing and bed linens for an extended period, failing to provide care even after staff were directed by the Director of Nursing (DON) to do so, and documenting care that had not been provided. This failed practice resulted in the resident remaining in saturated clothing and linens for an additional hour, causing emotional distress as evidenced by the resident crying during the survey. Resident identifier: #71 Facility census: 89 During an interview with Resident #71 on 07/27/26 at approximately 10:15 AM, a strong odor of urine was noted upon entering the resident's room. Resident #71 stated she had not been changed since approximately 11:00 PM the previous evening and stated she likely would not be changed until 1:00 PM or 2:00 PM. The resident stated this occurred all the time because there were only three staff members working the night shift. Record review revealed Resident #71 had a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. Further record review revealed Nurse Aide (NA) #30 documented that Resident #71 had received incontinent care on 07/27/26 at 8:55 AM. During an interview with NA #30 on 07/27/26 at approximately 10:30 AM, NA #30 stated, I have not changed her today and have not had any help. NA #30 stated she reported to work at 7:00 AM. The nurse surveyor then observed Resident #71 and noted the resident's bed linens were completely saturated with urine. The Director of Nursing (DON) was notified and arrived at the resident's bedside at approximately 11:10 AM. The DON stated it was unacceptable for the resident to have remained in urine that long and instructed staff at the nurses' station and in the hallway to immediately provide incontinent care to Resident #71. At approximately 12:30 PM, the surveyor returned to Resident #71's room. A urine odor remained present. When asked how she was doing, Resident #71 tearfully stated, I'm the same, I have not been changed yet, while a tear rolled down her left cheek. During a follow-up interview at approximately 12:40 PM with the Administrator and the DON regarding why Resident #71 had not been changed after the DON's earlier direction, the DON stated, Yeah, they are in there now doing it. I'm not sure why they hadn't. You heard me tell them when we first came out of the room. The Administrator offered no additional comment.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Morgantown Heights of Journey		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, resident representative interview, and staff interview, the facility failed to ensure residents are allowed to return to the facility after requests to be sent to an acute care facility were honored without requiring an Against Medical Advice (AMA) discharge. This was true for two (2) of five (5) residents reviewed under the care area of Discharge. Resident Identifiers: #92 & #93. Facility Census: 89. Findings Include: a) Resident #92 A record review was completed on 07/28/26 at 10:00 AM. The resident was ordered intravenous (IV) fluids and antibiotics for the refusal of medications, and meals as well as treatment for a urinary tract infection (UTI) on 05/14/26. The resident was noted to pull out her IV multiple times. A progress note dated 05/16/26 at 5:50 PM was reviewed. The progress note stated, resident's son was here and resident pulled out her IV again. The son was insistent on her being sent out to the hospital where they could restrain her to keep IV in place. (Staff member Name) was notified and she called (Name of facility physician's assistant) to explain the situation. (Name of facility physician's assistant) did not want her sent out. I called the son back and explained to him that (Name of facility physician's assistant) did not want her sent out and if they choose to send her out it is against medical advice. He hung up on me. He has since called me back and they want to proceed with sending her out. I will let (Staff member Name) know and call for transport to the hospital. However, the resident was sent out to an acute care facility due to worsening edema at the IV site on 05/16/26 6:59 PM. A progress note dated 05/17/26 at 7:11 PM states, Resident hospitalized at (Name of the acute care facility). This nurse spoke with hospital nurse for status update. Per Hospital staff, resident was diagnosed with pneumonia and difficulty maintaining BP (blood pressure). Resident noted to be combative and placed in restraints for safety. Resident using BIPAP intermittently for SOB and receiving 1L via NC while awake. Facility to continue monitoring for updates and changes in condition, (Typed as written.) An interview was held with the Administrator on 07/29/26 at 1:00 PM. The Administrator was asked, if a family wants their person sent out to an acute care facility, are you making them sign out of the facility as an AMA? The Administrator stated, not all requests are looked at as AMA. If the physician states the resident can be treated in the facility, then it would be against medical advice to take the resident out of the facility. I understand the resident and/or the family have the right to request a higher level of care. But if the provider doesn't agree, technically it is against medical advice. On 07/29/26 at 1:30 PM, an interview was held with Corporate Nurse. The Corporate Nurse was asked for clarification on an AMA, if the resident's representative requests a higher level of care. The Corporate Nurse stated, They are not AMAs, I don't know why the staff thinks this, they are confused. We had a different physician in the past and he insisted it was an AMA. We are going to get some training done. The Corporate Nurse confirmed the resident's representative should not have been told this information. b) Resident #93 On 07/28/26 at 1:00 PM, a record review was completed. The review was in reference to a complaint received by the resident's family. The resident was admitted on [DATE] and was sent to an acute care facility on 07/21/26 for behavioral issues. However, the family had requested the resident be sent out to acute care facility prior to the actual transfer. The family was told if the resident is sent to an acute care facility, it will be considered an AMA discharge. At this time, the facility reassured the family the resident could be cared for in the facility. Within a few hours, the resident was sent to acute care facility. An interview was held with the resident representative on 07/28/26 at 11:30 AM. The resident representative stated, (Name of resident) is still in the acute care facility. I was told by (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Morgantown Heights of Journey		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the social worker here (hospital), that he was not allowed to return to the facility due to leaving AMA. He did not leave AMA. At this point, we don't want him to return. We feel like they don't know what they are doing. We are discussing our options. An interview was held with the Administrator on 07/29/26 at 1:00 PM. The Administrator was asked, if a family wants their person sent out to an acute care facility, are you making them sign out of the facility as an AMA? The Administrator stated, not all requests are looked at as AMA. If the physician states the resident can be treated in the facility, then it would be against medical advice to take the resident out of the facility. I understand the resident and/or the family have the right to request a higher level of care. But if the provider doesn't agree, technically it is against medical advice. An additional interview was held with the Administrator on 07/29/26 at approximately 1:00 PM. The Administrator confirmed the facility liason told the acute care facility the resident could not return because the resident left AMA. Upon further review of the medical record, the resident was transferred by the facility. The Administrator stated, we got our wires crossed, the liason did tell the acute care facility, the resident could not return. However, that was an incorrect. On 07/29/26 at 1:30 PM, an interview was held with Corporate Nurse. The Corporate Nurse was asked for clarification on an AMA, if the resident's representative requests a higher level of care. The Corporate Nurse stated, They are not AMAs, I don't know why the staff thinks this, they are confused .we had a different physician in the past and he insisted it was an AMA. We are going to get some training done. The Corporate Nurse confirmed the resident's representative should not have been told this information.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Morgantown Heights of Journey		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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. Based on record reviews and staff interviews, the facility failed to send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. This failed practice has the potential to affect more than a minimal number of residents residing in the long term care facility. resident identifier: #100 Facility Census:87 Findings include: a) ombudsman notification record review completed on 7/29/26 revealed for the months of January,, February, and March 2026 the ombudsman was not notified of transfers.Discharges until April 2026. An interview conducted on 7/29/26 at approximately 1:30 PM with the Director of Nursing (DON) confirmed that the Ombudsman notification email was not sent until 04/26/26 and they currently have an action plan in place to ensure the ombudsman is notified at least monthly. b) Resident #100 Record review completed on 7/29/26 at 1:10 PM revealed the Resident #100 was transferred from the facility to the hospital on January 3, 2026. Review of facility documentation determined the Long-Term Care Ombudsman was not notified of the resident's transfer until April 28, 2026, when notification was sent via email. An Interview conducted on 7/29/26 at approximately 1:30 PM with the Director of Nursing (DON) confirmed the resident was transferred to the hospital on January 3, 2026, acknowledged that the Ombudsman notification email was not sent until April 28, 2026. The facility's failure to provide timely notification to the Long-Term Care Ombudsman did not ensure compliance with federal transfer and discharge notification requirements and had the potential to adversely affect the resident's rights, continuity of care, and the resident representative's ability to participate in care decisions.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Morgantown Heights of Journey		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide the necessary care and services to ensure a resident received treatment in accordance with identified clinical needs by failing to timely initiate physician-ordered wound care and prescribed medication for one (1) of one (1) resident reviewed for quality of care. Resident #100. Facility census 89. a) Resident #100Resident #100 was admitted to the facility on [DATE] and was subsequently transferred to the hospital on [DATE].Based on clinical record review and interview with corporate nurse on 07/30/2026 at 9:00 AM, hospital records revealed Resident #100 was diagnosed with osteomyelitis of the toes of the right foot, a serious bone infection requiring timely assessment, physician-directed treatment, medication management, and ongoing wound care to reduce the risk of worsening infection, tissue destruction, delayed healing, and other serious medical complications.Review of the facility's admission assessment, physician orders, Treatment Administration Record (TAR), Medication Administration Record (MAR), and nursing progress notes revealed Resident #100 was admitted with an identified need for wound care. Despite this documented need, the facility failed to obtain physician wound care orders or initiate wound treatment until 12/19/2025. As a result, Resident #100 went four (4) consecutive days following admission without physician-ordered wound care. The clinical record contained no documentation indicating wound care was provided during this period, no evidence that nursing staff implemented interim protective interventions, and no documentation that the physician was contacted regarding the delay in establishing treatment orders.The facility's failure to timely initiate wound care and ensure prescribed medications were available and administered as ordered delayed necessary treatment for a resident with a documented bone infection. These failures had the potential to contribute to worsening infection, delayed wound healing, increased pain, progression of osteomyelitis, avoidable deterioration in the resident's clinical condition, the potential need for more extensive medical or surgical intervention, and an increased risk of hospitalization.These findings demonstrate the facility failed to provide the care and services necessary for Resident #100 to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment, plan of care, physician orders, and accepted professional standards of practice.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Morgantown Heights of Journey		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, record review and staff interview, the facility failed to maintain an infection control program regarding the storage of resident urinals and linen. These were random opportunities for discovery. Resident Identifiers: #17, #29, #84, #62 and #19. Facility Census: 89. Findings Include: a) Resident Urinals On 07/27/26 at 9:36 AM and at 12:55 PM, a tour of the facility was completed. During the tour, observations of urinals containing urine sitting on the over-the-bed tables were made. These observations were for the following residents: --Resident #17 --Resident #29 --Resident #84 --Resident #62 --Resident #19 The care plans were reviewed for each resident. The care plan did not include the resident's preference regarding the storage of the residents' urinals. On 07/28/26 at approximately 1:30 PM, an interview was held with the Director of Nursing (DON) and the Corporate Nurse. The Corporate Nurse confirmed the used urinals should not be sitting on their over-the-bed tables unless it is the resident's preference. The Corporate Nurse stated, we will check with the residents on what their preference is. b) Facility Policy The facility policy entitled, Disinfection of Bedpans and Urinals was reviewed on 07/29/26 at 10:16 AM. Number 2 of the policy states, Store bedpans and urinals in the resident's bedside cabinet or drawer after placing in a plastic bag or as per resident preference. b) Shower room On 07/28/26 at 11:31 AM, the main shower room was toured. During the tour, the following observations were made: --Two (2) soiled wet wash clothes hanging on the arms of the shower chair--Ten (10) wash clothes and two (2) towels which were folded were laying in the bath tub.--Eight (8) wash clothes and two (2) towels, which were damp and used, were observed sitting on a mechanical lift. On 07/28/26 at 11:37 AM, an Interview was held with the DON. The DON confirmed the linen should not be stored in the shower room. The DON stated, let me get someone to clean this up. On 07/28/26 at 11:41 AM, Nurse Aide (NA) #34 arrived and stated, I'm the shower aide today, let me get this cleaned up. I didn't pay attention, I didn't see those (linen) over there. On 07/28/26 at 11:47 AM, the Corporate Nurse arrived and confirmed the linen should not be stored in the shower room.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Morgantown Heights of Journey		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. The facility failed to maintain an effective pest control program so that the facility is free of gnats in resident rooms and common areas. This was a random opportunity for discovery and has the potential to affect all residents residing in the Long Term Care Facility. Facility census:89 During an interview on 07/27/26 at approximately 11:00 AM with Resident #71 who complained about gnats in the room,An observation made on 07/27/26 while interviewing resident #71 gnats were visible throughout the room and bed side trays. Further observations were made throughout the building and Gnats were observed in the dining area, nurses station and conference room. An interview was conducted on 07/27/26 at approximately 2:00 PM with the facilities Administrator who state We recently had roof repairs and it has stirred up the nats, The Director of Nursing and Corporate Nurse was also present during the interview and was in agreement that this could be due to the recent roofing repairs.		