STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515051	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Joseph's Hospital	Amalia Drive #1 Buckhannon, WV 26201

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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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 49465 Based on Resident Council interview, staff interview and policy review, the facility failed to ensure forms were readily available to residents to file grievances. This failed practice was a random opportunity for discovery and had the potential to affect more than a limited number of residents. Facility census: 15. Findings include: a) Grievance forms During the Resident council meeting on 03/19/25 at 11:00 AM, The Resident Council said that they did not know how to file a grievance and did not know that they could file it anonymously. They also said that they had never seen a grievance form. An observation of the nurses' station and both halls of the facility on 03/19/25 at 2:46 PM, revealed no grievance forms were present in the facility. During an interview, on 03/19/25 at 2:49 PM, The Licensed Social Worker (LSW), stated , No we do not use a form. If they have an issue, we just try to fix it then. I did not know that we had to have forms available. The LSW confirmed that an actual system was not in place to file a grievance. b) Grievance Policy A review of the policy titled Complaint/Grievance Process, revealed: It is the policy of this facility to provide a system whereby residents and/or their significant others, representatives, public or any staff member can voice concerns about the quality of care received at the facility.

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

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49465 Based on record review and staff interview the facility failed to develop person centered care plans related to activities. This failed practice was found true for (4) four of (5) five residents reviewed for activities during the Long-Term Care Survey Process. Resident identifiers #9, #5, #8, and #12. Facility census: 15. Findings include: a) Resident #9 A record review on 03/19/25 at 9:00 AM, revealed an activity care plan for Resident #9 that reads as follows: Focus: Resident at risk for isolation due to interest in select activities of her choice and prefers in room activities/socialization. Goal: Resident will maintain current level of socialization as evidenced by no complaint of isolation at monthly care plan meetings or quarterly Minimum Data Set (MDS) assessments through next evaluation. Interventions: * Greet resident by name upon approach daily. * Talk to resident during care daily. * Encourage resident to make decisions concerning care daily. * Assist resident with establishing a routine and adhering to it. * Inform of, assist to, and encourage resident to attend activities of interest daily. * Provide areas for 1:1 activities as needed. Further record review, on 03/19/25 at 9:15 AM, of Resident #9's Activity assessment dated as 03/13/23 to current revealed that residents interest includes: Art/crafts, board games, card games, cooking, current events, helping others, movies, music, religious, being outdoors and watching TV. None of which are mentioned in the Activity care plan. b) Resident #5 (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A record review on 03/19/25 at 9:00 AM, revealed an activity care plan for Resident #5 that reads as follows: Focus: Resident at risk for isolation due to interest in select activities of her choice and prefers in room activities/socialization. Goal: Resident will maintain current level of socialization as evidenced by no complaint of isolation at monthly care plan meetings or quarterly Minimum Data Set (MDS) assessments through next evaluation. Interventions: * Greet resident by name upon approach daily. * Talk to resident during care daily. * Encourage resident to make decisions concerning care daily. * Assist resident with establishing a routine and adhering to it. * Inform of, assist to, and encourage resident to attend activities of interest daily. * Provide areas for 1:1 activities as needed. Further record review on 03/19/25 at 9:15 AM, of Resident #5's Activity assessment dated [DATE] to current revealed that residents interest included: Cooking, exercise, music, religious, talking/conversing, and outdoors. None of which are included in the activity care plan. c) Resident #8 A record review on 03/19/25 at 9:00 AM, revealed an Activity care plan for Resident #8 that reads as follows: Focus: Resident at risk for isolation due to interest in select activities of her choice and prefers in room activities/socialization. Goal: Resident will maintain current level of socialization as evidenced by no complaint of isolation at monthly care plan meetings or quarterly Minimum Data Set (MDS) assessments through next evaluation. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interventions: * Greet resident by name upon approach daily. * Talk to resident during care daily. * Encourage resident to make decisions concerning care daily. * Assist resident with establishing a routine and adhering to it. * Inform of, assist to, and encourage resident to attend activities of interest daily. * Provide areas for 1:1 activities as needed. Further record review on 03/19/25 at 9:15 AM, of Resident #8's Activity assessment dated as 02/28/24 to current reveals that residents interest includes: art/crafts, board games, card games, cooking, current events, exercise, gardening, helping others, movies, music, parties, radio, religious, talking/conversing, trips, outdoors, and watching TV. None of the interests are mentioned in the activity care plan. d) Resident #12 A record review on 03/19/25 at 9:00 AM, revealed an activity care plan for Resident #12 that reads as follows: Focus: Resident at risk for isolation due to interest in select activities of her choice and prefers in room activities/socialization. Goal: Resident will maintain current level of socialization as evidenced by no complaint of isolation at monthly care plan meetings or quarterly Minimum Data Set (MDS) assessments through next evaluation. Interventions: * Greet resident by name upon approach daily. * Talk to resident during care daily. * Encourage resident to make decisions concerning care daily. * Assist resident with establishing a routine and adhering to it. * Inform of, assist to, and encourage resident to attend activities of interest daily. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	* Provide areas for 1:1 activities as needed. Further record review, on 03/19/25 at 9:15 AM, of Resident #12's Activity assessment dated as 04/20/23 to current revealed the resident's interest included: cooking, helping others, movies, religious, talking/conversing, and outdoors. None of interest are mentioned in the activity care plan. During an interview, on 03/19/25 at 10:30 AM, The Registered Nurse, Nurse Manager (RNNM) stated, I feel like our initial thought was we will get a care plan put in until we get to know the resident and then go in and change it and then we forget. She confirmed that the activity care plan is not personalized to the resident, and that all (4) four activity care plans are the same.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. 49465 Based on Resident Council interview, record review and staff interview the facility failed to provide a program of activities to meet the needs and interests of the residents that included holiday themed and weekend activities. This failed practice was a random opportunity for discovery and had the potential to affect more than a limited number of residents during the Long-Term Care Survey Process. Facility census: 15. Findings include: a) The Activity Department During the Resident council meeting on 03/19/25 at 11:00 AM, The resident council said that the weekends are extremely boring. There are activities on the calendar, but no one does them. They will gather and eat meals and talk to each other, but other than that there is not anything to do. During an interview, on 03/20/25 at 9:47 AM, the Activity Director (AD) stated, I am the only staff in activities. I work Monday through Friday and am typically off on major holidays. Now if I am on vacation for a week The unit secretary fills in for me. She is off on weekends right now. The residents have expressed this to me. The unit secretary might start working 4 hours on a weekend. The aides on the floor are supposed to be doing the weekend activities, but the residents told me they are not doing them. The AD confirmed that the activities are not being done on weekends and that there was nothing scheduled on holidays that are holiday related. b) Activity schedule and Activity Calendar A review, on 03/20/25 at 10:00 AM, of the work schedule for the AD for the months of 12/2024, 01/2025, 02/2025, and 03/2025 revealed the AD was in fact off on major holidays and weekends. The schedule also revealed there were no other staff in the Activity Department. A review on 03/20/25 at 10:15 AM of the Activity calendars for the months of 12/2024, 01/2025, 02/2025, and 03/2025 revealed that (3) activities are scheduled for Saturday's and Sunday's and that there are no activities scheduled on holidays.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 30153 Based on observation and staff interview, the facility failed to ensure a safe environment in the communal shower room. This was a random opportunity for discovery. Facility census: 15. Findings included: a) Communal Shower Room On 03/19/25 at approximately 11:50 AM the door to the communal shower room was open. During the observation of the shower room, an unlabeled plastic bottle containing a clear liquid was found. The bottle contained a warning to keep out of the reach of children. There were check-off boxes on the bottle to be marked as to what was in the container. None of the check-off boxes were marked. There was a partial white and red sticker on the bottle which had no visible information on the sticker. During an interview, on 03/19/25 at 12:12 PM, The Registered Nurse, Nurse Manager (RNNM) #13 stated, That is Clorox 8 to 1 in that bottle. The staff use it to clean the equipment after use. No, it does not have a label on it. It should be labeled with a white and red sticker. I can see where it used to be RNNM #13 confirmed the bottle was not labeled properly and was left out in a resident area.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. 49465 Based on record review, and staff interview the facility failed to recognize, evaluate, and address Resident # 12's impaired nutrition and weight loss. This failed practice was found true for (1) one of (1) one resident reviewed for nutrition during the Long-Term Care Survey Process. Resident identifier #12. Facility Census 15. Findings include: a) Resident #12 A record review on 03/18/25 at 2:16 PM of Resident #12's monthly weights revealed the following weights: 11/07/24- 146 pounds (Lbs.) 12/05/24- 143 Lbs. 01/02/25- 139 Lbs. 02/06/25- 135 Lbs. 03/96/25- 131 Lbs. A review of the five (5) months revealed a weight loss of 10.27 % in (5) five months. Further record review revealed that strawberry boost was ordered for weight loss. Resident #12 had been receiving strawberry boost since 04/24No other supplement had been added. A review of Resident #12's last Registered Dietician assessment, revealed that no Dietary assessment had been completed for Resident #12 since 07/2024. During an interview on 03/20/25 at 10:00 AM, The Registered Dietician (RD) stated, I track the residents weights on a monthly basis and I try to look at how it falls with their Body Mass Index (BMI). I am going to be honest with you, my Certified Dietary Manager (CDM) stepped down. I took it to my boss to tell them I needed help. They are working on it. Since she stepped down, I have been trying to keep up with the kitchen piece as well and I have fallen behind. She further stated, I thought the 5% and 10% weight loss was within a month. I did not realize that it was within 3 months and 6 months. The RD later confirmed that an RD assessment had not been done since 07/24. b) Weight Monitoring Policy A review on 03/20/25 at 10:30 AM, of the policy titled {Weight Monitoring}, under Notification of Significant Weight Change}, reads as follows: (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A. All significant weight gains or losses (5% in thirty days or 10% in one-hundred eight days will be reported to: * The resident and/or Medical Power of Attorney/ Legal Representative * Attending Physician * Registered Dietician/Food & Nutrition Service Director B. Discussion and interventions for weight management will be discussed. C. Notification will be made via written or verbal communication and documented in the medical record.

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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. 49465 Based on observation, and staff interview the facility failed to store, prepare, distribute and serve food in accordance with professional standards. This failed practice was a random opportunity for discovery and had the potential to affect a limited number of residents. Facility census: 15. : Findings Include: a) Dining observation An observation of the lunch meal service starting at 03/19/25 at 12:20 PM, revealed the first tray being served off the tray cart. Seven (7) residents were served in the dining room. The State Agency (SA) walked to the other end of the dining room and then walked back to the tray cart and (2) two dirty trays had been put on the meal cart with the (4) four remaining clean meal trays for the residents. During an interview, on 03/19/25 at 12:40 PM, Nurse Aide (NA) #15 stated, No we don't normally do that. We put the dirty trays on this table back here until the cart is empty. Someone was helping us today that normally doesn't pass trays, and she accidentally put them on there. During an interview on 03/19/25 at 12:45 PM, The Registered Nurse, Nurse Manager (RNNM), confirmed that the dirty trays should not have been put on the cart with the clean trays. b) Nutritional Services Policy A review on 03/20/25 at 8:45 AM, of the policy titled (Nutritional Services), under G, reads as follows: 1. The facility must procure food from sources approved or considered satisfactory by Federal, State, or local authorities. 2. Store, prepare, distribute and serve food under sanitary conditions. 3. Dispose of garbage and refuse properly.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 30153 Based on observation and staff interview, the facility failed to ensure infection control standards were followed for a resident on enhanced barrier precautions (EBP). This was true for one (1) of one (1) residents observed for EBP's during the survey process. Resident identifier: #15. Facility census: 15. Findings included: a) Resident #15 An observation on 03/19/25 at 12:35 PM, revealed Nurse Aide (NA) #15 transferring Resident #15 from the bed to the recliner. Resident #15 had a sign on the door EBP's. NA #15 did not wear a gown and gloves as instructed on the signage. In an interview, on 03/19/25 at 12:42 PM, NA #15 stated that Resident #15 needed help to transfer from the bed to the recliner so that he could eat lunch. NA #15 said, Normally he can transfer with little help. In an interview with the Director of Nursing (DON) at approximately 1:10 PM, she stated that the resident had just been put on EBP's that morning for a small chronic wound that had no drainage and was covered. The DON confirmed that the NA should have donned a gown and gloves before assisting the resident to transfer.