

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>49751</p> <p>Based on observation and staff interview, the facility failed to ensure they honored the residents right to receive meal trays in a dignified manner. This was a random opportunity for discovery during the Long-Term Care Survey process. Facility Census:113. Resident identifier: #71.</p> <p>Findings include:</p> <p>a) Resident #71</p> <p>01/22/25 03:06 PM Resident #71's roommate was served approximately six (6) minutes before Resident #71 was served.</p> <p>During an interview, on 01/22/25 at 3:10 pm with the Administrator, she confirmed Resident #71 should have been served and assisted with eating after the roommates' tray was delivered.</p>

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	
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)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>49467</p> <p>Based on record review and staff interview, the facility failed to thoroughly investigate an allegation of abuse of Resident #319. This was true for one (1) of nine (9) residents reviewed for abuse during the survey process. Resident identifiers: #319, #320, #46, #50, #54, #40, and #8. Facility census: 120.</p> <p>Findings include:</p> <p>a) Resident #319</p> <p>At approximately 1:00 PM on 01/28/25, a review was conducted of a facility reported incident involving Resident #319. This incident alleged Resident #319 was the victim of abuse/neglect at the facility. The residents interviewed by the facility were described as like residents meaning they were in similar condition to Resident #319.</p> <p>In reviewing the statements, the facility interviewed Residents #320, #46, #50, #54, #40, and #8. All of the statements taken from the residents, except the one from Resident #46 were not dated and did not state who the employee was taking the statements. One statement, had the name of Resident #46 at the top of the form, as the person giving the statement, however, it was signed by Resident #8.</p> <p>In the initial report, dated 09/24/2024 at 12:45 PM, Social Worker (SW) #62 documented Resident interviewed and investigation began. However, no statement from Resident #319 was found.</p> <p>At approximately 2:30 PM on 01/28/2025, an interview was conducted with SW #62, with the Administrator in attendance, regarding the incomplete statements from the various residents and the missing statement from Resident #319. SW #62 and the administrator acknowledged the statements not being dated, and the statement identifying Resident #46 as the resident giving the statement but being signed by Resident #8. When SW #62 was asked where the statement from Resident #319 was, that was mentioned in the initial report, he stated, I briefly spoke with him, I remember I asked him if he was ok, and he nodded. I wouldn't t have taken a statement at that time because I hadn't started the investigation yet. However, upon further review, it was determined Resident #319 was not in the facility at the time SW #62 stated he interviewed the resident, as he was sent out to the hospital a day prior, on 09/28/2024. SW #62 stated the initial report should have stated he spoke with the resident's representative.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	
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)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>31826</p> <p>Based on record review and staff interview the facility failed to ensure Resident #108's Discharge Minimum Data set was coded to accurately reflect the location where the resident was discharged to. This was true for one (1) of 36 sampled residents reviewed during the long-term care survey process. Resident Identifier: #108. Facility Census: 113.</p> <p>Findings include:</p> <p>a) Resident #108</p> <p>A review of Resident #108's medical record at 10:52 am on 01/27/25 found a Discharge Summary dated 01/08/25 which indicated the resident was transferred to another long-term care facility.</p> <p>A review of the discharge Minimum data set (MDS) with an assessment reference date of 01/08/25 found section A2105 was coded with the number 04 which indicated the resident was discharged to Short Term General Hospital. However, this section should have been coded 02 Nursing home.</p> <p>An interview with the Nursing Home Administrator (NHA) at 2:05 PM on 01/27/25 confirmed this MDS was inaccurate.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	

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)
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>51554</p> <p>Based upon record review and staff interviews, the facility failed to refer one (1) of eight (8) residents who had a newly evident serious mental health disorder diagnosis for a level II review. This was true for one (1) of eight (8) records reviewed. Resident identifier: #85. Facility census: 120.</p> <p>Findings included:</p> <p>a) Resident #85</p> <p>Major depressive order was added as a diagnosis in the electronic medical record on 11/04/24, for resident #85. The last PASARR was completed on 06/03/24.</p> <p>During an interview with the Director of Nursing (DON) on 01/23/25 at 12:32 PM the PASARR was reviewed PASARR with her and she acknowledged the error.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	

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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>49467</p> <p>Based on observation, record review and staff interview, the facility failed to implement Resident #47's care plan regarding accident hazards in his room and failed to implement Resident #99's care plan in regard to same sex caregivers. This was true for two (2) of 36 resident care plans reviewed during the survey process. Resident identifiers: #47, #99. Facility census: 120.</p> <p>Findings include:</p> <p>a) Resident #47</p> <p>At approximately 1:18 PM on 01/20/2025, 2:00 PM on 01/21/2025, and 3:30 PM on 01/22/2025, Resident #47's over the bed table was observed sitting on the fall mat to the left side of his bed. The over-the-bed table was placed diagonally, from the top of the fall mat, in a way that exposed the metal bottom, and wheels, of the table, leaving the resident open to landing on them if he were to fall out of bed. Licensed Practical Nurse (LPN) #97 acknowledged the table on the fall mat at approximately 3:35 PM on 01/22/25 and stated the table was usually always on the mat because the resident reaches over and gets his water off of the table.</p> <p>At approximately 4:00 PM on 01/22/25, an interview was conducted with the Director of Nursing (DON) and Administrator. During the interview, it was determined the facility had not tried any alternative fall interventions for the resident to make the water more accessible without placing the table on the fall mat.</p> <p>Upon review Resident #47's care plan, it was determined the resident had a focus for falls. One intervention under the fall focus reads Ensure resident's room is free of potential visible hazards. The DON acknowledged at 3:35 PM on 01/28/25 the care plan had not been implemented due to the over the bed table sitting on the resident's fall mat.</p> <p>49465</p> <p>b) Resident #99</p> <p>A record review on 01/27/05 at 10:30 AM, revealed a care plan for Resident #99 initiated on 04/24/24, revised on 10/24/24 read as follows:</p> <p>Focus:</p> <p>At risk for impaired psychosocial well-being related to history of physical trauma related to falls resulting in major injury and will refuse Vital Signs, refused shower, become verbally and physically aggressive at times.</p> <p>Goal:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	

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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The resident will verbalize a maintained/improved psychosocial wellbeing as evidenced by the elimination and/or mitigation of triggers that may cause re-traumatization through next review date.</p> <p>Interventions:</p> <p>Consideration should be given to methods of assistance given to resident such as: Same sex care giver, removal of clothing slowly, remove from areas where</p> <p>Further record review of the Nursing Assistant (NA) assignment sheets from 01/13/25 to present revealed that Resident #99 was assigned a female caregiver every day, every shift.</p> <p>During an interview on 01/27/25 at 10:45 AM, The Director of Nursing (DON), stated, We do not have male caregivers right now. We have not had one for a while. I do not know why that is in the care plan. I will get it fixed.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	

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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49751</p> <p>Based on record review and staff interview the facility failed to revise care plan after placing resident on a Q one (1) hour checks for three (days). This was a random opportunity for discovery during the Long-Term Care survey process. Facility identifier: #96. Facility Census: 113.</p> <p>Findings include:</p> <p>a) Resident #96</p> <p>Record review on 01/23/25 at 11:09 AM of Resident #96 care plan, which stated the following</p> <p>Focus</p> <p>-Resident is an elopement risk related to dementia and wandering behaviors.</p> <p>Resident has exit seeking behaviors.</p> <p>Resident has had an elopement.</p> <p>Goal</p> <p>-Resident [NAME] not exit property if unsafe to navigate community.</p> <p>Interventions</p> <p>-Apply secure device. Check placement every shift. check function and door transmitter daily. Document in the order the expiration date of the secured devices.</p> <p>-Assess for hunger, thirst, ambulation/re-admission, quarterly, and PRN(as needed)</p> <p>-Educate resident/resident representative of the need for secure unit/device to maintain resident safety</p> <p>-Evaluate need of secured unit, notify medical provider as needed.</p> <p>-Notify medical provider, resident representative of behavior changes.</p> <p>-Notify staff of elopement risk.</p> <p>-Obtain a current photograph and list of identifiable characteristics, and place in the elopement risk identification book.</p> <p>-Provide diversionary activities as needed. Redirect when appropriate.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Provide structured activities as times of increased elopement risk, diversional tasks, redirection of ambulation pattern, and utilization of safe wandering areas.</p> <p>-Q one-hour checks to be completed x 3-day duration.</p> <p>Further record review found the intervention for Q one (1) hour checks to be completed X(times) three (3) day duration was initiated on 07/09/24. The MAR(medication administration record) for that time frame was documented to having checks every hour for three (3) days.</p> <p>An interview with the Director of Nursing (DON) was completed on 01/23/25 at approximately 1:00 PM. When asked if Q one-hour checks should completed for a 3 day duration still be listed in the current care plan the DON stated, it should not. The DON Confirmed after three (3) days the care plan was not revised/updated.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	
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)		
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49751</p> <p>Based on record review and staff interviews the facility failed to ensure they provided an ongoing program of activities of support the needs of each resident. One resident (1) did not have an Activity Preference Assessment (ADA) within in seven (7) Days of Admission. This was a random opportunity for discovery during the long-term care survey process. Resident identifier: #368. Facility census: 113.</p> <p>Findings include:</p> <p>a) Resident #368</p> <p>On 01/27/25 at 01:07 PM during record review it was revealed that Resident #368 was admitted on [DATE]. The activity preference interview was not completed till 11/11/24</p> <p>On 01/27/25 at approximately 1:30 PM the Director of Nursing (DON) provided a paper stating, When UDA should be completed/How UDA will trigger. On the list it revealed the Activity preference interview triggers to be completed by day seven (7) after admission/re-admission then annually.</p> <p>On 01/27/25 at 2:05 PM the Activity Director (AD) acknowledged the assessment should have been done by day seven (7).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	
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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>39043</p> <p>Based on observation, record review, and staff interview, the facility failed to ensure residents received treatment and care in accordance with professional standards of practice. A medication dosage was not specified in a physician's order for Resident #42. A physician's order for no straws was not followed for Resident #88. This deficient practice had the potential to affect two (2) of 36 residents reviewed in the long-term care survey sample. Resident identifiers: #42 and #36. Facility census: 120.</p> <p>Findings included:</p> <p>a) Resident #42</p> <p>On 01/22/25 at 9:31 AM, Licensed Practical Nurse (LPN) #21 was observed administering medications to Resident #42. One of the medications given to Resident #42 was Vitamin D3 1000 international units (IU) or 25 micrograms (mcg). The Vitamin D3 tablet was dispensed from a floor stock bottle of Vitamin D3 located in the medication cart.</p> <p>Review of Resident #42's physician's orders showed an order written on 01/11/25 for Vitamin D3 oral tablet (cholecalciferol) Give 1 tablet by mouth one time a day for vitamins. The dosage of the medication to be given was not specified.</p> <p>On 01/22/25, the Director of Nursing confirmed the physician's order for Resident #42's Vitamin D3 did not specify the dosage to be given.</p> <p>No further information was provided through the completion of the survey.</p> <p>b) Resident #88</p> <p>Review of Resident #88's physician's orders showed an order written on 11/29/24 for Regular diet, dysphagia advanced texture, thin liquids consistency, double entree portions, no straws.</p> <p>On 01/27/25 at 1:05 PM, Resident #88 was observed sitting in a wheelchair in the lounge with his lunch tray on an overbed table. The lunch tray ticket stated, No straws. There were no straws on his lunch tray. However, a large Styrofoam cup with a straw was also on the overbed table. This was a Styrofoam cup the facility used to give fluids to residents.</p> <p>Medical Records Worker #25 was the closest staff member and was alerted by the surveyor that Resident #88 had a straw in his beverage cup despite a physician's order not to have one. Medical Records Worker #25 confirmed Resident #88's tray ticket stated the resident was not to have a straw. She removed the straw from the resident's cup with his permission.</p> <p>On 01/27/25, Resident #88's diet order was changed and the instruction no straws was removed from the order.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	

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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/28/25 at 1:52 PM, Speech Therapist #109 was interviewed. She stated Resident #88 was safe to have straws.</p> <p>No further information was provided through the completion of the survey process.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	
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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>49467</p> <p>Based on observation, record review and staff interview, the facility failed to ensure the resident environment was as free of accident hazards as possible for Residents #47, #56, and #71. These were random opportunities for discovery. Resident identifiers: #47, #56, and #71. Facility census: 120.</p> <p>Findings include:</p> <p>a) Resident #47</p> <p>Observations made At approximately 1:18 PM on 01/20/25, 2:00 PM on 01/21/2025, and 3:30 PM on 01/22/2025, Resident #47's over the bed table was observed sitting on the fall mat to the left side of his bed. The over the bed table was placed diagonally, from the top of the fall mat, in a way that exposed the metal bottom, and wheels, of the table, leaving the resident open to landing on them if he were to fall out of bed. Licensed Practical Nurse (LPN) #97 acknowledged the table on the fall mat at approximately 3:35 PM on 01/22/2025 and stated the table is usually always on the mat because the resident reaches over and gets his water off of the table.</p> <p>At approximately 4:00 PM, on 01/22/2025, an interview was conducted with the Director of Nursing (DON) and Administrator. During the interview, it was determined the facility had not tried any alternative fall interventions for the resident to make the water more accessible without placing the table on the fall mat.</p> <p>49465</p> <p>b) Resident #56</p> <p>An observation on 01/22/25 at 11:00 PM, revealed a bottle of Povidone Iodine Prep Solution setting on the dresser in Resident #56's room.</p> <p>During an interview on 01/22/25 at 11:00 PM, Resident #56 stated, They leave all kinds of stuff in here.</p> <p>An observation on 01/22/25 at 11:10 PM, with the Director of Nursing (DON) revealed that Resident #56's room door was shut. The state agency (SA) knocked on the door. A Nursing Assistant (NA) came to the door and stated, We are doing wound care. Give us just a few minutes.</p> <p>During an observation, and interview on 01/22/25 at 11:25 PM, the DON in Resident #56's room showed that the Povidone Iodine Prep Solution was no longer on the dresser. The DON opened the dresser drawers and found the solution in the drawer with 6 bottles of skin prep solution and several unwrapped gauze pads. The DON confirmed that the items should not be in Resident #56's room.</p> <p>c) Material Safety Data Sheet (MSDS)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	

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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the MSDS for the Povidone Iodine Prep Solution on 01/22/25 at 12:10 PM, under Section 2 {Hazards Identification} reads as follows:</p> <p>Causes eye irritation. May be harmful if swallowed. May be harmful if contact with skin. Call a posion control center/doctor if you feel unwell.</p> <p>49751</p> <p>d) Resident #71</p> <p>Record review</p> <p>on 11/22/25 review of Resident #71's care plan revealed the following</p> <p>Focus</p> <p>~Gerald has experienced an actual fall in facility, risk for falls related to weakness, cognition, medications and incontinence, previous falls.</p> <p>Goal</p> <p>Resident will not sustain major injury related to falls through review date.</p> <p>Interventions</p> <ul style="list-style-type: none"> -apply abdominal binder as needed to prevent resident from pulling on tube. -FALL RISK : Defined perimeter mattress to bed to help patient identify edges of bed. -FALL RISK: Fall mats to (both sides) of bed while in bed to help prevent injury. -FALL RISK: Keep bed in lowest position except when providing care. - Gerichair -Hipsters to be worn at all times -Hourly checks while in bed -Physician to review for unusual behavior. -Q1h(Every Hour) incontinence checks. -Weighted blanket while in bed to provide comfort. <p>Observations</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	
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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/21/24 at 1:20 PM surveyor observed Resident #71 in bed with the bed in lowest position, no weighted blanket was on Resident #71 and there was no fall mat on the Left side of the bed (The fall mat was slid between the wall and closet).</p> <p>Further observations on 11/22/24 at approximately 2:00 PM resident #71 remained in bed this time legs were off the right side of the bed and the fall mat was not in the left side of the bed, the weighted blanket was not on Resident #71, and no hipsters were on Resident #71.</p> <p>During an interview with the Director of Nursing (DON) on 11/22/24 at approximately 3:00 PM in the room with Resident #71, the DON confirmed the left side floor mat was not beside the bed, the resident did not have hipsters on, however at this time DON confirmed the weighted blanket was on the resident.</p> <p>The surveyor also noted the weighted blanket was on Resident #71 that previously was not on him. Which showed staff came into room and did not place the fall mat back to the left side of the resident's bed and did not ensure the hipsters was on Resident #71. Resident #71, was care planned to have these items in place as fall interventions to prevent injury incase of a fall.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	

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)
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>49465</p> <p>Based on record review, resident interview and staff interview the facility failed to monitor the effectiveness of pain medications in accordance with professional standards of practice. This failed practice was found true for (1) one of (7) seven residents reviewed for pain during the Long-Term Care Survey Process. Resident identifier: #31. Facility census: 120.</p> <p>Findings Include:</p> <p>a) Resident #31</p> <p>During an interview on 01/28/24 at 9:15 AM, Resident #31 stated, I hurt all the time. They are waiting on something from the pharmacy.</p> <p>A record review on 01/28/24 of Resident #31's current orders revealed an order for Oxycodone-Acetaminophen oral tablet 5-325 to give (1) one tablet by mouth every (8) eight hours as needed for pain. The order had a start date of 11/04/24.</p> <p>Further record review of Resident #31's Medication Administration Reports (MAR's) for the months of 11/2024, 12/2024, and 01/2025 revealed that Resident #31 was given the Oxycodone-Acetaminophen (5) five times without checking the effectiveness of the medication.</p> <p>During an interview on 01/28/24 at 2:00 PM the DON confirmed that the effectiveness of the pain medicine was not monitored according to the MAR.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	

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)
<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>49465</p> <p>Based on record review and staff interview the facility failed to provide necessary behavioral health care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being. This failed practice was found true for (1) one of (2) two residents reviewed for mood/behavior during the Long-Term Care Survey Process. Resident identifier: #99. Facility census: 120.</p> <p>Findings Include:</p> <p>a) Resident #99</p> <p>A record review on 01/21/25 at 10:00 AM, revealed that Resident #99 had diagnoses that included the following:</p> <p>Dementia with mood disturbance</p> <p>Dementia with anxiety</p> <p>Generalized anxiety disorder</p> <p>Major Depressive disorder, Recurrent severe with psychotic features</p> <p>Further record review of Resident #99's, Behavior Monitoring and Interventions report, revealed that from 10/01/24 to present Resident 99 had 15 days that he was marked for behaviors.</p> <p>Further record review of Resident #99's Behavior notes from nursing reveal an additional 13 behavior notes since 10/01/24.</p> <p>A record review on 01/27/24 at 10:00 PM, revealed a Care plan for Resident #99 that reads as follows:</p> <p>Focus:</p> <p>At risk for impaired psychosocial wellbeing related to history of physical trauma related to falls resulting in major injury and will refuse Vital Signs, refused shower, become verbally and physically aggressive at times.</p> <p>Goal:</p> <p>The resident will verbalize a maintained/improved psychosocial wellbeing as evidenced by the elimination and/or mitigation of triggers that may cause re-traumatization through next review date.</p> <p>Interventions:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	

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)
<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Approach the provision of care and services for those residents with history of trauma with dignity and respect.</p> <p>Consideration should be given to methods of assistance given to resident such as:</p> <p>Same sex care giver</p> <p>Removal of clothing slowly</p> <p>Remove from areas.</p> <p>Further record review of the medical record for Resident #99 revealed no Psychiatric Consultations in the medical record.</p> <p>During an interview on 01/27/25 10:11 AM Interview with DON stated, (Facility Psych Services named) has not seen him. I will see about getting him an appointment.</p> <p>A record review on 01/27/24 at 10:45 AM, revealed that Resident #99 had no social service notes, other than care plan notes. None of the care plan notes addressed how they are helping Resident #99 with his behaviors and psychiatric issues.</p> <p>During an interview on 01/27/25 at 11:40 AM, The Licensed Social Worker (LSW) #62 stated, He likes to get up and walk around the nurses station. He does get physically aggressive. Everyday he is verbally aggressive. The State Agency (SA) asked, What interventions are we doing to help with his aggressive behavior? LSW #62 replied, My office is right beside the nurses station. I usually go out and redirect him to sit down.</p> <p>The LSW confirmed that Resident #99 had no personal interventions and that he had not had a Psych appointment since admission.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	

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)
<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>49465</p> <p>Based on record review and staff interview the facility failed to provide medically related social services necessary to attain or maintain the highest practicable physical, mental and psychosocial well-being. This failed practice was found true for (1) one of (2) two residents reviewed for mood/behavior during the Long-Term Care Survey Process. Resident identifier: #99. Facility Census: 120.</p> <p>Findings Include:</p> <p>a) Resident #99</p> <p>A record review on 01/21/25 at 10:00 AM, revealed that Resident #99 had diagnoses that include the following:</p> <p>Dementia with mood disturbance</p> <p>Dementia with anxiety</p> <p>Generalized anxiety disorder</p> <p>Major Depressive disorder, Recurrent severe with psychotic features</p> <p>Further record review of Resident #99's, Behavior Monitoring and Interventions report, revealed that from 10/01/24 to present Resident #99 had 15 days marked for behaviors.</p> <p>Further record review of Resident #99's Behavior notes from nursing revealed an additional 13 behavior notes since 10/01/24.</p> <p>A record review on 01/27/24 at 10:00 PM, revealed a Care plan for Resident #99 that read as follows:</p> <p>Focus:</p> <p>At risk for impaired psychosocial wellbeing related to history of physical trauma related to falls resulting in major injury and will refuse Vital Signs, refused shower, become verbally and physically aggressive at times.</p> <p>Goal:</p> <p>The resident will verbalize a maintained/improved psychosocial wellbeing as evidenced by the elimination and/or mitigation of triggers that may cause re-traumatization through next review date.</p> <p>Interventions:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	

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)
<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Approach the provision of care and services for those residents with history of trauma with dignity and respect.</p> <p>Consideration should be given to methods of assistance given to resident such as:</p> <p>Same sex care giver</p> <p>Removal of clothing slowly</p> <p>Remove from areas.</p> <p>Further record review of the medical record for Resident #99 revealed no Psychiatric Consultations in the medical record.</p> <p>During an interview on 01/27/25 10:11 AM Interview with DON stated, (Facility Psych Services named) hah not seen him. I will see about getting him an appointment.</p> <p>A record review on 01/27/24 at 10:45 AM, revealed that Resident #99 had no social service notes, other than care plan notes. None of the care plan notes addressed how they are helping Resident #99 with his behaviors and psychiatric issues.</p> <p>During an interview on 01/27/25 at 11:40 AM, The Licensed Social Worker (LSW) #62 stated, He likes to get up and walk around the nurses station. He does get physically aggressive. Everyday he is verbally aggressive. The State Agency (SA) asked, What interventions are we doing to help with his aggressive behavior? LSW #62 replied, My office is right beside the nurses station. I usually go out and redirect him to sit down.</p> <p>The LSW confirmed that Resident #99 had no personal interventions and that he had not had a Psych appointment since admission.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	

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)
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>39043</p> <p>Based on observation, record review and staff interview, the facility failed to ensure residents were free from significant medication errors. This deficient practice had the potential to affect (1) of four (4) residents reviewed during the medication administration facility task. Resident identifier: #73. Facility census: 120.</p> <p>Findings included:</p> <p>a) Policy Review</p> <p>The facility's policy titled Medication Administration with approval effective date 12/02/24 gave the following procedure:</p> <ul style="list-style-type: none"> - Read medication label three (3) times before administering medication - First, when pulling the medication from the drawer - Second, when comparing label to MAR [Medication Administration Record] - Third, when preparing to administer the medication <p>b) Resident #73</p> <p>On 01/22/25 at 8:48 AM, observation was made of Licensed Practical Nurse (LPN) #20 administering medications to Resident #73.</p> <p>Resident #73's medications were dispensed by pharmacy in three (3) plastic packets.</p> <p>One plastic packet was labeled to contain the following medications:</p> <ul style="list-style-type: none"> - Aripiprazole, 5 milligrams (mg) - Citalopram Hydrobromide, 10 mg - Divalproex Sodium, 500 mg <p>Another plastic packet was labeled to contain the following medications:</p> <ul style="list-style-type: none"> - Furosemide, 40 mg - Lisinopril, 2.5 mg - Metoprolol Succinate, 25 mg - Pantoprazole Sodium, 40 mg <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	
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)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The third plastic packet was labeled to contain the following medications:</p> <ul style="list-style-type: none"> - Risperidone, 1 mg - Metformin HCl, 1000 mg <p>LPN #20 reviewed Resident #73's Medication Administration Record (MAR) on the medication cart computer and made sure each medication to be administered was in one of the plastic packets from pharmacy. She then administered all the medications contained in the three (3) packets to Resident #73.</p> <p>Review of Resident #73's physician's orders showed no current orders for Aripiprazole (Abilify). Further review of the resident's physician's orders showed the resident had previously been prescribed Aripiprazole, an antipsychotic medication, for schizoaffective disorder. The resident was prescribed Aripiprazole 5 mg daily on 10/12/24. An order had written on 11/26/24 to decrease Aripiprazole to 2.5 mg every day for seven (7) days and then discontinue the medication. The resident's MAR did not contain an order for Aripiprazole.</p> <p>Further review of Resident #73's medical records showed a psychotropic medication evaluation was held by the Pharmacy and Therapeutics Committee on 11/26/24. During this meeting, the decision was made to perform a Gradual Dose Reduction (GDR) of Resident #73's Aripiprazole.</p> <p>On 01/22/25 at 10:25 AM, the packets for Resident #73's medications to be administered on the morning of 01/23/25 were reviewed. One of the packets was labeled to contain Aripiprazole 5 mg. The pill was described on the packet as a blue, rectangular pill. A blue, rectangular pill was contained in the packet.</p> <p>On 01/22/25 at 11:47 AM, the Director of Nursing (DON) confirmed Resident #73 physician's orders did not contain a current order for Aripiprazole. She stated she would call the pharmacy to determine why the medication was dispensed.</p> <p>On 01/22/25 at 3:26 PM, the DON stated she had spoken to the pharmacy. The pharmacy had stated they had made an error when they received the order on 11/26/25 to reduce and then discontinue the medication and had not carried out the order. However, the DON acknowledged LPN #20 should have checked each medication in the packets with the MAR and not administered the Aripiprazole because there was no current order for it.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>39043</p> <p>Based on observation, record review, and staff interview, the facility failed to store and label medications in accordance with professional standards of care. Multiuse vials of insulin had not been dated when opened. Additionally, multiuse vials of insulin had not been discarded 28 days after opening. These were random opportunities for discovery. Resident identifiers: #83, #85, #80, #62, #51, #61, and #57. Facility census: 120.</p> <p>Findings included:</p> <p>a) Policy review</p> <p>The facility's policy titled Vials and Ampules of Injectable Medications stated as follows:</p> <p>Expiration Dates: Unopened vials expire on the manufacturer's expiration date. When a vial is opened, the nurse records the opened date on the vial. Since opening a vial triggers a shortened expiration date that is unique for that vial, the nurse may record the expiration date on the vial. Triggered expiration dates may be found on the manufacture's [sic] package insert, on the package, or on a reference chart by pharmacy, or by contacting the pharmacist.</p> <p>b) A2 Hallway Cart</p> <p>On 01/22/25 at 9:10 AM, inspection of the A2 hallway medication cart was made with Licensed Practical Nurse (LPN) #20 in attendance.</p> <p>In the cart was a multi-use vial of aspart insulin for Resident #83. The vial had not been dated when first accessed. The vial was delivered by the pharmacy on 01/20/25. LPN #20 confirmed the vial had not been dated when opened. Review of Resident #83's physician's orders showed the resident was still receiving this medication.</p> <p>Also in the cart was a multi-use vial of Lantus insulin for Resident #61. The vial had a handwritten opening date of 11/21/24 and a handwritten expiration date of 12/22/24. This was confirmed by LPN #20. No packaging insert was in the insulin box. The Lantus insulin package insert available on the Food and Drug Administration (FDA) Website stated multi-use vials can be used for 28 days after opening. Review of Resident #61's physician's orders showed the resident was still receiving this medication.</p> <p>Also in the cart was a multi-use vial of Novolog insulin for Resident #61. The vial had a handwritten opening date of 11/24/24 and a handwritten expiration date of 12/[illegible]/24. This was confirmed by LPN #20. No packaging insert was in the insulin box. The Novolog insulin package insert available on the Food and Drug Administration (FDA) Website stated multi-use vials of Novolog may be kept for up to 28 days after use. Review of Resident #61's physician's orders showed the resident was still receiving this medication.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Also in the cart was a multi-use vial of Novolog insulin for Resident #51. The vial had a handwritten opening date of 12/14/24 and a handwritten expiration date of 01/13/25. This was confirmed by LPN #20. No packaging insert was in the insulin box. Review of Resident #51's physician's orders showed the resident was still receiving this medication.</p> <p>Also in the cart was a multi-use vial of Novolog insulin for Resident #57. The vial had a handwritten opening date of 12/16/24 and a handwritten expiration date of 01/13/25. This was confirmed by LPN #20. No packaging insert was in the insulin box. Review of Resident #57's physician's orders showed the resident was still receiving this medication.</p> <p>c) B1 Hallway Cart</p> <p>On 01/22/25 at 9:10 AM, inspection of the B1 hallway medication cart was made with Licensed Practical Nurse (LPN) #21 in attendance.</p> <p>In the cart was a multi-use vial of aspart insulin for Resident #85. The vial had not been dated when first accessed. The vial was delivered by the pharmacy on 12/30/24. LPN #21 confirmed the vial had not been dated when opened. Review of Resident #85's physician's orders showed the resident was still receiving this medication.</p> <p>Also in the cart was a multi-use vial of Lantus insulin for Resident #85. The vial had a handwritten opening date of 12/19/24 and a handwritten expiration date of 01/18/25. This was confirmed by LPN #21. No packaging insert was in the insulin box. The Lantus insulin package insert available on the Food and Drug Administration (FDA) Website stated multi-use vials of Lantus can be used for 28 days after opening. Review of Resident #85's physician's orders showed the resident was still receiving this medication.</p> <p>Also in the cart was a multi-use vial of Lantus insulin for Resident #62. The vial had a handwritten opening date of 12/05/24 and a handwritten expiration date of 01/04/25. This was confirmed by LPN #21. No packaging insert was in the insulin box. Review of Resident #62's physician's orders showed the resident was still receiving this medication.</p> <p>Also in the cart was a multi-use vial of Lantus insulin for Resident #80. The vial had a handwritten opening date of 11/24/24 and a handwritten expiration date of 12/24/24. This was confirmed by LPN #21. No packaging insert was in the insulin box. Review of Resident #80's physician's orders showed the resident was still receiving this medication.</p> <p>No further information was provided through the completion of the survey process.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	
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)		
<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49751</p> <p>Based on resident interview, record reviews and staff interview's the facility failed to ensure residents were provided with needed dental services. This failed practice was found true for one (1) of four (4) residents reviewed for dental services during the Long-Term Care Survey process. Resident identifier: #55. Facility census: 120.</p> <p>Findings include:</p> <p>a) Resident #55</p> <p>During an interview with Resident #55 on 01/21/25 at 09:38 AM the resident stated, Don't have upper dentures because it is too expensive for dentures and to have any teeth pulled.</p> <p>Resident #55 went on to state, I am having some pain with my bottom teeth, sometimes it's hard to chew.</p> <p>Record review on 01/22/25, at 2:13 PM, showed the admission [NAME] Data Set (MDS) on 09/19/24 had yes marked for question F} mouth facial pain, or difficulty chewing.</p> <p>On 11/22/24 the administrator was present with the surveyor when Resident #55 stated she had teeth pain and she had not been talked to about coverage for residents in the nursing home. She also said no one had talked to her about dentures. The Administrator informed Resident #55 they could take care of whatever issues she had and get her into a dentist and possibly get dentures.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	

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)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>49465</p> <p>Based on observation, staff interview and resident interview the facility failed to serve food at palatable temperatures. This was a random opportunity for discovery during the Long-Term Care Survey Process. Resident identifier #29. Facility census: 120.</p> <p>Findings include:</p> <p>a) Resident #29</p> <p>During an observation on 01/22/25 at 12:55 PM, Resident #29 was served a lunch tray. The light was turned on in his room. The tray was set on his bedside table and the lid was taken off. Resident was asleep.</p> <p>Constant observation from 12:55 PM to 1:50 PM showed that no staff members entered Resident #29's room and that Resident #29 continued to be asleep.</p> <p>At 2:10 PM a Nursing assistant (NA) entered Resident #99's room.</p> <p>During an interview on 01/22/25 at 1:50 PM, NA #49 stated, We usually leave them in there for about an hour if they don't eat. I was getting ready to take his.</p> <p>At this time Resident #29 woke up and said I am hungry. He grabbed the butter knife out of his bag and stuck it in his dessert. With the SA in the room NA #49 gave him a spoon.</p> <p>An observation on 01/22/25 at 2:30 PM, revealed that Resident #29 had eaten most of his food.</p> <p>During an interview on 01/22/25 at 2:30 PM, Resident #29 stated, I ate the shit, It was cold.</p> <p>During an interview on 01/22/25 at 2:33 PM, NA #49 stated, No, I did not heat up his tray before he ate it.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	
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)		
<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>31826</p> <p>Based on observation and record review the facility failed to ensure food is prepared in a form designed to meet the individual needs of each resident. This was a random opportunity for discovery and has the potential to affect more than a limited number of residents. Resident identifiers: #37, #47, #76, #51, #29, #79, #98, and #88. Facility Census: 113.</p> <p>Findings Include:</p> <p>a) On 01/27/25 at 12:37 PM during the noontime meal service it was noted the facility was serving kielbasa sausage. At 12:37 PM on 01/27/25 Employee #162 the district food manager (DFM) was overheard asking [NAME] #146 if she had ground kielbasa. She replied, no. She indicated she thought the kielbasa meet the requirement for the mechanical and advanced diets. Employee #162 advised [NAME] #146 that it needed to be ground. By this point in service the entire A unit of the facility had been served.</p> <p>Employee #162 DFM then indicated to the Dietary Manager (DM) they had run out of ground kielbasa. It was at this time [NAME] #146 was asked by the surveyor if she had ran out of ground kielbasa or had not prepared any. She stated, I did not prepare any. I did not know it needed to ground.</p> <p>A review of the Consistency Census Report provided by the DM found the following residents on A unit should have been served ground kielbasa, Resident #47, #76, #51, #29, #79, #98, #88, and #113.</p> <p>A review of the Kielbasa recipe provided by the facility and used by the facility to prepare the food found the following, .1. For Ground: Measure the desired # (number) of servings into food processor. Grind to appropriate consistency. If needed add gravy or broth to moisten the meat.</p> <p>An interview with the Nursing Home Administrator (NHA) at approximately 1:15 PM on 01/27/25 she confirmed there was a mix up in the kitchen. She stated, I thought we caught them all and replaced them before they reached the residents. When advised that only A unit tray which was replaced while the surveyor was conducting her observation was Resident #47. She stated, I checked on them. The only two who I am not sure of was (First name of Resident #98) and (First Name of Resident #76).</p> <p>Nurse Aide (NA) #19 was then asked by the NHA in the presence of the surveyor what kind of meat Resident #76 had on his tray. NA #19 stated the meat was big pieces. She stated we have taken it to the kitchen like that before and they told us it was okay as long as it had gravy on it.</p> <p>49465</p> <p>b) Resident #37</p> <p>An observation on 01/20/25 at 1:15 PM revealed that Resident #37 was served a pork chop in its whole form.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	

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)
<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Further Observation of Resident # 37 eating her lunch meal, showed that she had a right-hand contracture, and she was struggling to eat her pork chop in its whole form.</p> <p>A record review on 01/20/25 at 1:45 PM, of Resident #37's Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/02/24, Section S, question S3100A revealed that Resident #37 had a right-hand contracture. Section S, question S3200A indicates that Resident #37's dominant side is the right side.</p> <p>An observation on 01/20/25 at 2:00 PM revealed that Resident #37 did not eat her meat.</p> <p>During an interview on 01/20/25 at 2:00 PM, the State Agency (SA) asked Resident # 37, How come you did not eat your meat. Resident #37 was Aphasic and pointed toward her meat and made a cutting motion and shook her head no.</p> <p>An observation on 01/22/25at 1:10 PM, of Resident #37 eating her lunch, revealed that she was served a turkey slice in its whole form.</p> <p>Further observation showed that Resident #37 did not eat her turkey.</p> <p>During an interview ON 01/22/25 AT 2:00 PM, the administrator confirmed that Resident #37 had a right-hand contracture and could use help cutting up her meat.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	
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)		
<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>39043</p> <p>Based on observation, resident interview, record review, and staff interview, the facility failed to provide ordered assistive eating devices. This was a random opportunity for discovery. Resident identifier: #51. Facility census: 120.</p> <p>Findings included:</p> <p>a) Resident #51</p> <p>Resident #51 was observed in his bed on 01/20/25 at 1:33 PM and was noted to have food on his clothing. His lunch tray was on the bedside table in front of him. There was also food on the bedside table. His plate did not have a plate guard.</p> <p>Review of Resident #51's physician's orders showed an order written on 01/06/25 for regular diet, dysphagia advanced texture, thin liquids consistency, regular utensils and plate guard.</p> <p>The resident had a diagnosis of contracture to his right hand, which was his dominant hand.</p> <p>On 01/22/25 at 12:50 PM, Resident #51 was observed eating in his bed from the tray on his bedside table. His meal ticket stated he was to have ground roast turkey, poultry gravy, cornbread dressing, honey roasted carrots, buttered dinner roll/bread, margarine, brown sugar glazed angel food cake, and a plate guard. He did not have a plate guard.</p> <p>When questioned, Resident #51 stated he was sometimes given a plate guard, and it helps him feed himself a little bit.</p> <p>Therapist #114 confirmed Resident #51 did not have a plate guard as ordered. She stated she would get one for him.</p> <p>No further information was provided through the completion of the survey process.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>31826</p> <p>Based on observation and staff interview, the facility failed to ensure the ice machines in the A and B hall pantries were clean and sanitary. In addition, the microwave in the B-hall nutrition pantry was rusted. This failed practice had the potential effect more than an isolated number of residents. Facility Census: 120.</p> <p>Findings Include:</p> <p>a) A and B hall pantries</p> <p>During an observation of the A hall pantry at 11:10 am on 01/20/25, found the ice machine was not clean. The grate where the cups or containers would sit was covered in white scaly substance. The certified dietary manager (CDM) removed the grate and under the grate there was an accumulation of water and a brown slimy like substance. The CDM agreed the ice machine needed to be cleaned.</p> <p>During an observation of the B hall pantry at 11:15 am on 01/20/25, found the ice machine was not clean. The grate where the cups or containers would sit to be filled with ice was covered in a white scaly substance. The CDM removed the grate and under the grate there was an accumulation of water and a brown slimy like substance. The CDM agreed the ice machine needed to be cleaned.</p> <p>Also, in the B hall pantry there was a microwave which was rusting. The CDM agreed the microwave needed replacement.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	
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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51554</p> <p>Based upon record review and staff interviews, the facility failed to accurately record the DNR status of Resident #32, in the electronic medical record. This was a random opportunity for discovery. Resident identifier: #32. Facility census: 120.</p> <p>Findings include:</p> <p>a) Resident #32</p> <p>Resident #32's POST form signed and dated on [DATE] was for Do Not Resuscitate (DNR) with Selective Treatments. The physician orders and dashboard in the electronic health care record and document CPR.</p> <p>During a staff interview with LPN #21, she was asked where she would look to find the resident's lifesaving preferences. She stated either the POST form or the dashboard in the medical record. Record review revealed the dashboard, and the POST form do not match.</p> <p>On [DATE] at 10:56 AM, an interview with Unit Charge LPN #21 was held. The LPN was asked the question, If residents were to be found not breathing, how would you know what care to provide, i.e. CPR or DNR? LPN #21 stated since she does some of the admissions, she knew which one most of the residents have selected. LPN #21 said if she was logged into the computer system, she would either go to the miscellaneous tab to see the POST form, or she would look at the dashboard.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	
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)		
<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>49467</p> <p>Based on record review and staff interview, the facility failed to make good faith attempts to correct quality deficiencies related to complete and thorough investigations, despite being cited multiple times in the past and identifying issues related to the investigations. This has the potential to affect more than a limited number of residents. Facility census: 120.</p> <p>Findings include:</p> <p>a) Current survey</p> <p>At approximately 1:00 PM on 01/28/2025, a review was conducted of a facility reported incident involving Resident #319. This incident alleged Resident #319 was the victim of abuse/neglect at the facility. The residents interviewed by the facility were described as like residents meaning they were in similar condition to Resident #319.</p> <p>In reviewing the statements, the facility interviewed Residents #320, #46, #50, #54, #40, and #8. All the statements taken from the residents, except the one from Resident #46 were not dated and did not state who the employee was that took the statements. One statement, had the name of Resident #46 at the top of the form, as the person giving the statement, however, it was signed by Resident #8.</p> <p>In the initial report, dated 09/24/2024 at 12:45 PM, Social Worker (SW) #62 documented Resident interviewed and investigation began. However, no statement from Resident #319 was found.</p> <p>At approximately 2:30 PM on 01/28/2025, an interview was conducted with SW #62, with the Administrator in attendance, regarding the incomplete statements from the various residents and the missing statement from Resident #319. SW #62 and the administrator acknowledged the statements not being dated, and the statement identifying Resident #46 as the resident giving the statement but being signed by Resident #8. When SW #62 was asked where the statement from Resident #319 was, that was mentioned in the initial report, he stated I briefly spoke with him, I remember I asked him if he was ok, and he nodded. I wouldn't have taken a statement at that time because I hadn't started the investigation yet. However, upon further review, it was determined Resident #319 was not in the facility at the time SW #62 stated he interviewed the resident, as he was sent out to the hospital a day prior, on 09/28/24. SW #62 stated the initial report should have stated he spoke with the resident's representative.</p> <p>b) Past surveys</p> <p>Upon review of deficiencies from past surveys, dating back to the facility's prior annual survey on 08/22/23, it was determined the facility had been surveyed four (4) times prior to this survey. Of those four (4) times, the facility was cited for failing to thoroughly investigate allegations three (3) times.</p> <p>The dates the facility was cited for failing to complete thorough investigations are:</p> <p>-08/22/2023</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	
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)		
<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-01/31/2024</p> <p>-05/07/2024</p> <p>c) Administrator Interview</p> <p>At approximately 3:00 PM on 01/28/2025, an interview was conducted with the Administrator regarding the facility's Quality Assurance and Performance Improvement (QAPI) process. During the interview, the Administrator stated the facility was aware of issues with investigations being completed thoroughly. The Administrator stated she realized she needed to be more involved in investigations taking place in the facility due to issues being identified. However, the same issues remained during the current survey.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39043</p> <p>Based on observation, record review, and staff interview, the facility failed to establish and maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections. The facility failed to ensure Enhanced Barrier Precautions (EBP) were appropriately initiated. This was a random opportunity for discovery. The facility also failed to ensure appropriate hand hygiene was performed during pressure ulcer dressing changes for one (1) of one (1) residents observed for pressure ulcer dressing changes. Resident identifiers: #51 and #31. Facility census: 120.</p> <p>Findings included:</p> <p>a) Policy Review - Enhanced Barrier Precautions</p> <p>The facility's policy and standard procedure titled Enhanced Barrier Precautions with approval effective date 04/01/24 stated Enhanced Barrier Precautions (EBP) are indicated for residents with indwelling medical devices, including urinary catheter. A sign was to be posted on the resident door to indicate EBP was required.</p> <p>b) Resident #51</p> <p>On 01/20/25, Resident #51 was noted to have an indwelling urinary catheter. He did not have a sign on his door to indicate Enhanced Barrier Precautions (EBP) were required. No personal protective equipment (PPE) was available at his doorway, but PPE was available elsewhere in the hallway. A review of the resident's physician's orders did not reveal an order for EBP.</p> <p>On 01/20/25 at 2:06 PM, Licensed Practical Nurse (LPN) #82 confirmed Resident #51 should have EBP due to his indwelling urinary catheter. She stated she would get signage and PPE for the resident's door.</p> <p>No further information was provided through the completion of the survey process.</p> <p>c) Resident #31</p> <p>On 01/28/25 at 9:20 AM, Resident #31's pressure ulcer dressing changes were observed as performed by Registered Nurse (RN) #75.</p> <p>RN #75 started by performing hand hygiene and donning gloves. She removed the dressing from Resident #31's upper back pressure ulcer. She cleaned the wound with wound cleanser. The wound was bleeding. RN #75 changed gloves but did not perform hand hygiene. She applied medical-grade honey and dressing to the resident's upper back pressure ulcer.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Mercer Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 Southview Drive Bluefield, WV 24701	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>RN #75 proceeded to the resident's posterior thigh, sacrum, and left buttocks wound. She did not change gloves or perform hand hygiene before removing the dressing and cleaning the area. She then changed gloves but did not perform hand hygiene. She applied Dakin's solution and gauze to the posterior thigh and sacral area of the wound. She applied medical-grade honey to the left buttock area of the wound.</p> <p>RN #57 proceeded to the resident's left lower extremity. She changed gloves but did not perform hand hygiene. She removed the dressing to the resident's left foot. She cleansed the left outer ankle with wound cleanser and applied betadine. She changed gloves and cleansed the left lateral lower leg with wound cleanser. She changed gloves and applied medical-grade honey and a dressing.</p> <p>RN #57 proceeded to the resident's right foot. She changed gloves but did not perform hand hygiene. She cleansed the resident's right foot pressure ulcers with wound cleanser. She changed gloves but did not perform hand hygiene. She applied Dakin's solution and wrapped the area in Kerlix.</p> <p>At no time during the dressing changes did RN #57 perform hand hygiene, although she did apply clean gloves several times as stated above.</p> <p>On 01/28/25 at 10:02 AM, the Director of Nursing (DON) acknowledged hand hygiene was indicated during pressure ulcer dressing changes, particularly when moving between different pressure ulcer sites.</p> <p>No further information was provided through the completion of the survey process.</p>		