

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

Printed: 11/21/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515055	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2025
NAME OF PROVIDER OR SUPPLIER Continuous Care Center Wheeling Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 236 Hullihen Place Wheeling, WV 26003	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review, staff interview and observations, the facility failed to ensure a comprehensive care plan for fall interventions was developed. The failed failed practice had the potential to affect a limited number of residents. Resident Identifier: #75. Facility census: 128. Findings included: a) Resident #75 On 08/25/2025 at 09:19 AM, Resident #75 was observed during the initial interview process. The resident was observed to have a fall mat on the left side of the bed, his bed against the right side of the wall and his bed in a low position. On 08/28/2025 at 08:10 AM, Nursing Assistant #15 confirmed Resident #75 had fall mats, bed in low position and bed against wall on the right side. The nursing assistant reported he usually has these items in place. On 08/28/2025 at 09:23 AM, Registered Nurse (RN) #169 confirmed there was no order for floor mats, and they typically don't order for bed positioning, but they put it in the care plan. On 08/28/2025 at 09:40 AM, RN #169 reported floor mats and bed positioned against the wall were added to the resident's care plan.		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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F 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. (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview and observation, the facility failed to ensure food was stored in accordance with professional standards for food service. This failed practice had the potential to affect more than a limited number of residents. Facility Census: 128. Findings included: a) The facility's policy and procedure for Food Storage stated, All foods are to be covered, labeled, and dated. All food items open and not dated will be discarded. Procedures: All foods, including sliced meats (example: lunch meat and bulk cooked meats) are to be re-dated with current date when removed from freezer and placed in the refrigerator. All food is covered, labeled and dated when placed in the refrigerator. All food items in refrigerator open, not dated or outdated will be discarded. b) The facility's policy and procedure for Leftovers stated: All leftover cold food for storage in the refrigerator is put in storage containers and completely covered with plastic or foil wrap. It is then labeled with the name of the item in the container and the date. All leftovers are to be used within 3 DAYS or be discarded. Hazardous foods are Used within 24 hours and then discarded. c) The following items were observed and confirmed during the initial kitchen investigation and investigation of the facility's pantries: The kitchen Investigation was initiated on 08/25/2025 at 11:30 AM. [NAME] #188 reported they date food for seven (7) days when it is opened. 1) The following items in the kitchen were observed and confirmed by [NAME] #188: No received dates on canned items. One dented can of light peaches. Egg noodles - opened with no use by date. Chocolate cake mix - opened with no use by date. Penne pasta - opened with no use by date. [NAME] sugar - opened with no use by date. Whip topping - opened and no use by date. Ham, Pork Loin, pulled pork, roast beef, sausage - in refrigerator to thaw with no use by date - [NAME] #188 reported, Meat is for seven days. Freezer packs of lunch meat in foil - no use by date. Pork chops sliced - opened, not labeled and no use by date. Ground Hamburger - not labeled and no use by date. Fruit and potato salad in a plastic container - not labeled and no use by date. Tomatoes, lettuce, cantaloupe, pineapples, oranges, pudding, egg salad, peaches, ham salad, tuna salad and watermelon - labeled with no use by date. [NAME] #188 reported these items were good for five (5) to seven (7) days. Green beans - no use by date. Stewed tomatoes - no use by date. Biscuits - no use by date. Lettuce - opened with no use by date; [NAME] #188 stated, We usually use the date on the bag. Hard boiled eggs - opened and no use by date. Shredded cheese - opened and no use by date. Swiss cheese - opened and no use by date. Diced potatoes - not labeled. Frozen biscuits - Baked in a Ziploc bag - no use by date. Frozen broccoli - opened with no use by date. Frozen carrots - opened with no use by date. Frozen celery - opened and no use by date. Frozen tater tots - opened, not labeled and no use by date. Frozen hashbrown patties - opened, not labeled and use by date. Frozen chicken breasts - opened and no use by date. Frozen chicken tenders - open and no use by date. Frozen Canadian bacon - opened and not dated. Frozen turkey - opened and not dated. Frozen roast beef - opened and not dated. Frozen raisin bread - not labeled and not dated. Frozen pepperoni - not labeled with no use by date. Frozen rye bread - not labeled and not dated. 2) First Floor Pantry items confirmed by Dietary Assistant #26 on 08/27/25 at 9:20 AM. Items included: Freezer - Waffles - not labeled, no use by date. Biscuits - not labeled - open and no use by date. English muffins - no labeled and no use by date. [NAME] Deluxe Chocolate Ice Cream - opened, no open or used by date. Rye bread - opened and no use by date. Refrigerator - Butter - opened and not dated. Cream cheese - no use by date. Sliced cheese - opened, not labeled with no use by date. Lunch meat - open, not labeled and no use by date. Cottage cheese - opened, not labeled no open date. Pudding - opened, not labeled no open date. Applesauce - opened, not labeled, no open date. 3) Second Floor Pantry items were confirmed by Dietary Assistant #64 on 08/27/2025 at 08:53 AM. Items included: Freezer - Sausage - Not labeled or dated. Raisin bagels - Not labeled or dated. Bagels - Not labeled or dated. Waffles - Not labeled and no use by date. English muffins - Not labeled and no use by date. Pancakes - Not labeled and no use by date. Refrigerator - Applesauce - not labeled and no open date. Grapes - not labeled and no open. Lunchmeat - not labeled with no use by date. Cheese - sliced and cheddar - opened, not labeled or dated. Philadelphia cream cheese - No use by date. Butter, individual packages - No use by date. Cream individual packages - No use by date. Wishbone red wine vinaigrette - opened and no dated. Dry Pantry - [NAME] wheat bread - no open date. Sunbeam sandwich bread - no open date. Old El Paso Taco Seasoning Mix - opened and not dated. Small plastic container - appeared to be cinnamon (spice) - not labeled and not dated. On 08/27/2025 at 09:53 AM, Dietary Aide #64, stated, I will fix all of that. 4) Third Floor Pantry food items were confirmed by Dietary Assistant #128 on 08/27/2025 at 09:05		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on observation, staff interview and record review, the facility failed to ensure an accurate medical record for fall intervention orders and provide documentation of the method of bathing. This failed practice had the potential to affect more than a limited number of residents. Resident Identifiers: #75 and #104. Facility Census: 128. Findings included: a) Resident #75 On 08/25/25 at 9:19 AM, Resident #75 was observed during the initial interview process. The resident was observed to have a fall mat on the left side of the bed, his bed against the right side of the wall and his bed in a low position. On 08/28/25 at 8:10 AM, Nursing Assistant #15 confirmed Resident #75 had fall mats, bed in a low position, and bed against wall on the right side. The nursing assistant reported he usually has these items in place. On 08/28/25 at 09:23 AM, Registered Nurse (RN) #169 confirmed there was no order for a floor mat and reported they had just added the order. A copy of the order was given to the state surveyor. b) Resident #104 Review of Resident #104's medical record on 08/21/25, showed it did not contain the method of bathing provided. During an interview with the Director of Nursing on 08/21/25 around 1:00 PM, she stated that she would have to ask the resident or the nurse aide that was providing care if the resident was given a shower, bath or bed bath. She verified there was no other way to confirm the method of bathing provided.		