STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515057	A. Building B. Wing	11/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Taylor Healthcare Center	2 Hospital Plaza Grafton, WV 26354

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and policy review the facility failed to properly store food in accordance with professional standards. issues with food storage were found in the facility kitchen walk in cooler, utensil drawer, and nourishment pantry. This had the potential to affect all residents in the facility. Facility census: 59Findings Included: a) On 9/29/25 11:35AM, during initial brief tour of Kitchen, with Corporate Dietary Manager (CDM) #82 CDM #82 who acknowledged the following:-Utensils found in drawer scattered in all different directions-The reach in cooler temperature per inner thermometer was at 41 degrees. On 9/30/25 at 9:30AM During the Nourishment Room visit with the facility Dietary Manager (DM) the DIM who acknowledged the following in the nourishment room cupboard, a jar of peanut butter, with no name or date label, The Corporate Dietary manager stated the peanut butter belonged to a staff member and that it should not have been there. 11/10/2025 11:14 AM kitchen re-visit with the corporate Dietary Manager, 82 who acknowledged the reach in cooler temperature per the inner thermometer was at 41 degrees. He stated he would get maintenance on it. Kitchen Policy Manual: -On 09/30/25 at 1:00 PM a review facility policy labeled HCSG Policy 019, Food Storage: Cold Foods. Procedures, number 5 revealed All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination. -On 11/10/25 at 3:20PM, In an interview with the facility Dietary manager #82, She stated the reach in cooler temperature was probably higher due to the door being open for long periods of time as staff was cleaning out the cooler. It was reported to maintenance to be checked.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515057	A. Building B. Wing	11/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Taylor Healthcare Center	2 Hospital Plaza Grafton, WV 26354

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation and staff interview the facility failed to establish and maintain an infection prevention program to help prevent the development and transmission of communicable diseases and infections. This has the potential to affect more than a limited number of residents. Resident identifiers:# 9, #31, #47, #48, #54, #58 and #66. Facility Census: 59 a) On 09/29/25 at 12:25 PM an observation revealed that when CNA # 65 and CNA #40 were assisting in passing lunch trays on A Hall they passed the noon meal trays to Resident #54, #48, and #58, and did not offer hand hygiene. The above finings were confirmed in an interview with the Administrator on 09/29/25 at 1:10 PM at which time she stated the residents were to be given wipes to clean their hands with each meal. Findings Include a) Resident #9, #31 and #47 On 09/29/25 at 12:10 PM it was observed when Unit Manager #23 was assisting in passing lunch trays on the A Hall. She pass the noon meal tray to Resident #9 and did not offer hand hygiene. When ask if they offer hand hygiene she commented, it is usually on the tray, I'm not sure why it isn't today. The Unit Manager #23 still did not offer the resident hand hygiene and continued to pass trays to Resident #47 and #31. The above finings were confirmed with the Administrator on 09/29/25 at 1:10 PM at which time she stated the resident are to be given wipes to clean their hands with each meal.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515057	A. Building B. Wing	11/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Taylor Healthcare Center	2 Hospital Plaza Grafton, WV 26354

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Facility failed to provide residents a dignified experience by pulling them down the hall backwards when the resident was unable to propel himself. Resident identifier: #43. Facility census: 59. a) Resident #43The facility failed to provide Resident #43 a dignified experience by pulling them down the hall backwards when resident was unable to propel himself. 11/11/25 1:15 PM observed Staff #77 puling Resident #43 down the hall backwards. When asked Staff #77 if that is how they normally transferred she stated, No he normally takes himself, but I needed to change his shirt. 11/11/2025 1:31 PM observed resident propelled himself up the hall towards the dining room. 11/11/2025 1:40 PM DON stated, We do not have a policy but that is not good practice. I will educate them no on not pulling them backwards.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515057	A. Building B. Wing	11/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Taylor Healthcare Center	2 Hospital Plaza Grafton, WV 26354

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to assist the resident in gaining access to hearing services by making appointments and arranging transportation. This failed practice was true for one (1) of three (3) residents reviewed for referral to specialized services during the Long Term Care Survey Process. Resident Identifier: #32. Facility Census: 59.Findings Include a) Resident #32During an interview with Resident #32 on 09/29/25 the resident stated that she had difficulty hearing what people were saying. Resident #32 stated I don't feel like I am a part of the world. I have to ask people to repeat themselves constantly. Resident further noted that her husband had Got us the railroad insurance. Everything is covered 100%. So, I should be able to get hearing aids.Record review on 09/29/25 at 10:05 AM revealed no documentation that the facility had set up any referrals or appointments for an evaluation with a hearing specialist. Record review further revealed that the resident has a Brief Interview for Mental Status (BIMS) of 15.A review of Resident #32's Care Plan on 09/29/25 at 10:55 AM revealed the following: During an interview on 09/29/25 at 2:25 PM with Registered Nurse (RN) #16, she confirmed that facility staff were aware that Resident #32 had difficulty hearing and spoke loudly to be heard. RN #16, accompanied by this surveyor, interviewed Resident #32 on 09/29/25 at approximately 11:57 AM. During the interview, RN #16 asked the resident whether she would like to have her hearing evaluated. Resident #32 stated that she would be willing to have her hearing evaluated. However, the resident questioned RN #16, asking her, Will they come here to do it?RN #16 stated, I guess they would, I will have to find out, but would you like to get yourself checked? Resident #32 then stated, I don't work with guesswork. Once you know if they will do it here, let me know. During an interview with Resident #32 on 11/10/25 at approximately 12:25 PM the resident stated that she had not had a hearing assessment at yet.Record review on 11/10/25 at 12:55 PM revealed no documentation of a scheduled hearing referral or assessment for Resident #32. Record review on 11/11/25 at 11:13 AM revealed a physician's assessment dated [DATE] for Resident #32. The evaluation noted the resident's hearing loss was not mentioned. This comprehensive assessment of the resident's problems failed to note the resident's hearing loss.On 11/11/25 at approximately 11:30, RN #16 provided the following documentation: A consent form for 360 Care, signed by Resident #32's Power of Attorney (POA) dated 12/18/24, which stated that residents with Medicaid would be provided Vision Services, Podiatry Services, Dental Services and Audiology services by 360 Care. A nursing note by RN #16 dated 11/10/25 at 4:00 PM which stated: [Typed as Written] Staff offered resident audiology appointment. Resident declines visit unless they come in house. Audiology 360 comes in-house yearly - is due at end of month - Resident is on list to be seen - scheduler in contact with audiology 360 for exact date of visit An email to 360 Care on 11/11/25 at 10:17 AM by RN #16 which stated: [Typed as Written] I am looking to schedule Audiology for our center. I have a Medicaid resident that is needing to be seen and will only see someone if they come to the facility. Can you pleasebassist?A nursing note by RN #56 on 11/11/25 at 10:27 which stated:[Typed as Written] Resident needing to be scheduled with audiology for an evaluation of hearing loss. Resident has previously declined going out of facility for appointments. Resident is willing to see a provider in-house for Audiology. 360 Cares facility provided emailed to request an evaluation of resident hearing loss. Currently awaiting a response from 360 Cares. Another nursing note dated 11/11/25 at 10:33 AM by RN #56 stated: [Typed as Written] Received an email back from 360 Care in regard to Audiology appointment. Per 360 Cares. There is not an audiologist available in areas for 360 cares. Spoke with the resident, ADON, and Administrator. Resident stated that she is willing to go to a provider out off acility. Appointment made with [Audiology] for November 18th at 2 PM. POA made awareof appointment. Resident aware of appointment at this time. During an interview on 11/11/25 at approximately 12:50 PM, DON confirmed that the facility had not made a referral or appointment for the resident until 11/11/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515057	A. Building B. Wing	11/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Taylor Healthcare Center	2 Hospital Plaza Grafton, WV 26354

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and staff interview, the facility failed to provide specialized drinking equipment ordered by the physician. This failed practice was found true for (1) one of (3) three residents reviewed for nutrition during the Long-Term care Survey Process. Resident identifier #56. Facility Census 59. Findings Include: a) Resident #56 A record review on 09/30/25 at 11:40 AM, revealed a physician's order for Resident #56 that read as follows: Dysphasia, advance texture, think liquids consistency, double portion entree with all meals, finger foods when available, food in bowls, Kennedy cup with all meals An observation on 09/30/25 at 12:25 PM revealed Resident #56 being served his lunch in the dining room. Registered nurse (RN) #13 served him his lunch tray and there was no [NAME] Cup. The RN opened his milk and put a straw in it. During an interview on 09/30/25 at 12:28 PM , RN # 13 stated, They send them out of the kitchen, He did not have one on his tray. The RN confirmed that Resident #56 was not provided with the Kennedy cup as ordered and written on his meal ticket.