

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2025
NAME OF PROVIDER OR SUPPLIER Cortland Acres Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 39 Cortland Acres Lane Thomas, WV 26292	
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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and record review, resident interview the facility failed to ensure that the meals were served timely. Facility census and findings included.A) Resident #43On 10/22/25 at 12:15 PM an observation of Resident #43 in the dining room B, found lunch trays arrived at 1:10 PM. A review of the policy titled Open Style Dining with no date of initiation/review/revised stated that lunch trays are served at 11:30 AM. A confidential interview with a staff member confirmed that the trays should have been delivered by 12:20 PM. Interview from Resident #74, breakfast served 9AM, Lunch 1:45 PM, Dinner 7:20 PM. Interview completed 10/22/25 at 4:35 PM. Interview from Resident #11, food is cold all meals. Observation of meal service 10/23/25, lunch trays A hall were served 12:05 PM, C hall 12:21 PM, D hall 12:35 PM, [NAME] 12:45 PM. Food temperatures were taken of last tray on [NAME], Cod 145 degrees, Potatoes 140 degrees, and Cream Spinach 160 degrees.</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
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