

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 03/25/2026
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation and staff interview, the facility failed to provide resident meals at proper serving temperature. This was found to be true on 1 of 1 lunch meals tested. Facility census 90. a) Lunch Meal on A Hall On 03/24/26 at approximately 12:10 PM, the surveyor had a random lunch tray on A hall temperature tested by the Traveling Dietary Manager. The temperature assessment was also witnessed by the facility's Administrator. The food which was tested were mashed potatoes and gravy with steak. Both food temperatures were tested by the Traveling Dietary Manager as 110 degrees Fahrenheit. On 03/24/26 at approximately 12:15 PM, interview with the Traveling Dietary Manager confirmed and verified that the food did not meet the required serving temperature. On 03/24/26 at approximately 12:16 PM, interview with the facility Administrator confirmed that the food did not meet the required serving temperature. This deficiency was also acknowledged by the facility's Administrative team upon exit on 03/25/26 at approximately 4:00 PM.</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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<p>F 0806</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 that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>Based on document review and staff interviews, the facility failed to provide residents with consistent preferences on the facility's readily available menu. This was found to be true on 2 of 2 menus and has the potential to affect more than an limited number of residents currently residing at the facility. Facility census 90.a) On 03/24/26 at approximately 1:05 p.m., the facility's Traveling Dietary Manager was interviewed. The Traveling Dietary Manager was asked to provide a list of readily available items. The list had the following item listed: it has a choice of egg. When asked what the choice of egg offered to the resident was? The Traveling Dietary Manager replied They can either get an omelet, scramble eggs, hard boiled egg or a hard fried egg Verified with the Traveling Dietary Manager on 03/24/26 at approximately 1:08 p.m., that the posted readily available menu that residents have access to does not have those items listed as choices.b) On 03/24/26 at approximately 1:10 p.m., the facility's Traveling Dietary Manager provided a copy of the always available menu that the kitchen has. This menu does not correlate with the menu that the residents have. Interview with the Traveling Dietary Manager on 03/24/26 at approximately 1:13 p.m. verified that the readily available menus do not correlate.c) On 03/25/26 at approximately 4:00 p.m., the facility Administrator acknowledged the deficiency during the exit interview.</p>		