

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/17/2026
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)		
F 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on family interview, record review, and staff interviews, the facility failed to assess a resident after a fall that led to a recurrence of a left arm fracture requiring surgical intervention. This was discovered during the complaint investigation process. Census: 92 Resident identifier: #102Resident #102An interview with Rehab Manager #96 on 07/16/26 at 11:05AM, she states Resident #102 fell twice in therapy and provided therapy notes from those falls.Record review completed on 07/16/26 revealed the following Physical Therapy (PT) note. The 05/11/26 physical therapy note reads as follows: [Resident #102] lost balance and was supported per Physical Therapist (PT) via gait belt and manual support at left arm briefly. Pt complained of pain in left arm and provided ice in room. Complexities/Barriers Impacting Session: Imbalance, left arm pain; spoke with nursing regarding possible x-ray to check arm. Pt able to move arm within sling; unable to quantify pain, crying but without tears and very scared/frustrated.Further record reviewed revealed the Medication Administration Record (MAR) has a 10/10 pain documented on 05/11/26 at 3:00PM.In a telephone interview with Complainant on 07/16/26 at 12:00PM, he stated his mom called stating she had a fall in therapy on 05/08/26, but did not seem to have any issues from that fall. He states she called him again on 05/11/26 crying in pain and stated that she had fallen again in therapy crying they broke my arm, they broke my arm and they are not doing anything but giving me medicine. Complainant states he reassured Resident #102 that x-rays take time and he was sure they would be doing one soon. On the morning of 05/12/26, she called Complainant again in pain and stating no one was doing anything to help. Complainant states he called at that time and spoke to Social Worker #58 and asked her why an x-ray had not been done. He states she told him she would look into it. On Wednesday morning, Resident #102 called Complainant again in pain. Complainant states an x-ray was done on Wednesday evening, 05/13/26, and the fracture was seen at that time. The facility then sent Resident #102 to the local Emergency department where they did more x-rays and sent her back to the facility due to the complication of the fracture and need for the original surgeon's intervention. Complainant states Resident #102 was sent to Morgantown on 05/14/26 and had surgery to repair the fracture on 05/15/26. In an interview with Social Worker #58 on 07/16/26 at 12:10PM, she states she remembers speaking to the Complainant on the phone, but does not recall the conversation, and did not document it at that time. Further record review of the nursing progress note dated 05/11/26 at 3:03PM reads, Resident observed upset, yelling out, no tears visible. Complaint of left arm pain, states she cannot move arm. A note dated 05/11/26 at 3:15PM with a late entry reads, spoke with Dr. [NAME] regarding resident complaints of left upper extremity pain. Advised that resident observed to be moving arm while adjusting wig, putting pressure on left elbow etc. He states to monitor resident at this time and administer [Pro Re Nata] PRN Tylenol if needed. Advised him resident was ordered Tramadol at hospital and preadmission papers and he states he does not want to order Tramadol at (continued on next page)		

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0684 Level of Harm - Actual harm Residents Affected - Few	this time. Continued record review of nursing progress notes revealed a nursing progress note dated 05/13/26 at 1:24AM that reads, Resident complain of left upper arm pain post fall from the other day. Left upper arm is swollen. Dr. [NAME] gave orders to obtain x-ray. The x-ray request is dated 05/13/26. The radiology report dated 05/13/26 states: There is a fracture involving the mid humerus with 4.5 centimeters displacement. A review of the Emergency Department Provider notes dated 05/13/26 from [NAME] Regional Medical Center reads: Today, due to her ongoing discomfort, x-ray imaging was obtained and revealed an acute fracture so she was referred here for treatment. A medical record review on 07/16/26 from the [NAME] Memorial Hospital Emergency Department dated 05/14/26 regarding the history of present illness states: Patient reports she was getting rehab at a nursing home following surgery on her arm. States that on Monday when she was doing rehab exercises she almost had a fall but did not hit the ground, reports staff stabilized her by the arm and maybe it broke due to that. States pain was worsening over the past two (2) days, currently tolerable on pain medications. The Post Fall Assessment was completed on 05/20/26.		