

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER Dunbar Center		STREET ADDRESS, CITY, STATE, ZIP CODE 501 Caldwell Lane Dunbar, WV 25064	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>51554</p> <p>Based on interview with the resident, staff interview and record review, the facility failed to honor resident's choices for food. This was true for 1 (one) of 4 (four) residents reviewed in this annual survey. Resident identifier: #42. Facility census: 115.</p> <p>Findings include:</p> <p>a) Resident #42</p> <p>On 03/31/25 at 12:07 PM, during an interview with Resident, he stated, They give me chicken almost every day and I am not fond of it. For breakfast, I get pancakes or waffles and I don't care for them either. The oatmeal here is bad, too. When asked if he told them he wanted something else, he said he did once.</p> <p>A review of resident's care plan dated 02/25/25 documents:</p> <p>Resident is a nutritional concern r/t (related to) dependent upon hemodialysis, therapeutic diet</p> <p>Under interventions: Honor food preferences within meal plan Monitor for changes in nutritional status and report to food and nutrition/physician as indicated .Food allergies: fish/shellfish/seafood, mushrooms, pineapples, strawberries. Dislikes: chicken, eggs.</p> <p>A review of resident's dietary tray tickets for past two weeks (03/19/25 through 04/01/25), revealed resident was on a renal diet. Resident was served chicken or chicken salad, 9 (nine) meals out of 42 (forty-two), and an egg based entree 4 (four) times.</p> <p>During an interview with Dietary Aide #119 on 04/03/25 at approximately 9:38 AM, Dietary Aide stated, We were unaware of resident's dislike of chicken. We knew about the eggs. We can certainly make substitutions for the chicken.</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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>51554</p> <p>Based on record review and staff interview, the facility failed to coordinate the PASARR's diagnosis of dementia, with the MDS assessment. This was found to be true for 1 (one) of 1 resident reviewed during the survey process. Resident Identifier: #42. Facility census: 115.</p> <p>Findings include:</p> <p>A) Record review:</p> <p>Resident's PASARR was updated on 11/19/24, adding dementia as a diagnosis.</p> <p>The Resident's last MDS assessment was 02/10/25. Dementia was not marked in Section I of the MDS, under diagnoses.</p> <p>Resident's BIMS was assessed at 15.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45171</p> <p>Based on resident interview, record review, staff interview and observation, the facility failed to ensure dependent residents received showers according to schedule/preference for Resident #14, #111, #62, and #42. Facility census: 115.</p> <p>Findings included:</p> <p>a) Resident #14</p> <p>During an interview with Resident #14 on 03/31/25 at 02:50 PM, Resident #14 stated she had one shower since admitted to the facility. She stated she is told by staff that she does not get a bed bath often due to the facility being short staffed. Resident #14 reported that would prefer a shower as opposed to bed bath. Resident's hair was unkempt and she reported that it was not clean.</p> <p>On 04/01/25 at 11:24 AM a review of Resident #14's shower log revealed that the resident had zero showers recorded and a bed bath recorded on the following days since her admission on 03/19/25:</p> <p>Friday, 03/21/25 at 12:25 AM and 2:22 PM</p> <p>Monday, 03/24/25 at 11:21 PM</p> <p>Tuesday, 03/25/25 at 1:04 PM</p> <p>On 04/01/25 at 11:35 AM a review of resident's Minimum Data Set (MDS) assessment dated [DATE] section F, question C. How important is it for you to choose between a tub, shower and bed bath or sponge. Marked 1) Very important.</p> <p>A review of shower schedule on 04/01/25 at 11:40 AM revealed Resident # 14 is on shower schedule for Thursdays and Saturdays.</p> <p>On 04/01/25 an interview with Administrator at approximately 3:00 PM who reported that she would see if there was further documentation on showers for this resident. No further information was provided.</p> <p>b) Resident #111</p> <p>An interview was conducted with Resident #111 on 03/31/25 at 01:00 PM. Resident reported that she has been getting a bed bath from family, staff have given her two (2) baths since her admission on 03/04/25 but would prefer to have a shower at least one (1) time per week.</p> <p>On 04/01/25 at 11:42 AM, review of residents shower log for month of March, 2025 revealed that resident had zero showers recorded and a bed bath recorded for the following dates:</p> <p>Tuesday- 03/04/25 at 1:59 PM - bed bath/sponge</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Thursday-03/20/25 at 1:59 AM bed bath/sponge</p> <p>Friday- 03/21/25 at 12:12 AM bed bath/sponge and 1:50 PM bed bath/sponge</p> <p>On 04/01/25 at 11:50 AM a review of the Minimum Data Set (MDS) assessment dated [DATE] section F, question C. How important is it for you to choose between a tub, shower and bed bath or sponge. Marked 2) somewhat important.</p> <p>On 04/01/25 at 11: 55 AM a review of the resident shower schedule revealed that Resident #111 is scheduled for showers on Thursdays and Sundays.</p> <p>On 04/01/25 an interview with Administrator at approximately 3:00 PM who reported that she would see if there was further documentation on showers for this resident. No further information was provided.</p> <p>c) Resident #62</p> <p>On 03/31/25 Resident #62 stated I am not getting my showers and I feel dirty.</p> <p>On 04/01/25 at 1:00 PM record review of the shower schedule provided by the facility shows Resident #62 is scheduled for a shower on Tuesday and Saturday during the evening shift.</p> <p>According to the GG Bathing task for the last 30 days, Resident #62 did not have a shower or bath from 03/07/25 through 03/20/25. This time frame indicated that there were four (4) showers/baths missed.</p> <p>Showers/bed baths during this time were scheduled for</p> <p>03/08/25- not received</p> <p>03/11/25 - not received</p> <p>03/15/25 - not received</p> <p>03/18/25 - not received</p> <p>On 04/01/25 at 01:45 PM it was confirmed with the Corporate Registered Nurse #134 that Resident #62 has missed four (4) scheduled showers/baths.</p> <p>50551</p> <p>51554</p> <p>d) Resident #42</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the resident on 03/31/25 at approximately 11:45 AM, the resident stated he had not had any shower in awhile. Resident's hair appeared to be long in back, and not clean (oily). Resident had not been shaven. [NAME] length was about 1/4 inch. Resident complained he had not received shower or shave. Resident stated, the night shift CNA promised to bath and shave him tonight.</p> <p>A re-visit to the resident on 04/01/25 at 11:29 AM, revealed he had been bathed and shaved.</p> <p>Record review:</p> <p>From his care plan:</p> <p>Provide resident/patient with extensive assist of 1 for bathing.</p> <p>Date Initiated: 08/29/2024</p> <p>Created on: 08/29/2024</p> <p>Resident's MDS does not indicate a preference for bath or shower.</p> <p>A review of the shower schedule shows he is scheduled to receive a shower/bed bath on Tuesdays and Saturdays.</p> <p>A review of documentation in resident/s medical record on bathing, documents:</p> <p>:</p> <p>02/01/25 through 02/09/25 No baths or showers given</p> <p>Tuesday 02/04/25 Neither bath or shower given</p> <p>Saturday 02/08/25 Neither bath or shower given</p> <p>Monday 02/10/25 Bed bath given</p> <p>Tuesday, 02/11/25 Shower given</p> <p>Saturday 02/15/25 Bed bath given</p> <p>02/16/25 through 02/27/25 Neither bath or shower given</p> <p>Friday 02/28/25 Bed bath given</p> <p>Thursday 03/06/25 Bed bath given</p> <p>Friday 03/07/25 Bed bath given</p> <p>Wednesday 03/12/25 Bed bath given</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49465</p> <p>Based on observation, record review and staff interview the facility failed to provide a program of activities to support residents one on one and sensory stimulation needs. This failed practice was found true for (1) one of (2) two residents reviewed for Activities during the Long-Term Care Survey Process. Resident identifier #43. Facility Census 115.</p> <p>Findings Include:</p> <p>a) Resident #43</p> <p>The initial observation on 03/31/25 at 1:53 PM, found Resident #43 lying in bed, staring at the wall. No television or music was on in the residents room.</p> <p>An observation on 04/01/25, at 9:30 AM, found Resident #43 lying in bed, with her head at the foot of her bed, she was rolling the sheet in her fingers. No television or music was on in the residents room.</p> <p>A record review on 04/01/25 at 1:00 PM, of Resident #43's Activity Participation records for the Months of 01/2025, 02/2025, and 03/2025 revealed that within the (3) three month period, Resident #43 had participated in (6) six out of room activities. She is indicated every day for the (3) month period as participating in the same individual activities every day which is: Movies/TV, Relaxing/looking out the windows/resident/thinking, and Socializing.</p> <p>Further record review of Resident #43's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/16/25, Section C, revealed that Resident #43 had a Brief Interview for Mental Status (BIMS) score of 0. The same MDS, Section F, indicates that it was important for Resident #43 to do things with groups of people.</p> <p>A record review on 04/02/25 at 10:00 AM, revealed an Activity Care Plan for Resident #43 that read as follows: Focus: While in the facility, resident/patient states that it is important that s/he has the opportunity to engage in daily routines that are meaningful relative to their preferences. Resident/Patient expresses specific preferences relative to daily routines.</p> <p>Goals:</p> <p>Resident will plan and choose to engage in preferred activities. Resident/Patient will express satisfaction that her/his daily routines and preferences are accommodated by staff.</p> <p>Interventions:</p> <p>Encourage and facilitate residents/patients activity preferences (select all that apply per Recreation Assessment)</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>It is important for me to choose what clothing to wear.</p> <p>It is important for you to know which of my personal belongings I prefer to take care of myself. It is important for me to choose between a shower, bed bath or sponge bath.</p> <p>I like to snack between meals and prefer oatmeal cookies, chips.</p> <p>It is important for me to choose my bedtime and I prefer to go to bed whenever I want. I like to get up in the morning whenever I want.</p> <p>I like to take a nap whenever I want.</p> <p>It is important for me to have family or a close friend involved in discussions about my care.</p> <p>The following things help me feel better when I am upset: be by myself, listen to music, relax, watch TV.</p> <p>I would like a place to lock up things to keep them safe.</p> <p>I enjoy listening to music and prefer classical, country, and jazz.</p> <p>I like to participate in arts/crafts, movies and socializing with groups of people.</p> <p>I like to look out the window, lay down/rest, think, and watch TV/movies by myself in my bedroom, common spaces. [NAME] enjoys playing with baby doll.</p> <p>I enjoy watching/listening TV.</p> <p>During an interview on 04/02/25 at 11:37 AM, The Activity Director (AD) agreed that Resident #43's activity participation had declined and that she was marked for the same individual activities daily. The AD further stated, No we do not have a one on one schedule for residents with lower participation. The State Agency (SA) asked, How do you identify residents who need one to one visits and who would benefit from sensory stimulation groups? The AD replied, We just see them as we see them.</p> <p>A review of the policy on 04/02/25 at 11:45 AM, titled {Recreation Services}, under process (3) three, reads as follows</p> <p>Individual and independent programming is offered for patients who are unable or unwilling to participate in activities within the group setting, and/or prefer independent leisure involvement. Process (4) four reads as follows:</p> <p>The recreation program is evaluated on a regular basis to ensure the programs are planned in a manner responsive to patients' changing interests, preferences, needs, and abilities.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45171</p> <p>Based on record review and staff interview the facility failed to follow the Physicians order for wound care and providing immunizations as required. This was true for one (1) of five (5) residents' wounds reviewed and three (3) of five (5) immunizations records reviewed. Resident Identifiers: #84, #12, #83, #87. Facility Census: 115.</p> <p>Findings include:</p> <p>a) Resident #84</p> <p>On 04/03/25 at 09:00 AM record review shows Resident #84 has a Zoster (shingles) vaccination pending. Further review indicated the Medical Power of Attorney was educated and gave consent for the vaccination to be administered on 10/11/24. However, Resident #84 has not received the shingles immunization as of this date (04/03/25).</p> <p>During an interview on 04/03/25 at 09:25 AM with the Infection Preventionist-Registered Nurse #72 it was explained as the facility running behind on all immunizations. It was confirmed at this time that the shingles vaccination should have already been administered.</p> <p>2) Tuberculosis vaccine</p> <p>On 04/03/25 at 09:00 AM record review shows Resident #84 had a Tuberculosis (TB) Step 1 Mantoux skin test on 10/11/24. In addition there is documentation that Resident #84 also received a Step 2 Mantoux skin test on 01/30/25 and again on 04/01/25.</p> <p>According to the Facility Procedure for Tuberculosis Screening 2.4 . Administer first TST/Mantoux skin test. 24.1 If result is negative, repeat test in one to three weeks after first TST result is read</p> <p>On 04/03/25 at 09:20 AM the Infection Preventionist confirmed that the TB test for Resident #84 were not performed normally. She stated the 2nd test should have been administered shortly after 10/11/24. I was not in this position at that time. The next two TB test were administered too far apart, once the first was re-administered in January, the 2nd one should have been completed about a week afterwards according to our policy.</p> <p>b) Resident #12 (Shingles)</p> <p>On 04/03/25 at 09:00 AM record review shows Resident #12 has a Zoster (shingles) vaccination pending. Further reviews indicates the resident was educated and gave consent for the vaccination to be administered on 02/26/25. However, Resident #12 has not received the shingles immunization as of this date (04/03/25).</p> <p>During an interview on 04/03/25 at 09:25 AM with the Infection Preventionist-Registered Nurse #72 it was explained as the facility running behind on all immunizations. It was confirmed that the shingles vaccination should have already been administered.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b) Resident #83 (RSV and Shingles)</p> <p>On 04/03/25 at 09:54 AM during record review of resident immunizations it was found that Resident #83 is a [AGE] year old that was admitted on [DATE].</p> <p>There is no documentation of any Respiratory Syncytial Virus (RSV) or Zoster (shingles) immunizations education, consents or declinations.</p> <p>According to the Centers for Disease Control and Prevention (CDC) RSV vaccinations guidelines are:</p> <p>All adults aged [AGE] years and older should receive a single dose of an RSV vaccine.</p> <p>Adults aged 60 to [AGE] years with certain underlying medical conditions that increase their risk of severe RSV disease should also receive a single dose of an RSV vaccine.</p> <p>Vaccination should be administered in late summer or early fall, before the start of RSV season.</p> <p>According to the Centers for Disease Control and Prevention (CDC) shingles vaccinations guidelines are:</p> <p>CDC recommends 2 doses of Shingrix separated by 2-6 months for immunocompetent adults aged [AGE] years and older:</p> <p>Whether or not they report a prior episode of herpes zoster.</p> <p>Whether or not they report a prior dose of Zostavax, a shingles vaccine that is no longer available for use in the United States.</p> <p>Resident #83 is [AGE] years old and does not have capacity to make medical decisions. In an interview on 04/03/25 at 10:55 AM the Director of Nursing (DON) stated the facility has not been able to reach the residents Medical Power of Attorney for consent. However, there is no documentation available to indicate an attempt has been made to obtain the consent or declination. The DON agreed that the RSV and shingle immunization consents or declination should have been completed since the resident was admitted almost 2 years ago.</p> <p>49465</p> <p>d) Resident #87</p> <p>The initial observation on 03/31/25 at 2:27 PM, revealed Gauze wrap to Resident #87's right shin</p> <p>A record review on 04/02/25 at 12:57 PM, revealed an order dated 02/26/25 for Resident #87 that reads as follows:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Remove current dressing allowing it to soak until easily removed. Cleanse hematoma to right medial calf with Vashe soaked gauze, leaving in place for (5) five minutes. Remove Vashe soaked gauze and firmly pat the wound bed. Apply petroleum gauze to entirety of the wound. Cover with ABD. Wrap with Kerlix lightly. Secure with tape. Wrap Kerlix lightly around lower leg to avoid further skin breakdown. Every day shift.</p> <p>Further record review of the Treatment Administration Record (TAR) from 02/26/25 to present shows that the treatment has nothing marked for the following dates, 03/06/25, 03/10/25, 03/15/25 and 03/20/25.</p> <p>During an interview on 04/03/25 at 9:30 AM, The Director of Nursing (DON) stated, I researched some and found that on March 6 the resident was out to the hospital.</p> <p>The other days she was at Dialysis, but the treatment should have been completed when she got back.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>45171</p> <p>Based on observation and staff interview the facility failed to properly store locked controlled medications and permit only authorized personnel to have access to the keys and medications. This was a random opportunity for discovery. Facility census: 115</p> <p>Findings Include:</p> <p>a) On 04/02/25 at 03:10 PM it was observed that the medication storage refrigerator had a narcotic medication storage box.</p> <p>The separately locked, permanently affixed box in the facility medication refrigeration was affixed to a removable shelf, however, the shelf was easily slid out of the refrigerator making it easy to remove the shelf and box from the facility. Also, the key to the box was placed (stored) in the lock itself.</p> <p>This was confirmed with Licensed Practical Nurse #56 on 04/02/25 at 3:10 PM and with the Administrator and Corporate Registered Nurse #134 on 04/02/25 at 3:20 PM when they both confirmed the narcotic box must be adhered to the refrigerator itself, not just the shelf.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER Dunbar Center		STREET ADDRESS, CITY, STATE, ZIP CODE 501 Caldwell Lane Dunbar, WV 25064	
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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>50551</p> <p>Based on observation, record review and staff interview, the facility failed to provide appropriate assistive devices to residents who need them to maintain or improve their ability to eat or drink independently, by not ensuring Resident #36 was served lunch on a three (3) compartment plate. Facility census: 115.</p> <p>Findings included:</p> <p>a) Resident #36</p> <p>On 04/01/25 at 1:12 PM while observing the kitchen plate the lunch meal, kitchen staff were observed serving the tray for Resident #36. It was noticed by staff that they did not have a three (3) compartment plate. District Manager of Dietary inquired as to the whereabouts of the three (3) compartment plates, Kitchen [NAME] #109 reported that they had some this morning but was unaware where they were at that time. Resident #36 was served his meal on a raised lip plate.</p> <p>b)On 04/01/25 at 3:00 PM a review of the care plan for Resident #36 revealed on page #14, Resident is a nutritional concern related to dependent edema, pressure injury, history of peg tube, SCI, aortic dissection, respiratory failure, Cardiovascular Accident, weakness, paraplegia, constipation, anemia, hypertension, GERD and HDL that may impact nutritional status.</p> <p>Interventions included: three (3) compartment plate, Kennedy cup, foam handle utensils as ordered.</p> <p>c)On 04/01/25 at 3:24 PM during an interview the Facility Administrator reported that they now have plenty of three (3) compartment plates in stock and acknowledged that the resident was served on a raised lip plate at the lunch meal.</p>		

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NAME OF PROVIDER OR SUPPLIER Dunbar Center		STREET ADDRESS, CITY, STATE, ZIP CODE 501 Caldwell Lane Dunbar, WV 25064	

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>50551</p> <p>Based on observation, staff interview and review of documentation, the facility failed to ensure trash was properly contained in the dumpster. Dumpster door broken, another open. Medical Supplies (gloves, wipes, chuck pads) on the ground surrounding area. Facility census: 115.</p> <p>Findings included:</p> <p>a) On 04/01/25 at 10:10 AM, a tour of the outside dumpster area. Three (3) green dumpsters were observed with medical supplies (including numerous latex gloves and chuck pads) on the ground surrounding dumpster. One dumpster did not have a door, and one dumpster did not have a door completely closed.</p> <p>On 04/01/25 at 10:20 AM, looked at the dumpster area with the Administrator who acknowledged that there were chuck pads, wipes and numerous latex gloves on the ground surrounding the dumpster. She reported that the facility had been in contact with the sanitation company on numerous occasions to repair the dumpsters.</p> <p>On 04/01/25 at 3:00 Pm a review of Healthcare Services Group Policy 028, procedure number seven (7) stated All trash will be properly disposed of in external receptacles (dumpsters) and the surrounding area will be free of debris.</p>

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NAME OF PROVIDER OR SUPPLIER Dunbar Center		STREET ADDRESS, CITY, STATE, ZIP CODE 501 Caldwell Lane Dunbar, WV 25064	

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>49751</p> <p>Based on record review and interview, the facility failed to ensure orders were being monitored by having an order for medicine to be taken orally for Resident #64 who is NPO (nothing by mouth). This was a random opportunity for discovery and had the potential to affect a limited number of residents residing in the Long-Term Care Facility. Resident identifier: #64 Facility Census: 115</p> <p>Findings include:</p> <p>a) Resident #64</p> <p>On 04/01/25 02:58 PM during record review the following orders were found;</p> <p>Empagliflozin Oral Tablet 10 MG (Empagliflozin)</p> <p>Give 1 tablet by mouth one time a day for DM, ASCVD</p> <p>Pharmacy</p> <p>Active 3/14/2025 10:00 - 3/18/2025</p> <p>NPO (nothing by mouth) diet, NPO texture, NPO consistency</p> <p>Diet</p> <p>Active 9/10/2024 17:48 9/11/2024 on 04/01/25 at 3:10 PM LPN #13 states he (resident #64) does not take anything by mouth. i give all his (Resident #64) medications via G-tube.</p> <p>At 3:20 PM Corporate Registered Nurse (RN) #134 stated We will get the clarified and corrected now.</p>

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NAME OF PROVIDER OR SUPPLIER Dunbar Center		STREET ADDRESS, CITY, STATE, ZIP CODE 501 Caldwell Lane Dunbar, WV 25064	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45171</p> <p>Based on observation and staff interview the facility failed to establish and maintain an infection prevention and control program during medication pass and by not properly disposing of urine. These were random opportunities for discovery. Resident Identifier: #63. Facility Census: #115</p> <p>Findings Include:</p> <p>a) Resident #63</p> <p>On 04/01/25 at 7:40 AM during medication administration observation with Licensed Practical Nurse (LPN) #69 it was observed that the LPN placed a 50 milligram Tramadol pill in her ungloved hand and then placed it in the medication cup and administered to Resident #63.</p> <p>This was confirmed immediately with the LPN and then with the Administrator and Corporate Registered Nurse #134 on 04/01/25 at 8:45 AM.</p> <p>49751</p>		

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NAME OF PROVIDER OR SUPPLIER Dunbar Center		STREET ADDRESS, CITY, STATE, ZIP CODE 501 Caldwell Lane Dunbar, WV 25064	
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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45171</p> <p>Based on record review and staff interview the facility failed to educate, offer and obtain declination or consent for influenza and pneumococcal immunizations. This was true for one (1) of five (5) Residents screened for immunizations. Resident Identifier: #83 Facility Census: 115</p> <p>Findings Include:</p> <p>a) Resident #83 (Influenza and Pneumococcal)</p> <p>On 04/03/25 at 09:54 AM during record review of resident immunizations it was found that Resident #83 is a [AGE] year old that was admitted on [DATE].</p> <p>There is no documentation of any past influenza (flu) or pneumococcal (pneumonia) immunizations education, consents or declinations.</p> <p>The influenza vaccination is marked Not eligible due to being admitted after flu season. The resident was admitted on [DATE]. According to the Centers for Disease Control and Prevention (CDC) guidelines, the flu season runs from October through May. The resident or Medical Power of Attorney (MPOA) should have been educated and offered the influenza vaccine in or near October of 2023 and again in or near October 2024.</p> <p>The pneumonia vaccination has no documentation of any historical or current immunizations in Point Click Care (PCC) the software for the facility.</p> <p>According to the facility policy IC601 Pneumococcal Vaccination Process: 2.2 . Adults aged greater than or equal to [AGE] years who have not previously received a pneumococcal conjugate vaccine of whose previous vaccination history is unknown should receive a pneumococcal conjugate vaccine PCV20 .</p> <p>Resident #83 is [AGE] years old and does not have capacity to make medical decisions. In an interview on 04/03/25 at 10:55 AM the Director of Nursing (DON) stated the facility has not been able to reach the residents Medical Power of Attorney for consent. However, there is no documentation available to indicate an attempt has been made to obtain the consent or declination. The DON agreed that the influenza and pneumococcal immunization consents or declination should have been completed since the resident was admitted almost 2 years ago.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45171</p> <p>Based on record review and staff interview the facility failed to educate, offer and obtain declination or consent for COVID-19 2024-2025 immunizations. This was true for one (1) of five (5) Residents screened for immunizations. Resident Identifier: #83 Facility Census: 115</p> <p>Findings Include:</p> <p>a) Resident #83 (COVID 19)</p> <p>On 04/03/25 at 09:54 AM during record review of resident immunizations it was found that Resident #83 is [AGE] years old and was admitted on [DATE].</p> <p>There is documentation that the resident received the following COVID 19 vaccinations prior to admission to the facility:</p> <p>COVID 19 Vaccine dose 1 03/06/21</p> <p>COVID 19 Vaccine dose 2 04/10/21</p> <p>Vaccine additional dose 10/27/21</p> <p>Vaccine additional dose 05/16/22</p> <p>There is no documentation that Resident #83 or the MPOA was educated or offered a COVID 19 2024-2025 updated vaccination.</p> <p>According to the Centers for Disease Control and Prevention (CDC) guidelines, People ages [AGE] years and older, vaccinated under the routine schedule, are recommended to receive 2 doses of any 2024-2025 COVID-19 vaccine (i.e., Moderna, Novavax, or Pfizer-BioNTech) separated by 6 months (minimum interval 2 months) regardless of vaccination history, with one exception: Unvaccinated people who initiate vaccination with 2024-2025 Novavax COVID-19 Vaccine are recommended to receive 2 doses of Novavax followed by a third dose of any COVID-19 vaccine 6 months (minimum interval 2 months) later.</p> <p>The resident or Medical Power of Attorney (MPOA) should have been educated and offered the COVID 19 2024-2025 vaccine.</p> <p>Resident #83 does not have the capacity to make medical decisions. In an interview on 04/03/25 at 10:55 AM the Director of Nursing (DON) stated the facility has not been able to reach the residents Medical Power of Attorney for consent. However, there is no documentation available to indicate an attempt has been made to obtain the consent or declination. The DON agreed that the COVID 19 2024-2025 immunization consents or declination should have been completed since the resident was admitted almost 2 years ago.</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>51554</p> <p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>Based upon record review and staff interview, the facility failed to provide 12 (twelve) hours of education for the past year for nursing aides (NA). This was true for 5 (five) of 5 (five) records reviewed during the annual survey process. Employee identifiers: NA #24, NA #37, NA #48, NA #75, and NA #66. Facility census: 115</p> <p>Findings include:</p> <p>NA #24's inservices were less than 6 hours.</p> <p>NA #37's inservices were less than 11 hours.</p> <p>NA #48's inservices were less than 11.5 hours.</p> <p>NA #75's inservices were less than 9 hours.</p> <p>NA #66's inservices were less than 10 hours.</p> <p>During an interview, with the Nursing Home Administrator, on 04/03/25 at approximately 12:45 PM, she had nothing to add to about the finding.</p>		