

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Moundsville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Floral Street Moundsville, WV 26041	
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, record review and staff interview, the facility failed to ensure medication carts were locked when nurses were not in attendance. These were random opportunities of discovery. Facility Census: 124. Findings Include: a) Medication Administration Policy On 12/10/25 at approximately 9:15 AM, the facility Medication Administration policy was reviewed. The review found under the heading of Procedure letter k. stated the following: Do not leave medication cart unlocked. (Typed as written.) b) Resident #15 On 12/10/2025 at 8:50 AM, an observation was made on the 200 hall which found the medication cart unlocked. The medication cart was left unattended for approximately three (3) minutes. On 12/10/25 at 8:53 AM, Licensed Practical Nurse (LPN) #127 exited Resident #15's room into the hallway. LPN #127 stated, I went into the room when the resident was calling out .I know I shouldn't have left my cart unlocked. On 12/10/25 at 9:35 AM, the Director of Nursing (DON) was notified and confirmed the medication cart should be locked at all times when unattended. c) 600 Hall Medication Cart Unlocked and Unattended On 12/10/2025 at 9:12 AM, an observation was made on the 600 hall which found the medication cart unlocked and unattended. The medication cart was left unattended for approximately six (6) minutes. On 12/10/25 at 9:18 AM, LPN #33 walked down the hallway coming from the 500 unit. LPN #33 acknowledged she was in charge of the 600 hall medication cart and stated, I thought I had locked it.		

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
--	-------	-----------

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Moundsville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Floral Street Moundsville, WV 26041	
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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate pain management for a resident who requires such services. Based on record review and staff interview, the facility failed to ensure documentation of residents' pain and treatment was performed in accordance with professional standards of practice. This deficient practice had the potential to affect one (1) of one (1) residents reviewed for the care area of pressure ulcers. Resident identifier: 90. Facility census: 124. Findings included- On 11/29/25 at 8:25 AM, for a pain level of 8. Non-pharmacological interventions of repositioning, conversation, and redirection were attempted. The pain medication was effective in relieving the resident's pain. Review of Resident #90's Controlled Substance Administration Record showed Tramadol had been removed from the resident's supply at these additional dates and times: - 11/21/25 at 9:00 PM- 11/22/25 at 8:00 PM- 11/23/25 at 9:11 PM- 11/24/25 at 8:00 PM- 11/28/25 at 9:00 PM- 11/29/25 at 10:00 PM- 11/30/25 at 7:12 PM None of these administrations were recorded on the MAR. As such, the pain level and non-pharmacological interventions, as well as whether the medication had been effective, had not been documented. Review of Resident #90's Medication Administration Record (MAR) for December 2025 showed the resident was administered Tramadol on the following dates: - On 12/01/25 at 1:35 AM, for a pain level of 8. Non-pharmacological interventions were not attempted. The pain medication was effective in relieving the resident's pain.- On 12/08/25 at 10:24 AM, for a pain level of 5. Non-pharmacological interventions 1 and 4 were attempted. (The MAR did not specify what these interventions were.) The pain medication was effective in relieving the resident's pain. - On 12/09/25 at 1:31 AM, for a pain level of 8. Non-pharmacological interventions were not attempted. The pain medication was effective in relieving the resident's pain. Review of Resident #90's Controlled Substance Administration Record showed Tramadol had been removed from the resident's supply at these additional dates and times:- 12/04/25 at 8:30 PM- 12/05/25 at 9:40 PM- 12/06/25 at 9:00 PM - 12/07/25 at 8:00 PM- 12/08/25 at 2:00 AM- 12/09/25 at 7:54 PM None of these administrations were recorded on the MAR. As such, the pain level and non-pharmacological interventions, as well as whether the medication had been effective, had not been documented. On 12/11/2025 at 10:28 AM, the Director of Nursing (DON) confirmed Resident #90's the inaccuracies between the MAR and the Controlled Substance Administration Record. She confirmed that the medical record contained no documentation of the resident's pain level, the non-pharmacological interventions, or the effectiveness of the interventions and pain medication for the occasions when pain medication administration was not documented on the MAR. No further information was provided through the completion of the survey process.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Moundsville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Floral Street Moundsville, WV 26041	
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 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident representative interview, record review and staff interview, the facility failed to accommodate a resident's dietary needs related to religious beliefs. This was a random opportunity for discovery. Resident identifier: #110. Facility census: 124. Findings included: a) Resident #110 A record review was completed on 12/10/2025 at 5:06 PM. Resident #110's care plan stated that the resident did not ingest caffeine due to her religious beliefs. However, the dietary order for Resident #110 only stated, Lacto-Ovo Vegetarian Diet. A lacto-ovo vegetarian diet excludes meat, poultry, and fish but includes dairy products (lacto) and eggs (ovo). This type of vegetarianism is plant-based, with a foundation of fruits, vegetables, grains, nuts, and seeds, and it also incorporates milk, cheese, yogurt, and eggs for nutrients like protein, calcium, and vitamin B12. It does not address a resident's desire to remain caffeine-free. During a telephone interview, on 12/10/2005 at 7:45 PM, the resident's Medical Power of Attorney (MPOA) stated that resident remaining caffeine-free was an absolute, 100% must due to her religious beliefs. The MPOA was insistent that not having caffeine ever was something that resident had been fervent about her entire life. The MPOA explained Hare [NAME] followers generally avoid caffeine (in coffee, tea, soda) because it's considered an intoxicant that clouds the mind, hinders spiritual focus, and disrupts sleep, contradicting the goal of clear consciousness. Resident #110's dietary slips were reviewed on 12/11/25 at 9:30 AM. Coffee and tea were listed for every lunch meal and every dinner meal. During an interview on 12/11/25 at 9:45 AM, Food Service Director #150 reported that both the facility's coffee and the tea contained caffeine and that the dietary slip would need to be updated to reflect caffeine free.		

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Moundsville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Floral Street Moundsville, WV 26041	
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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on food tray temperatures and resident interviews, the facility failed to serve food to residents that was palatable and at an appetizing temperature. Based on resident interview and staff interview, the facility failed to ensure hot foods were served hot. This failed practice was true for one (1) of one (1) hallways tested for food tray temperatures throughout the complaint survey process Facility census: 124. Findings included: a) Resident #42 During an interview on 12/08/25 at 2:45 PM, Resident #42 stated, The food sucks and the hot food is lukewarm at best. b) Resident #51 During an interview on 12/08/25 at 3:10 PM, Resident #51 stated, The food is bad. c) Test Tray On 12/09/25 at 12:59 PM, the Food Service Director and the District Manager temped a meal tray on the 200 hall. The egg salad sandwich temperature was recorded at 65.4 degrees F. The first carton of milk had a temperature of 57.6 degrees F and the second carton of milk on the tray had a temperature of 59.1 degrees F. d) Palatability Three (3) surveyors tried the diced white potatoes and found that they were not palatable and had no seasoning. e) Resident #100 On 12/11/25 at 10:30 AM, Resident #99 stated, she said, My food is always cold, and the staff will heat it up for me in the microwave. f) Staff Interviews During an interview on 12/11/25 at 10:45 AM, Staff #8 and Staff #98 both confirmed that they frequently find it necessary to reheat Resident #99's food because it is cold at the point of service.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Moundsville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Floral Street Moundsville, WV 26041	
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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on resident interviews, interviews during resident council, observation and staff interview, the facility failed to ensure a substantial/nourishing snack was provided between the evening meal and breakfast. This is true for Resident #115, Resident #39 and Resident Council. Facility Census 124.Findings included:a) Resident #115 During an interview on 12/09/2025 at 10:31 AM, Resident #115 reported he is not offered a snack at bedtime but is given one if they have any available and he has to ask for it. b) Resident #39 During an interview with Resident #39 on 12/09/2025 at 10:24 AM, resident reported he is a 6'4 grown man and he isn't given enough food. He reported he is given kool aid for meals and prefers juice and tea. He stated the food is often cold but his main concern is I DONT GET ENOUGH FOOD. They do not give snacks at bedtime unless we ask for it. During an interview on 12/10/25 at 1:10 PM with the Director of Nursing (DON) to discuss the possibility of extra portions for Resident. She reported she would discuss with dietician. c) On 12/10/25 at 10:30 AM Resident Council meeting brought up concerns regarding snacks, it was asked if they received snacks with the answer of no, was asked if they received snacks if they asked for them with the answer of no because they are kept in the kitchen and the kitchen isn't always accessible. This was unanimous from the council attendees. d) 12/10/25 Evening Snack During a visit to the facility, on 12/10/25 between 8:30 PM - 9:30 PM, the following residents were interviewed and stated they had not been offered an evening snack but would have like one: -Resident #35 (11/18/25 BIMS listed as 15, indicating that resident was cognitively intact) -Resident #17 (08/01/24 Physician Determination of Capacity indicated resident demonstrated capacity to make decisions) -Resident #39 (11/17/25 BIMS listed as 15, indicating that resident was cognitively intact) -Resident #100 (09/2025 BIMS was listed as 15, indicating that resident was cognitively intact) e) Staff Interviews During a visit to the facility, on 12/10/25 between 8:30 PM - 9:30 PM, the following staff members were interviewed and stated they had not offered residents an evening snack: -Staff #50 -Staff #104 (continued on next page)		

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Moundsville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Floral Street Moundsville, WV 26041	
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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Staff #45 -Staff #88 -Staff #60		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Moundsville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Floral Street Moundsville, WV 26041	
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 and staff interview, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food safety. Additionally, the facility failed to maintain the equipment in safe operating condition. This practice had the potential to affect more than an isolated number of residents. Facility census: 124. Findings included: a) On 12/08/25 at 11:35 AM, during an initial walkthrough of the kitchen and nourishment room, the following issues were identified and acknowledged by the Director of Dining: -Two (2) cleaning cloths were found sitting on the counter tops and not in a bucket with sanitizer. -Two (2) cool check containers were chipped and cracked. -No opened date or use by date on one (1) case of mighty shakes located in the reach in cooler. -The reach in cooler had a black substance on the shelving. -The stove top was visibly soiled. -The grease trap for the stove top was soiled. -The steamer needed to be delimed and the shelves needed to be cleaned. -The wall behind the steamer was dirty. -Both convections ovens needed to be cleaned. -One (1) bag of shrimp not labeled in the freezer. -One (1) bag of ravioli was not sealed and was not labeled or dated. -One (1) opened case of beef patties and one (1) opened case of oatmeal raisin cookies did not have a use by date in the freezer. -The can opener was visibly soiled. -The knife rack and the handles of the knives were soiled with food splatter. -One (1) steam table pan of cream of chicken soup was not labeled and did not have a use by date in the walk in cooler. -One (1) container of opened sliced american cheese was given a one (1) year use by date. -Sliced tomatoes were outdated, with a use by date of 11/24/25. -One (1) bag of opened parmesan cheese was not dated properly. -One (1) container of beef base did not have an open date. -One (1) container of yellow mustard was outdated with a use by date of 12/5/25. -One (1) gallon of Italian dressing without a use by date. -One (1) container of egg salad without a use by date. -One (1) steam table pan of homemade cole slaw did not have a use by date. -Two (2) sheet pans of roll dough in the walk-in cooler was not labeled or dated. -The meat slicer was not covered while not in use. -One (1) employee beverage found in the dry food storage room. -A container of granulated sugar was outdated with a use by date of 11/12/25. -The toaster needed to be cleaned due to debris. -Two (2) bags of opened chicken gravy mix did not have a use by date. -One (1) container of opened raisin bran was given a use by date of 10 months. -One (1) bag of opened toasted oats did not have a use by date. -One (1) bag of dry white rice was opened and was not sealed and did not have an open or a use by date. -Multiple spices did not have an open or a use by date. -The microwave was soiled on the inside. -There were four (4) bags of spoiled potatoes sitting on a shelf under the food processor that were swarming with gnats and had juice running out of them onto the floor. -The handwashing sink near the dish room was soiled with food spills. -The juice machine nozzles for the juice gun need to be cleaned. -One (1) clean pot and one (1) clean bowl were not inverted on the clean dish shelf. -Two (2) trash receptables did not have a liner in them. -The refrigerator in the in the dining room needed the shelves cleaned and sanitized due to spills / debris. -One (1) Lunchable was found in the reach in refrigerator in the dining room and it was outdated with a use by date of 10/23/25. -The ice scoop holder needed to be cleaned in the nourishment room due to holding water and a small trash can liner was wadded up at the bottom. b) On 12/09/25 at approximately 11:55 AM, the following issues were identified and acknowledged by the Director of Dining: -The popcorn maker located in the dining room had a scoop that is sitting on top of the machine and it is soiled and not in a covered container. -There are individually wrapped whipped spreads located in multiple drawers located in the dining room without a date. c) During another visit to the kitchen, on 12/09/25 at 12:04 PM, the Director of Dining acknowledged there was paint chipping, cracking and peeling on the kitchen ceiling and the exhaust hood in the kitchen. The Director of Dining stated, Maintenance is aware. d) Observation on 12/09/25 at 12:45 PM-The 200 hall beverage cart had four (4) tumblers that were wet nesting. Nursing staff was asked if there was moisture in the tumblers. She said, Yes and pulled them from being used. e) On (continued on next page)		

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Moundsville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Floral Street Moundsville, WV 26041	
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	12/09/25 at 2:44 PM, the Director of Dining acknowledged the following issues in the kitchen:-There was one (1) angel food cake not labeled or dated in the freezer.-There were two (2) cleaning cloths not located in a bucket with sanitizer on the steam table.-The grease trap was still soiled located under the stove.There was one (1) pan of roll dough on a sheet pan in the walk-in cooler without a label or date.f) Dining Room RefrigeratorA dining room observation was made with the District Manager from HCSG on 12/10/25. The District Manager confirmed the dining room refrigerator had debris on the shelves.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Moundsville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Floral Street Moundsville, WV 26041	
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and staff interview, the facility failed to ensure a complete and accurate medical record for documentation of Resident #12's incontinence status and Resident #110's care plan. This was true for two (2) of 25 residents reviewed during the survey process. Resident Identifiers: #12 and #110. Facility Census: 124. a) Resident #110 -Activity staff had documented in resident's care plan, She does not eat meat, fish, eggs or caffeine due to her religious beliefs. - A dietary order stated Lacto-Ovo Vegetarian diet. A lacto-ovo vegetarian diet excludes meat, poultry, and fish but includes dairy products (lacto) and eggs (ovo). This type of vegetarianism is plant-based, with a foundation of fruits, vegetables, grains, nuts, and seeds, and it also incorporates milk, cheese, yogurt, and eggs for nutrients like protein, calcium, and vitamin B12. During a telephone interview on 12/10/2025 at 7:45 PM, Resident #110's Medical Power of Attorney (MPOA) confirmed that the resident did eat eggs. The MPOA communicated that eggs were an important source of protein for the resident. During an interview, on 12/11/25 at approximately 11:00 AM, the Director of Activities reported that the resident's care plan would need to be updated to reflect her current lacto-ovo vegetarian diet which did in fact include eggs. b) Resident #12 On 12/10/2025 at 1:00 PM, a record review was completed for Resident #12. The review of the bladder incontinence from 11/11/25 through 12/10/25 under the tasks tab found multiple inaccurate issues with documentation. The resident did have an indwelling urinary catheter for obstructive uropathy. The correct documentation should be under the heading of continence not rated due to indwelling catheter. The following issues were found: --11/14/25 Incontinent --11/15/25 Incontinent --11/16/25 Incontinent --11/20/25 Incontinent --11/21/25 Incontinent --11/23/25 Incontinent --11/24/25 Incontinent --11/25/25 Continence not rated due to condom catheter --11/26/25 Incontinent (continued on next page)		

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Moundsville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Floral Street Moundsville, WV 26041	
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--11/28/25 Continence not rated due to condom catheter --11/30/25 Incontinent --12/04/25 Incontinent --12/05/25 Incontinent --12/09/25 Continence not rated due to condom catheter --12/10/25 Continence not rated due to condom catheter On 12/10/2025 at 1:11 PM, the Director of Nursing (DON) verified the resident did have an indwelling foley catheter. The DON stated, I see I need to do training for my CNAs (certified nursing assistants) .some are new.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Moundsville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Floral Street Moundsville, WV 26041	
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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to consult a resident's physician when the resident experienced a change in condition related to oxygen saturation levels. This was true for one (1) of three (3) residents reviewed in the closed record review process during the Long-Term Care Survey Process. Additionally, based on record review and staff interview, the facility failed to notify the resident's representative / family member / emergency contact of a significant change and the need to alter treatment. The facility transferred Resident #25 to the hospital. However, the resident's representative / family member / emergency contact was not notified of the transfer. This was true for one (1) of two residents reviewed for hospitalizations during the Long-Term Care Survey Process. Resident Identifiers: #125. Facility Census: 124. Findings included: a) Resident #125 Resident #125 was admitted to the facility on [DATE] as a skilled care patient. The resident had the following diagnoses during his hospitalization prior to being admitted to the nursing home:-Congestive Heart Failure-Acute hypoxic respiratory failure (a critical condition where the lungs can't get enough oxygen into the blood)-Acute exacerbation of Chronic Obstructive Pulmonary Disease (COPD). COPD is a progressive lung condition causing airflow limitation, making it hard to breathe due to inflamed airways, excess mucus, and damaged air sacs. An electronic medical record review revealed the following 09/18/25 Physician Order for Oxygen (O2): O2 at 1-5L (liters) via NC (nasal cannula) continuous every shift for COPD/SOB [shortness of breath] Additionally, there was a nurse's note, dated 9/18/2025 10:00 PM, noting that oxygen saturations (O2 SATs) were 89% on 6 L oxygen via NC. The nurse documented an attempt to put resident on Bilevel Positive Airway Pressure (bipap), a non-invasive breathing support device that provides two pressure settings: a higher pressure for inhaling (IPAP) and a lower pressure for exhaling (EPAP), helping people with respiratory issues like COPD breathe more effectively. The nurse noted that the resident did not tolerate it and stated he couldn't breathe, stated he never used it at home, only in the hospital, and was put back on nasal cannula per his request. Frequent coughing was noted by the nurse. There was no evidence in the electronic medical record that the resident's attending physician was notified of Resident #125's low O2 sats and refusal to wear bipap. During an interview on 12/11/ 25 at approximately 10:00 AM, the Director of Nursing confirmed the facility was unable to produce evidence the physician had been notified of resident's low O2 sats and refusal to wear bipap.		

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Moundsville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Floral Street Moundsville, WV 26041	
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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observation, record review and staff interview, the facility failed to ensure privacy and confidentiality of medical records for Resident #15 during medication administration. This was a random opportunity for discovery. Resident Identifier: #15. Facility Census: 124. Findings Include: a) Resident #15 On 12/10/2025 at 8:50 AM, an observation of the computer screen was made on the 200 hall which was left unlocked as well as written shift report sheets visible to anyone passing by the medication cart. On 12/10/25 at 8:53 AM, Licensed Practical Nurse (LPN) #127 exited Resident #15's room into the hallway. LPN #127 stated, I went into the room when the resident was calling out .I know I shouldn't have left the computer screen unlocked and the shift report sheets visible. On 12/10/25 at 9:35 AM, the Director of Nursing (DON) was notified and confirmed the computer screen should have been locked and the shift report sheets should have been covered.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Moundsville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Floral Street Moundsville, WV 26041	
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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to provide the residents / resident representatives with a written notice of the Notice of Transfer /Discharge (including the residents' right to appeal the discharge and the process and how to contact the long-term care Ombudsman) when being transferred to the hospital. This was true for one (1) of two (2) residents reviewed for hospital transfers throughout the Long-Term Care Survey Process. Resident identifiers: #25 and #123. Facility census: 124.Findings included: Resident #25 An electronic medical record review revealed that Resident #25 was transferred to the hospital on [DATE] for aspiration pneumonia. The facility had scanned an Acute Transfer Letter into the record. There was no separate Notice of Transfer / Discharge letter found in the electronic medical record. An electronic medical record review revealed that Resident #123 was transferred to the hospital on [DATE] for aspiration pneumonia. The facility had scanned an Acute Transfer Letter into the record. There was no separate Notice of Transfer / Discharge letter found in the electronic medical record. Interview with Administrator During an interview on 12/10/25 at 10:00 AM, the Administrator produced an Acute Transfer Letter and reported that the facility had combined the previous notice of transfer / discharge form and the bed hold form into one (1) form. The Administrator acknowledged that the acute transfer letter failed to include a statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request. Nor did the facility's acute transfer letter provide the name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Moundsville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Floral Street Moundsville, WV 26041	
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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to complete a new Pre-admission Screening and Resident Review (PASARR) for residents with a newly evident or a possible serious mental health disorder. This was true for one (1) out of four (4) sampled residents reviewed under the PASARR pathway during the Long-Term Care Survey Process. Resident identifier: #3. Facility census: 124. Findings included: a) Resident #3 On 12/11/2025 at 8:45 AM, a record review was completed for Resident #3. The review found the Pre-admission Screening and Resident Review (PASSAR) dated 03/07/23. The following diagnoses were added after the resident was admitted to the facility on [DATE]. The following diagnoses were added to the medical record on the following dates: --Vascular dementia 03/04/25 --Anxiety disorder 04/10/24 --Psychotic disorder 04/10/24 --Auditory hallucinations 04/10/24 On 12/11/25 at 9:30 AM, the Administrator confirmed the diagnoses were added after admission and a new PASSAR should have been completed. The Administrator stated, Social Services started a new PASSAR.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Moundsville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Floral Street Moundsville, WV 26041	
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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to ensure a resident's Pre-admission Screening and Resident Review (PASARR) reflected pre-admission diagnoses. This was true for one (1) out of four (4) residents reviewed under the category of PASARR, during the Long-Term Care Survey Process. Resident identifier: #32. Facility census: 124. Findings included: a) Resident #32A medical record review, completed on 12/10/25 at 10:14 AM, revealed Resident #32 had been admitted to the facility on [DATE] with the following diagnosis: -Major Depression Disorder The resident's admitting PASARR marked NONE under Section III Question 30 entitled, Current Diagnosis (Check all that apply). Additionally, Section V Question 40 entitled, Major Mental Illness (MI) or Suspected MI was also marked NONE. During an interview on 12/10/25 at 11:16 AM, Social Worker #47 reported that Resident #32's Major Depression Disorder diagnoses had not been captured on the admission PASARR and a new one had not been completed.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Moundsville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Floral Street Moundsville, WV 26041	
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on record review, policy review, and staff interview, the facility failed to ensure a resident admitted with an existing pressure ulcer received the necessary treatment and services, consistent with professional standards of practice, to promote healing. This was true for one (1) out of three (3) residents reviewed under the pressure ulcer pathway throughout the Long-Term Care Survey Process. Resident identifier: #100. Facility census: 124. a) Resident #100 The CommuniCare Policies and Standard Procedures indicated that a Resident / patient admitted with skin integrity issues will receive treatment as indicated based on location, stage and drainage. A stage III or IV Pressure Ulcer has four options for treatment, and none of the options were started until 12/02/25. Resident #100 was admitted to Moundsville Healthcare on 11/26/25. Upon admission the Licensed Practical Nurse (LPN) employee #33 completed the Nursing admission Evaluation and noted there were only Non-Pressure Skin issues present. On 11/26/25 at 1:49 PM Employee #33 wrote a progress note that stated: Report received at 3:55 PM from RN at RMH that Resident #99 has a stage 2 on buttocks covered by boarder foam dsq. On 11/27/25 Resident #100 was seen by the attending Physician for an History & Physical (H&P). The Physician only noted bruising to the skin. No Pressure wound was identified per the Physicians progress note. On 12/1/25 Resident #100 was seen by the Nurse Practitioner (NP). She stated that the resident has pre-existing ulcer of the right buttock and has been present for less than 30 days. She completed the Wound Assessment Report. Wound Assessment Report dated 12/01/25: Location: Right buttock Stage / Severity: Stage 3 Wound Status: Present on admission Size: 1 cm x 1 cm x 0.3 cm. Calculated area is 1 sq cm. Physician's orders written on 12/01/25 to start on 12/02/25 for treatment of Right Buttock Stage 3 Pressure Ulcer as follows: Cleanse with normal saline, pat dry, apply hydrogel every day shift and as needed. Resident #100 Care Plan shows that resident was admitted with a right buttock Stage 3 Pressure Ulcer on 11/26/25 and treatment started on 12/02/25. The Treatment Administration Record for November 2025 showed that Resident #99 did not receive any treatment for the Pressure Ulcer located on her Right Buttock. The first Skin Grid Pressure Assessment that was completed by a facility Registered Nurse was not completed until 12/08/25. The assessment stated that Resident #100 has a Stage III Pressure Ulcer located to her Right Buttock. The size is 1.0 cm x 1.0 cm x 0.3 cm. The Treatment Administration Record for December 2025 shows that Resident #100 started to receive treatment from nursing for the Stage 3 Pressure Ulcer located on her Right Buttock on 12/02/25. On 12/10/25 at 2:35 PM, the Director of Nursing (DON) and Wound Care Nurse confirmed there was no documentation that Resident #99's pre-existing pressure ulcer had been assessed upon admission to the facility. They confirmed there was no documented pressure ulcer assessment until 12/01/25. They also confirmed pressure ulcer treatment was not ordered until 12/01/25 and was not started until 12/02/25. The Director of Nursing stated the border foam dressing present on the resident upon admission to the facility could be left on wounds for up to seven (7) days. However, she acknowledged there was no documentation as to when the border foam dressing had been applied at the hospital. The wound care nurse presented a picture of the pressure ulcer that she had obtained from the hospital. It was difficult to stage the wound from the picture. However, it appeared the wound could have been a stage III pressure ulcer at the hospital.		

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Moundsville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Floral Street Moundsville, WV 26041	
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 - Few	Provide and implement an infection prevention and control program. Based on observation, record review and staff interview, the facility failed to maintain and infection prevention and control program designed to prevent infections during medication administration to and failed to ensure proper storage of a urinal in Resident #7's bathroom. This was true for one (1) of three residents observed during medication administration and a random opportunity for discovery of the improper storage of a urinal. Resident identifier: #15. Facility Census: 124. Findings Include: a) Medication Administration Policy On 12/10/25 at 9:15 AM, a review of the facility Medication Administration Policy was completed. The review found under the heading of Procedure section s. states, Do not touch the medication, either when opening a liquid or dose pack. (Typed as written.) Also, under section u iii. states, Gloves must be worn for splitting tablets. (Typed as written.) b) Resident #15 On 12/10/25 at 8:55 AM, an observation of medication administration to Resident #15 was made. Licensed Practical Nurse (LPN) #127 dropped a white round pill while removing it from the medication card and picked it up with a bare hand. On 12/10/25 at 8:58 AM, LPN #127 broke a potassium chloride 20meq (milliequivalent) pill into with bare hands. At this time, LPN #127 stated, I know I should not have picked it up with my bare hand and should have worn gloves when I broke the potassium into. On 12/10/25 at 9:10 AM, the Director of Nursing (DON) was notified and confirmed the medication should not be picked up or broken with bare hands. c) Resident #7 On 12/08/25 at 12:48 PM, an observation was made in Resident #7's bathroom. The observation was a used urinal laying on top of a foley insertion kit and a foley drainage bag inside a pink bath basin. The urinal was not in a proper storage bag. At this time, Licensed Practical Nurse (LPN) #62 removed the urinal, urinary supplies and pink basin from the bathroom. LPN #62 stated, the urinal should be bagged and not laying on top of the urinary supplies in a bath basin. On 12/10/25 at 2:22 PM, the Director of Nursing (DON) was notified and confirmed the urinal was not stored properly.		

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Moundsville Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Floral Street Moundsville, WV 26041	
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 0803 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, record review and staff interview, the facility failed to meet the nutritional needs of the residents in accordance with established national guidelines due to not following the menu or recipes. The facility failed to follow the approved menus making random substitutions of food items. This had the potential to affect more than a limited amount of residents who received their meals from the kitchen. Facility census: 124. Findings Included: a) 12/08/25 Lunch Meal On 12/08/25, carrot cake with cream cheese frosting was on the lunch menu. Resident tray tickets and menu postings in the facility listed carrot cake with cream cheese frosting as the dessert. Instead, angel food cake was given to residents as a substitute. This was acknowledged by the District Manager for Healthcare Service's Group (HCSG) at approximately 12:35 PM. b) 12/09/25 Lunch Meal On 12/09/25, buttered green peas were on the lunch menu. Resident tray tickets and menu postings in the facility listed buttered green peas. Instead, whole kernel corn was given to residents as a substitute. This was acknowledged by the District Manager for HCSG at approximately 12:30 PM. c) 12/10/25 Lunch Meal On 12/10/25, garlic & rosemary roasted red skin potatoes were on the menu. Resident tray tickets and menu postings in the facility listed garlic & rosemary roasted red skin potatoes. Instead, diced white potatoes were given. This was acknowledged by the HCSG District Manager at 12:35 PM.		