STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515070	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Putnam Center	300 Seville Road Hurricane, WV 25526

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to ensure that Resident # 106 was free from physical abuse from Resident #118. Resident #106 was physically abused by Resident #118. Resident #106 was a nonverbal resident who was hit on the left side of the face by Resident #118. This is true for one (1) of three (3) residents reviewed for resident to resident abuse. Resident identifiers: #106 and #118. Facility Census: 114. Findings included: a) Resident #118 A facility reported incident dated 01/06/25 explained the following: Resident #118 was witnessed hitting Resident #106 multiple times in the face on the left side. The power of attorney was called for both perpetrator and victim. Resident #106 was sent for a medical evaluation and Resident #118 was sent for a psychiatric evaluation. The medical record review revealed Resident #118 was immediately separated from Resident #106 by staff. Resident #118 was redirected to his room and staff ensured residents remained separated while conducting assessments. Each resident's health care decision maker and the physician were notified. The assessment completed immediately following the incident found that Resident #106 had visible swelling and bruises developing on the left side of his face. Staff also noted that Resident #106 was grimacing and unable to be consoled. No changes to functional status were noted. Resident #106 was nonverbal and unable to describe the incident. Resident #106 was sent to the emergency department (ED) for further evaluation. Per hospital report, the CT of his head was negative and no acute injuries were identified. Resident #106 was then transported back to the facility. Following his return, he was interacting with staff by smiling, laughing and holding hands with them. Resident #106 was interacting at his baseline. No signs or symptoms of psychosocial distress or fear observed. His mood was noted to be pleasant and stable. Resident #118 was noted to have no visible injuries or changes in functional status but was displaying physical aggression. He was sent to ER for psychiatric evaluation and remained hospitalized . (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Putnam Center		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Seville Road Hurricane, WV 25526	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/11/2023, Resident #118 had previous incidents of physical aggression towards an unnamed resident no longer in the facility. Resident #118 was observed hitting a resident on the back. Resident #118 was sent to the emergency room (ER) for an evaluation and returned to the facility without findings on the same day. The resident was placed on 1:1 while the facility attempted to complete the mental hygiene process for psychiatric placement. Resident #118 had been refusing his medication at this time. No behaviors noted upon return from the ER. Provider note dated for 12/11/23 stated [AGE] year old male with schizophrenia, long history of behavioral issues , sent to ER for evaluation after punching a defenseless resident. Resident with chronic noncompliance, chronic refusals of medications. Continues to say that God is doing stuff to my body while I'm asleep. Unable to redirect. Continue to seek long term psych placement for resident. Progress notes dated 12/14/23 reported the resident continued to refuse his medication. became agitated over 1:1 and slammed his walking. Stated it was, bullshit that someone has to follow me around. He was changed to fifteen (15) minute checks for visual observation of behavior. Social Services note dated 01/08/25 stated that Resident #118's sister was informed that he was not expected to return to the facility as he demonstrated he was a danger to himself and others. During an interview with Administrator #6 on 01/23/25 at approximately 10:35 AM the administrator reported that she had notified the receiving facility that Resident #118 would not be returning to this facility due to his behaviors but the company would consider another facility. She also reported that the facility had made various attempts to place Resident #118 prior to the incident on 01/06/25. A review of Resident #118's care plan revealed the following: Focus Resident exhibits or has the potential to demonstrate physical and verbal behaviors related to: Cognitive deficits due to traumatic brain injury. history of manic episodes, history of verbal outbursts directed toward others, use of abusive language, pattern of challenging/confrontational verbal behavior, ineffective coping skills, poor anger management, moving items from hall into room, pulling trash from medication charts, poor impulse control, combative behavior, psychiatric disorder, unspecified schizophrenia, bipolar disorder and anxiety. Resident has behaviors of entering communal spaces and turning lights off, turning the TV off, closing blinds, wandering without intent, ignoring staff when staff try to communicate with him. Goal Resident will have less anxiety starting psychotropic medication through next review. Resident will demonstrate effective coping skills related to verbal behavior. Resident will have less than four (4) verbal or physical outbursts toward other weekly. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER: Putnam Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 300 Seville Road, Hurricane, WV 25526	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident will demonstrate the ability to seek out staff support when feeling frustrated. Interventions in the care plan were listed as follows: -Monitor medical conditions that may contribute to verbal behaviors. -Staff Visual observation every fifteen (15) minutes time 48 hours for behaviors. -Monitor medications especially new and changed. -Monitor for pain. -Evaluate the nature of circumstances such as triggers. -Evaluate the need for psychiatric consultation. -Explain all care. -Provide consistent, trusted caregiver and structured daily routine. -Remove resident from environment if needed. -If resident become combative or resistive, postpone care or activity and allow time for him to regain composure, -Provide calm, quiet well lit environment. -Provide an environment that is conducive to the patient's ability to get adequate sleep. -Acknowledge resident's progress toward goals, -Allow time for expression of feelings, provide empathy, encouragement and reassurance. -Provide resident with opportunities for choice to give a sense of control. -Divert resident by giving objects or activities. The facility had no further information to share regarding the physical abuse of Resident #118 towards Resident #106.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER: Putnam Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 300 Seville Road, Hurricane, WV 25526	

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on record review and staff interview, the facility failed to revise a care plan regarding fall preventions for Resident #13, #32, #120 and regarding food restrictions for Resident #27. This was true for four (4) of 13 residents reviewed during the survey process. Resident Identifiers: #13. #32, #120 and #27. Facility Census: 114. Findings Include: a) Resident #13 On 01/22/25 at 1:00 PM, a record review was completed for Resident #13. The review found the care plan had not been revised regarding fall interventions put in place. The care plan did not include call light within reach. On 01/22/25 at 2:00 PM, the Administrator confirmed the fall intervention should have been listed in the care plan. The Administrator stated, we have started a house-wide audit regarding fall interventions. b) Resident #32 On 01/22/25 at 1:15 PM, a record review was completed for Resident #32. The review found the care plan had not been revised regarding fall interventions put in place. The care plan did not include non-skid strips to the right side of the bed or dumped wheelchair. On 01/22/25 at 2:00 PM, the Administrator confirmed the fall interventions should have been listed in the care plan. The Administrator stated, we have started a house-wide audit regarding fall interventions. c) Resident #120 On 01/22/25 at 1:30 PM, a record review was completed for Resident #120. The review found the care plan had not been revised regarding fall interventions put in place. The care plan did not include non-skid footwear or call light within reach. On 01/22/25 at 2:00 PM, the Administrator confirmed the fall interventions should have been listed in the care plan. The Administrator stated, we have started a house-wide audit regarding fall interventions. d) Resident #27 On 1/22/25 at 5:20 PM, a review of Resident #27's current care plan revealed the resident was unable to tolerate very cold or hot beverages or foods. Resident #27's current diet order stated, the resident can have no cold food or drinks. The Director of Nursing (DoN) confirmed the resident received soups, coffee, tea and hot chocolate. At 5:40 PM on 01/22/25 the DON reported she removed the hot foods and beverages from the resident's care plan.