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	05/06/2025

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation, resident interview, and staff interview the facility failed to provide reasonable accommodations of needs by not ensuring residents could turn the over-bed light on and off by their own free will. This failed practice was a random opportunity for discovery and the potential to affect a limited number of residents. Resident identifier #1. Facility census: 114. Findings Include a) Resident #1 During the initial interview and observation on 04/29/25 at 10:55 AM, Resident #1 stated, Last night I had to sleep with this light on above my bed, because the light switch is not long enough for me to reach. During the interview an observation of the light string above the bed showed that the string was about an inch long and that the resident could not reach it to turn it off and on. During an interview and observation, on 04/29/25 at 11:30 AM, the Director of Nursing (DON), confirmed that he could not reach the light string. During an interview, on 04/30/25 at 3:15 PM, the administrator stated, We fixed his lights and did an audit and fixed the rest that were not long enough in the

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, resident interview, family interview, and staff interview the facility failed to maintain a clean, comfortable, homelike environment. This failed practice was a random opportunity for discovery and had the potential to affect more than a limited number of residents during the Long-Term Care Survey Process. Resident identifiers #52, #24, #128. Facility census 114. Findings Include: a) Resident #52 An observation on 04/29/25 at 11:32 AM, found Resident #52's bathroom that adjoins next door to have 3 briefs that appeared to be soiled in the floor, along with 4 articles of clothing. On the floor and commode seat there was a brown, dried substance. During an interview on 04/29/25 at 11:32 AM, Resident #52 stated, I don't use that bathroom and my roommate doesn't either. It must be the people next door. There is always shit in there. During an interview and observation on 04/29/25 at 11:45 AM, The Infection Preventionist (IP) confirmed that the bathroom was dirty and needed to be cleaned. The IP further stated, That definitely needs to be cleaned. I will get it taken care of. b) Resident #24 On 04/29/25 at 8:30 AM it was noted that there was cereal spilled on the floor on the left side of her bed. The floor throughout the room was dirty and had two spots of spilled fluid that had dried but had not been cleaned up. Upon two additional observations on 04/29/25 at 1:20 PM and 4:25 PM, the floor remained the same as it was found at 8:30 AM. On 04/29/25 at 4:27 PM it was confirmed with the Regional Resource Registered Nurse that the dirty floors were not conclusive with a clean homelike environment at which time she agreed. c) Resident #158 04/30/25 8:38 AM it was noted that there was food on the floor on the right side of his bed. There were ants on and around the food. Upon two additional observations throughout the day, one at 1:35 PM and one at 4:25 PM, the food and ants remained on the floor. On 04/29/25 at 4:27 PM it was confirmed with the Regional Resource Registered Nurse that the dirty floors were not conclusive with a clean homelike environment at which time she agreed. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	At approximately 7:40 AM on 04/29/25, the hallway on the north side of the facility was observed to be littered with trash and debris. During a walkthrough of the hallway, two (2) straw wrappers and two (2) plastic wrappers were scattered about. Under the medication cart at the end of the hallway, near the nurses station, plastic wrappers, other trash and debris were found. More trash and debris were found scattered around the treatment cart that sat beside the medication cart. Throughout the length of the entire hallway, large amounts of debris were noted to be on the floor. Beside the north nurses' station, beside the exit door, there was a visible puddle on the floor. This puddle was stepped on and was noted to have dried and had become sticky. Registered Nurse (RN) #30 acknowledged the trash and debris in the hallway and the sticky puddle by the nurses' station.