

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  09/23/2025
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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and staff interview the facility failed to provide a safe, clean, comfortable and homelike environment for the residents. This was a random opportunity for discovery. Resident Identifiers: Facility. Facility Census: 119 Findings Included: a) Facility cleanliness On 09/18/25 at 12:25 PM observation found the floors in the facility to be cluttered with particles of paper, dust and spilled dried liquid in need of being swept and mopped. Trash cans were full and personal items were in the floor to the point of housekeeping not being able to sweep in some rooms. During a walk through with the Administrator he agreed, that in particular, the following rooms on that unit were the worst. room [ROOM NUMBER], 152, 153 and 154. On 09/18/25 at 12:45 PM he confirmed the facility auto scrubber was down and the floors needed swept and mopped. b) Ceiling tiles On 09/18/25 at 12:35 PM observation found that there were two (2) ceiling tiles outside the activity room that were dark in color as if something had leaked on them and they needed replaced. Also at the corner of the Nurses Station on the 100 unit there was a large ceiling trap door to the attic that was open. There was hot air coming into the facility from the attic. It was confirmed with the Administrator at this time that maintenance had been working in the attic on 09/17/25 and left the door open. He also verified the two ceiling tiles by the activity room needed replaced. c) Linens On 09/18/25 at 12:50 PM observation found that several beds on the 100 hall were not made. Nurse Aide #1 stated Sorry, I would have made the beds but we are out of linen. When ask if this was a one time situation or if it happens often, she stated well, it happens sometimes. Observation of the clean linen closet found there were no fitted or flat sheets and no blankets. The Administrator verified the above and stated the laundry is working to get the back log out here.</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
---	-------	-----------

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  09/23/2025
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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation and staff interview the facility failed to follow Physicians orders by not placing heel boots on a resident to help prevent pressure ulcers to her heels. This was a random opportunity for discovery. Resident Identifier: #1 Facility Census: 119 Findings Include:a) Resident #1On 09/18/25 at 3:15 PM observation found that Resident #1 did not have her heel boots on as ordered from the Physician. On 09/18/25 at 3:25 PM Nurse Aide (NA) # 2 was asked if she could tell the surveyor why the resident did not have them on. NA #2 stated she did not know because she had just picked up that hall at noon. The surveyor ask NA #2 if she would please try and place the boots on the resident. When NA #2 obtained the boots from under the sink and ask Resident #1 if she wanted the boots on, the resident stated Yes, go ahead. On 09/18/25 at 3:30 PM it was confirmed with NA #2 and the Director of Nursing that Resident #1 did not have her heel boots on as ordered by the Physician.</p>		

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  09/23/2025
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)
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and staff interview the facility failed to offer sufficient fluid intake to maintain proper hydration and health. This was a random opportunity for discovery. Resident Identifiers: room [ROOM NUMBER]A, 150A, 155, 156A, 161, 162A. Facility Census: 119. Findings Include: a) Bedside water cups On 09/18/25 at 12:30 PM during a walk through at the facility it was observed that several residents on the 100 hallway did not have fresh, if any, water at bedside. Residents in rooms #148A, 150A, 155, 156A, 161 and 162 had no, or room temperature water at bedside. Observation on 09/18/25 at 12:38 PM found the resident in 150A had been at bedside eating his noon meal. He had just finished. He had no drink with his meal. There were two staff members at the door and told the Resident they were taking him for an appointment. The surveyor ask the facility van driver (as identified on his name tag) if the resident was not allowed to have a drink. He stated, he has one around here some where. He took a cup from the night stand and placed it on the over the bed table as they took the resident out the door. It was confirmed with the Driver that the resident had no drink with his noon meal at that time, he agreed. On 09/18/25 at 12:30 PM the resident in room [ROOM NUMBER]A ask the surveyor for some ice. She stated she would like her Ginger Ale. (She had a can in her hand). The surveyor stated she would have someone check on it. The surveyor also ask the resident if they had passed fresh water and/or ice this morning. She stated No, the cup showed up sometime while I was asleep last night and there has been no fresh water or ice since. See, (as she shook her cup) it is empty. On 09/18/25 at 12:33 PM observation of the water cup for the resident in room [ROOM NUMBER]A found it to be empty. He ask the surveyor for some ice water. He states they do not bring fresh water very often and you just have to wait for lunch or dinner. Observation of rooms 148A, 155 and 156 also found the water cups to be either empty or just a small amount of water in the cup. The residents states that is warm water. On 09/18/25 at 12:38 PM when Nurse Aide #1 was ask when they pass ice/water she states usually every shift, with meals and as needed. But today I didn't finish my run until 11:00 AM and I have not had time to pass any today. But I have a nourishment tray to pass drinks with trays when they come. (Note: 11:00 AM to 12:38 PM was one hour and 38 minutes since she had finished her run.) It was confirmed on 09/18/25 at 12:38 PM with the Administrator and Nurse Aide #2 that the residents needed fresh water and/or ice.</p>