

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

Printed: 07/31/2025
Form Approved OMB
No. 0938-0391

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 05/06/2025
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>49467</p> <p>Based on observation and staff interview, the facility failed to ensure Resident #264 was treated in a dignified manner due to being exposed, and in view of passersby and, by failing to knock before entering his room. This was a random opportunity for discovery. Resident identifier: #264. Facility census: 114.</p> <p>Findings include:</p> <p>a) Resident #264</p> <p>At approximately 10:15 PM on 4/30/2025, Resident #264 was observed in his bed, uncovered, with his buttocks exposed and his catheter tubing visible coming from his groin area. Resident #264's door was open, and his curtain was not pulled, leaving him exposed to anyone that would pass by his room and look inside.</p> <p>The Infection Prevention (IP) Nurse was in the hallway at the time and confirmed the resident was exposed. The IP nurse then entered the room to check on the resident, however, she did not knock before entering. When she entered the room, she asked Resident #264 if he was cold, to which he stated ,Yes. The IP nurse then asked Resident #264 if he needed her help covering himself up, to which he stated, Yes. Upon exiting the room, the IP nurse was asked if she knocked before entering the room, to which she stated No, I don't believe I did.</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 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>45171</p> <p>Based on record review, resident interview and staff interview the facility failed to provide residents a choice regarding bathing preferences. This was true for two (2) of eight (8) residents reviewed for Activities of Daily Living (ADL). Resident identifiers: #101 and #81. Facility Census: 114</p> <p>Findings included:</p> <p>a) Resident #101</p> <p>On 04/29/25 at 2:34 PM Resident #101 states she only gets one shower a week. She prefers a shower over a bed bath but does not always get that.</p> <p>On 04/30/25 at 11:48 AM the facility provided a North Unit Shower Schedule which indicates Resident #101 is scheduled for her showers on Tuesday and Friday, evening shift.</p> <p>On 04/30/25 at 12:10 PM a review of Resident #101's care plan indicates It is important for me to choose between a tub bath, shower, bed bath or sponge bath, I prefer a shower.</p> <p>On 4/30/25 at 11:50 AM a review of the GG Bathing task report for the last thirty (30) days, (04/01/25 through 04/30/25) documentation shows that Resident #101 received three (3) showers and seventeen (17) bed bath/sponge.</p> <p>On 05/05/25 at 3:30 PM it was confirmed with the Administrator that Resident #101 was not receiving her ADL care according to her preference.</p> <p>49465</p> <p>b) Resident #81</p> <p>During the initial interview on 04/29/25 at 11:11 AM, Resident #81 stated, Showers are always a problem. I do not like the way they do it here. I am supposed to get a shower twice a week. That does not always happen. Sometimes they give me bed baths instead.</p> <p>Record review revealed a care plan for Resident #81 that reads as follows:</p> <p>Focus:</p> <p>While in the facility resident prefers to be called {Resident #81 named}, He is at risk for limited engagements due to diagnosis with history of CVA with left hemiplegia, anoxic brain injury, history of craniotomy, C-spinal stenosis, myelopathy, confusion, impaired mobility, and weakness. He has potential to limit his participation in activities. He will become frustrated and agitated and calls out. Resident refuses Medications.</p> <p>Goal:</p> <p>(continued on next page)</p>		

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	{Resident #81 named} will plan and choose to engage in preferred activities. It is important for me to choose between a tub bath, shower, bed bath or sponge bath, prefer shower, prefers shower. A review of the shower schedule showed that Resident #81 was scheduled to receive showers on Wednesdays and Saturdays on evening shift. Further record review of the bathing task from 03/01/25 TO 04/30/25 revealed there were 17 opportunities for Resident #81 to have a shower. Out of the 17 opportunities he only received (4) four showers. The rest were bed baths. (4) four refusal notes were noted to be in the medical record related to showers. (9) nine of the bed baths given, instead of a shower, had no note showing that Resident #81 had refused the shower. During an interview, on 05/05/25 at 11:56 AM, the administrator confirmed that Resident #81's care plan indicated he preferred showers and that he had not received showers per his preference.		

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<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>45171</p> <p>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.</p> <p>Findings Include:</p> <p>a) Resident #52</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>b) Resident #24</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>c) Resident #158</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>49465</p> <p>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.</p> <p>49467</p>		

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>49467</p> <p>Based on record review and staff interview, the facility failed to ensure Resident #87 was free from chemical restraints by failing to ensure a PRN (as needed) order for Ativan did not last longer than 14 days, and by failing to attempt non-pharmacological interventions before the administration of PRN Ativan. This was true for one (1) of five (5) residents reviewed for unnecessary medications during the survey process. Resident identifier: #87. Facility census: 114.</p> <p>Findings include:</p> <p>a) Resident #87</p> <p>During a review of Resident #87's electronic health record on 05/01/25, it was noted he had been prescribed Ativan on an as needed basis, four (4) times since October 2025, with all four (4) orders being longer than 14 days. The orders are as follows:</p> <p>-Lorazepam oral tablet one (1) MG. Give one tablet by mouth every six (6) hours as needed for anxiety for three (3) months. Start date- 10/25/2024 10:00 AM. Discontinue date- 12/11/2024 10:45 PM.</p> <p>-Ativan injection solution 2MG/ML. Inject 0.5 ml intramuscularly every 24 hours as needed for acute anxiety for 30 days. Start date- 10/25/2024 10:00 AM. This was discontinued on 11/24/2024.</p> <p>-Lorazepam oral tablet one (1) MG. Give one tablet by mouth every six (6) hours as needed for anxiety as evidenced by restlessness and agitation for three (3) months. Start date- 12/11/2024 10:45 PM. Discontinued on 3/11/2025</p> <p>-Ativan oral tablet 0.5 MG. Give one (1) tablet by mouth every six (6) hours as needed for dementia. Start Date 3/26/2025 12:45 PM. Discontinue date 04/18/25 1:02 PM. This order was discontinued after a pharmacy recommendation on 3/30/2025, which was responded to by the physician on 4/18/2025.</p> <p>Resident #87 Non-Pharmacological Interventions</p> <p>During the review of the Medication Administration Record (MAR) for Resident #87's PRN ativan, it was noted there five (5) dates the resident was given the medication and non-pharmacological interventions were not attempted before it was administered. The dates were:</p> <p>-11/12/24 at 8:30 PM</p> <p>-11/14/24 at 8:42 AM</p> <p>-11/14/24 at 8:23 PM</p> <p>-11/16/24 at 9:22 AM</p> <p>-3/26/25 at 12:50 PM</p> <p>(continued on next page)</p>		

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-3/27/25 at 10:30 AM</p> <p>Non-pharmacological interventions were not tracked on the MAR at this time, instead they were documented in the resident ' s progress notes in his health record, under eMAR administration notes. The notes for the preceding days were reviewed and they stated the following (typed as written in the record):</p> <p>11/12/2024 10:58 PM</p> <p>Note Text:</p> <p>Lorazepam oral tablet 1 MG</p> <p>Give one (1) tablet by mouth every six (6) hours as needed for anxiety for three (3) months.</p> <p>Resident reports not feeling good. Reports he feels worried. Medication given per order.</p> <p>11/14/2024 8:43 AM</p> <p>Note Text:</p> <p>Lorazepam oral tablet 1 MG</p> <p>Give one (1) tablet by mouth every six (6) hours as needed for anxiety for three (3) months.</p> <p>Complaint of anxiety.</p> <p>11/14/2024 8:23 PM</p> <p>Note Text:</p> <p>Lorazepam oral tablet 1 MG</p> <p>Give one (1) tablet by mouth every six (6) hours as needed for anxiety for three (3) months.</p> <p>Anxious, worried about (resident's representative's name).</p> <p>11/16/2024 9:22 AM</p> <p>Note Text:</p> <p>Lorazepam oral tablet 1 MG</p> <p>Give one (1) tablet by mouth every six (6) hours as needed for anxiety for three (3) months.</p> <p>Complaint of anxiety.</p> <p>3/26/2025 12:56 PM</p> <p>(continued on next page)</p>		

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Note Text:</p> <p>Ativan oral tablet 0.5 MG</p> <p>Give one (1) tablet by mouth every six (6) hours as needed for dementia.</p> <p>Resident experiencing symptoms of psychosis. Medication administered per MD order.</p> <p>3/27/2025 10:31 AM</p> <p>Note Text:</p> <p>Ativan oral tablet 0.5 MG</p> <p>Give one (1) tablet by mouth every six (6) hours as needed for dementia.</p> <p>Resident experiencing symptoms of psychosis. Medication administered per MD order.</p> <p>The following was noted after reviewing the resident ' s care plan section related to mood and behaviors:</p> <p>(Resident #87's name) exhibits or is at risk for distressed/fluctuating mood symptoms related to: Sadness/depression, anxiety/fear, persistent anger/agitation caused by recent environmental changes (admission from LT psychiatric hospital placement), dx of Bipolar D/O, psychosis</p> <p>and hallucinations</p> <p>Date Initiated: 03/27/24</p> <p>Created on: 08/28/23</p> <p>Revision on: 03/27/24</p> <p>Goal:</p> <p>(Resident #87's name) will respond to redirected (sic) when proved (sic) by staff in a calm manner daily through next review.</p> <p>Date Initiated: 08/28/2023</p> <p>Created on: 08/28/2023</p> <p>Revision on: 04/09/2025</p> <p>Goal:</p> <p>(Resident #87's name) will express anxieties/fears to staff and daughter as he is able or on a</p> <p>(continued on next page)</p>		

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>daily basis through next review.</p> <p>Date Initiated: 08/28/23</p> <p>Created on: 08/28/23</p> <p>Revision on: 04/09/25</p> <p>Observe for pain and effectiveness of current interventions. Attempt nonpharmacologic interventions</p> <p>Date Initiated: 08/28/23</p> <p>Created on: 08/28/23</p> <p>An interview was conducted with the Director of Nursing (DON) at approximately 1:00 PM on 05/06/25. During the interview, the DON acknowledged the orders for PRN ativan that were given for three (3) months, and lasted longer than 14 days. The DON was also unable to provide documented rationale from the physician or practitioner that the PRN order for Ativan was reviewed and determined to be appropriate past the 14 day mark.</p> <p>The DON also acknowledged no non-pharmacological interventions were attempted on the aforementioned dates and was unable to provide any proof those took place.</p> <p>The DON acknowledged Resident #87's care plan stating non-pharmacological interventions would be attempted under mood and behavior. The DON acknowledged non-pharmacological interventions did not take place on the aforementioned days and was unable to provide proof those took place.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>49467</p> <p>Based on record review and staff interview, the facility failed to implement the care plans for Resident #87 related to non-pharmacological interventions before administration of PRN Ativan, and the care plan related to activities for Resident #33. This was true for two (2) of 31 care plans reviewed during the survey process. Resident identifiers: #87, and #33. Facility census: 114.</p> <p>Findings include:</p> <p>a) Resident #87</p> <p>During a review of Resident #87's electronic health record on 5/1/2025, it was noted he had been prescribed Ativan on an as needed basis, four (4) times since October 2025. The orders were as follows:</p> <p>-Lorazepam oral tablet one (1) MG. Give one tablet by mouth every six (6) hours as needed for anxiety for three (3) months. Start date- 10/25/2024 10:00 AM. Discontinue date- 12/11/2024 10:45 PM.</p> <p>-Ativan injection solution 2MG/ML. Inject 0.5 ml intramuscularly every 24 hours as needed for acute anxiety for 30 days. Start date- 10/25/2024 10:00 AM. This was discontinued on 11/24/2024.</p> <p>-Lorazepam oral tablet one (1) MG. Give one tablet by mouth every six (6) hours as needed for anxiety as evidenced by restlessness and agitation for three (3) months. Start date- 12/11/2024 10:45 PM. Discontinued on 3/11/2025</p> <p>-Ativan oral tablet 0.5 MG. Give one (1) tablet by mouth every six (6) hours as needed for dementia. Start Date 3/26/2025 12:45 PM. Discontinue date 4/18/2025 1:02 PM. This order was discontinued after a pharmacy recommendation on 3/30/2025, which was responded to by the physician on 4/18/2025.</p> <p>During the review of the Medication Administration Record (MAR) for Resident #87's PRN Ativan, it was noted there five (5) dates the resident was given the medication and non-pharmacological interventions were not attempted before it was administered. The dates were:</p> <p>-11/12/24 at 8:30 PM</p> <p>-11/14/24 at 8:42 AM</p> <p>-11/14/24 at 8:23 PM</p> <p>-11/16/24 at 9:22 AM</p> <p>-3/26/25 at 12:50 PM</p> <p>-3/27/25 at 10:30 AM</p> <p>(continued on next page)</p>		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ativan oral tablet 0.5 MG</p> <p>Give one (1) tablet by mouth every six (6) hours as needed for dementia.</p> <p>Resident experiencing symptoms of psychosis. Medication administered per MD order.</p> <p>3/27/2025 10:31 AM</p> <p>Note Text:</p> <p>Ativan oral tablet 0.5 MG</p> <p>Give one (1) tablet by mouth every six (6) hours as needed for dementia.</p> <p>Resident experiencing symptoms of psychosis. Medication administered per MD order.</p> <p>The following was noted after reviewing the resident's care plan section related to mood and behaviors:</p> <p>Focus:</p> <p>(Resident #87's name) exhibits or is at risk for distressed/fluctuating mood symptoms related to: Sadness/depression, anxiety/fear, persistent anger/agitation caused by recent environmental changes (admission from LT psychiatric hospital placement), dx of Bipolar D/O, psychosis</p> <p>and hallucinations</p> <p>Date Initiated: 03/27/2024</p> <p>Created on: 08/28/2023</p> <p>Revision on: 03/27/2024</p> <p>Goal:</p> <p>(Resident #87's name) will respond to redirected (sic) when proved (sic) by staff in a calm manner daily through next review.</p> <p>Date Initiated: 08/28/2023</p> <p>Created on: 08/28/2023</p> <p>Revision on: 04/09/2025</p> <p>Goal:</p> <p>(Resident #87's name) will express anxieties/fears to staff and daughter as he is able or on a</p> <p>(continued on next page)</p>		

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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.			
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>daily basis through next review.</p> <p>Date Initiated: 08/28/2023</p> <p>Created on: 08/28/2023</p> <p>Revision on: 04/09/2025</p> <p>Intervention:</p> <p>Observe for pain and effectiveness of current interventions. Attempt nonpharmacologic interventions</p> <p>Date Initiated: 08/28/2023</p> <p>Created on: 08/28/2023</p> <p>An interview was conducted with the Director of Nursing (DON) at approximately 1:00 PM on 5/6/2025. During the interview, the DON acknowledged no non-pharmacological interventions were attempted on the aforementioned dates and was unable to provide any proof those took place.</p> <p>The DON acknowledged Resident #87's care plan stating non-pharmacological interventions would be attempted under mood and behavior. The DON acknowledged non-pharmacological interventions did not take place on the aforementioned days.</p> <p>b) Resident #33</p> <p>A record review on 05/05/25 at 12:31 PM, of Resident #33's Activity care plan dated 03/17/25 reads as follows:</p> <p>Focus:</p> <p>Prefers to be called (Resident #33 nickname), she is at risk for limited and/or meaningful engagement r/t highly impaired vision. Prefers not to wear identification bracelet.</p> <p>Goal</p> <p>(Resident #33 nickname) will consistently accept and/or utilize adaptations and modifications to enable participation in activities of interest ongoing and through next review.</p> <p>Interventions:</p> <p>Offer room visits for socialization/talking/reminiscing, beauty/nail painting, daily chronicle reading, trivia if unavailable for group setting.</p> <p>Encourage participation in activity preferences such as music/singing, coffee club, games/trivia, special/holiday events.</p> <p>(continued on next page)</p>		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide resident/patient with opportunities for choice during care/activities to provide a sense of control.</p> <p>Provide and review calendars with resident to identify interests and preferences.</p> <p>Invite and assist resident/patient, as needed, to activities of interest.</p> <p>Utilize adaptive techniques/equipment/modifications: such as reading aloud to resident, hand over hand guidance, clock method, provide 1:1 assistance/direction during preferred activities to enable participation.</p> <p>Allergies Novocain, Strawberries, soap D.O</p> <p>Provide appropriate cueing through physical prompt, physical assist, verbal direction, to enable successful participation in activity.</p> <p>Guide hand, describe program and offer tactile, olfactory and auditory opportunities in a group and/or 1:1 setting.</p> <p>Further record review of Resident #33's Activity Participation Records for the months of 11/2024, 12/2024, 01/2025, 02/2025, 03/2025, and 04/2025 revealed that the resident had only 6 days that she participated in group activities. The Activity Participation record further revealed that Resident #33 was not regularly receiving one to one visits, not getting the daily chronicle read to her as her care plan reads, and is not consistently getting assistance turning on TV/radio.</p> <p>During an interview on 05/05/25 at 1:00 PM, The Activity Director (AD) stated, No, she is not on one to one visits, because we socialize with her when we are there. She was coming out and did coffee hour quite a bit. Her participation has gone down and I missed it. The AD further confirmed that the careplan for Resident #33 was not being followed.</p> <p>49465</p> <p>b) Resident #33</p> <p>A record review on 05/05/25 at 12:31 PM, of Resident #33's Activity care plan dated 03/17/25 reads as follows:</p> <p>Focus:</p> <p>Prefers to be called (Resident #33 nickname), she is at risk for limited and/or meaningful engagement r/t highly impaired vision. Prefers not to wear identification bracelet.</p> <p>Goal</p> <p>(Resident #33 nickname) will consistently accept and/or utilize adaptations and modifications to enable participation in activities of interest ongoing and through next review.</p> <p>(continued on next page)</p>		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Interventions:</p> <p>Offer room visits for socialization/talking/reminiscing, beauty/nail painting, daily chronicle reading, trivia if unavailable for group setting.</p> <p>Encourage participation in activity preferences such as music/singing, coffee club, games/trivia, special/holiday events.</p> <p>Provide resident/patient with opportunities for choice during care/activities to provide a sense of control.</p> <p>Provide and review calendars with resident to identify interests and preferences.</p> <p>Invite and assist resident/patient, as needed, to activities of interest.</p> <p>Utilize adaptive techniques/equipment/modifications: such as reading aloud to resident, hand over hand guidance, clock method, provide 1:1 assistance/direction during preferred activities to enable participation.</p> <p>Allergies Novocain, Strawberries, soap D.O</p> <p>Provide appropriate cueing through physical prompt, physical assist, verbal direction, to enable successful participation in activity.</p> <p>Guide hand, describe program and offer tactile, olfactory and auditory opportunities in a group and/or 1:1 setting.</p> <p>Further record review of Resident #33's Activity Participation Records for the months of 11/2024, 12/2024, 01/2025, 02/2025, 03/2025, and 04/2025 revealed that the resident had only 6 days that she participated in group activities. The Activity Participation record further revealed that Resident #33 was not regularly receiving one to one visits, not getting the daily chronicle read to her as her care plan reads, and is not consistently getting assistance turning on TV/radio.</p> <p>During an interview on 05/05/25 at 1:00 PM, The Activity Director (AD) stated, No, she is not on one to one visits, because we socialize with her when we are there. She was coming out and did coffee hour quite a bit. Her participation has gone down and I missed it. The AD further confirmed that the careplan for Resident #33 was not being followed.</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>49465</p> <p>Based on observation, record review, and staff interview the facility failed to provide a program of activities to meet the needs and interest of the residents. This failed practice was found true for (1) one of (4) four residents reviewed for activities during the Long-Term Care Survey Process. Resident identifier #33. Facility Census 114.</p> <p>Findings Include:</p> <p>a) Resident #33</p> <p>Resident #33</p> <p>During the initial observation on 04/29/25 at 12:41 PM, revealed Resident #33 lying in bed, still in her nightgown with the lights off. No television (TV) or radio was playing. Resident #33 was talking out loud to herself.</p> <p>Further observation of Resident #33 on 04/29/25 at 3:10 PM, revealed Resident #33 lying in bed, continues to be in her nightgown. No TV or radio was playing. Resident #33 was holding and rubbing the sides of a cup.</p> <p>An observation on 05/05/25 at 11:30 AM revealed Resident #33 lying in her bed. No TV or radio was on in the room and the room was dark.</p> <p>A record review on 05/05/25 at 12:31 PM, of Resident #33's Activity care plan dated 03/17/25 reads as follows:</p> <p>Focus:</p> <p>Prefers to be called (Resident #33 nickname), she is at risk for limited and/or meaningful engagement r/t highly impaired vision. prefers not to wear identification bracelet.</p> <p>Goal</p> <p>(Resident #33 nickname) will consistently accept and/or utilize adaptations and modifications to enable participation in activities of interest ongoing and through next review.</p> <p>Interventions:</p> <p>Offer room visits for socialization/talking/reminiscing, beauty/nail painting, daily</p> <p>chronicle reading, trivia if unavailable for group setting.</p> <p>Encourage participation in activity preferences such as music/singing, coffee club, games/trivia, special/holiday events.</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 resident/patient with opportunities for choice during care/activities to provide a sense of control.</p> <p>Provide and review calendars with resident to identify interests and preferences.</p> <p>Invite and assist resident/patient, as needed, to activities of interest.</p> <p>Utilize adaptive techniques/equipment/modifications: such as reading aloud to resident, hand over hand guidance, clock method, provide 1:1 assistance/direction during preferred activities to enable participation.</p> <p>Allergies Novocain, Strawberries, soap D.O</p> <p>Provide appropriate cueing through physical prompt, physical assistance, verbal direction, to enable successful participation in activity.</p> <p>Guide hand, describe program and offer tactile, olfactory and auditory opportunities in a group and/or 1:1 setting.</p> <p>Further record review of Resident #33's, Minimum Data Set (MDS), with an Assessment Reference Date of 03/14/25, Section F, Question FO500, is marked that is very important for resident to, listen to music, do things with groups of people, participate in favorite activities, and participate in religious services or practices.</p> <p>Further record review of Resident #33's Activity Participation Records for the months of 11/2024, 12/2024, 01/2025, 02/2025, 03/2025, and 04/2025 revealed that the resident had only 6 days that she participated in group activities. The Activity Participation record further revealed that Resident #33 was not regularly receiving one-to-one visits, not getting the daily chronicle read to her as her care plan reads and is not consistently getting assistance turning on TV/radio.</p> <p>An observation on 05/05/25 at 12:46 PM revealed Resident #33 lying in her bed with no stimulation on in the room. The resident was talking out loud to herself.</p> <p>During an interview on 05/05/25 at 1:00 PM, The Activity Director (AD) stated, No, she is not on one-to-one visits, because we socialize with her when we are there. She was coming out and did coffee hour quite a bit. Her participation has gone down, and I missed it.</p>		

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<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>45171</p> <p>Based on record review, resident interview and staff interview the facility to follow the Physicians orders relating to administering medications in a timely manner, obtaining blood lab orders and following the hypoglycemia protocol as written. Resident Identifiers: #12, #24 and #101. Facility Census: 114</p> <p>Findings Include:</p> <p>a) Resident #12</p> <p>On 05/01/25 at 12:20 PM record review of laboratory results for Resident #12 shows an Ammonia level drawn on 03/07/25 at 5:53 AM had abnormal results indicating an elevated Ammonia level. This was addressed by the Unit Manager with a Physicians order to increase Lactulose to 15 ml twice a day and repeat the ammonia level in one week.</p> <p>Review of the following laboratory results for the rest of March, 2025 found no repeat ammonia level was completed.</p> <p>On 05/05/25 at 8:30 AM the above information was discussed with the Administrator who confirmed that the repeat Ammonia level was not completed as ordered.</p> <p>b) Resident #24</p> <p>On 05/05/25 at 12:58 PM record review of the Medication Administration Record shows that Resident #24 had a documented blood glucose level of 47 on 03/29/25 at 5:50 AM.</p> <p>Further review shows a Physicians order for:</p> <p>Hypoglycemia Protocol Observe sign/symptoms of hypoglycemia as needed if blood glucose is less than 70 mg/dl or ordered low parameter follow hypoglycemia protocol.</p> <p>Glucagon Emergency kit 1 mg (Glucagon (rDNA) Inject 1 mg intramuscularly as needed for blood glucose (BG) less than 70 not arousable conscious or able to swallow. Hold all diabetic medications until provider authorizes resumption, remain with patient and keep in bed/chair for safety. Repeat blood glucose in 15 min.</p> <p>Glucagon Emergency kit 1 mg (Glucagon (rDNA) Inject 1 mg intramuscularly as needed for blood glucose (BG) less than 70 not arousable conscious or able to swallow. If repeat blood glucose is below 70 mg/dl and pt is NOT arousable, conscious or able to swallow. Continue to hold all diabetic medications until provider authorizes resumption, remain with patient and keep in bed/chair for safety.</p> <p>Insta-Glucose Gel 77.4% (glucose) Give 1 dose by mouth as needed for BG less than 70. Pt arousable, conscious and able to swallow. Hold all diabetic medications until provider authorizes resumption, remain with patient and keep in bed/chair for safety. Repeat blood glucose in 15 min.</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 - Few</p>	<p>Insta-Glucose Gel 77.4% (glucose) Give 1 dose by mouth as needed fro BG less than 70. Pt arousable, conscious and able to swallow. If repeat blood glucose is below 70 mg/dl and pt is arousable, conscious and able to swallow. Continue to hold all diabetic medications until provider authorizes resumption, remain with patient and keep in bed/chair for safety.</p> <p>Record review of the Medication Administration Record for March revealed the hypoglycemia protocol was not followed.</p> <p>The medical record reflected the resident's blood sugar later came up but the record did not indicate the protocol listed above was followed.</p> <p>The care plan contained a focus for a diagnosis of diabetes requiring insulin, oral hypoglycemic medications and lab monitoring. There were interventions on the care plan to administer hypoglycemic medications as ordered and follow the hypoglycemia Protocol.</p> <p>On 05/05/25 at 1:00 PM the above findings were confirmed with the Regional Resource Registered Nurse who agreed the Physicians orders for hypoglycemia were not followed.</p> <p>c) Resident #101</p> <p>On 04/29/25 at 9:10 AM Resident #101 stated she did not receive her medications on time.</p> <p>On 05/05/25 at 11:19 AM record review of the Medication Administration Record showed the following medications for Resident #101 were not administered in a timely manner according to professional standards of Nursing care and the facility policy for medication administration. The policy stated the medications were to be passed an hour prior or an hour after the scheduled administration time.</p> <p>03/24/25 Biotin Oral Liquid Give 1 spray by mouth four times a day for saliva oral balance. Scheduled for 5:00 PM. Not administered.</p> <p>03/25/25 Pancrelipase (Lip-Prot-Amyl) Oral Tablet 10440-39150 Unit, Give 1 tablet by mouth three times a day for Pancrelipase Scheduled for 8:00 AM, administered at 12:41 PM.</p> <p>03/28/25 Cetirizine HCL Tablet 10 mg give 1 tablet by mouth one time a day for Allergies. Scheduled for 9:00 PM, administered at 10:40 PM.</p> <p>04/02/25 Prednisone Oral Tablet 20 mg Give 1 tablet by mouth one time a day for Pneumonia for 14 days. Scheduled for 9:00 AM, administered at 11:34 AM.</p> <p>04/12/25 Prednisone Oral Tablet 20 mg Give 1 tablet by mouth one time a day for Pneumonia for 14 days. Scheduled for 9:00 AM, administered at 11:22 AM</p> <p>04/21/25 Insulin Lispro 100 units. ml pen. Inject as per sliding scale: if 0-150 = 0 units, 151-200 = 2 units, 201-250 = 4 units, 251-300 = 6 units, 301-350 = 8 units 351-400 = 10 units, 401-450 = 12 units. If below 70 or above 450 call MD for further orders, subcutaneous two times a day for DM. Scheduled for 5:00 PM, administered on 4/22/25 at 1:07 PM.</p> <p>(continued on next page)</p>		

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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	04/24/25 Pancrelipase (Lip-Prot-Amyl) Oral Tablet 10440-39150 Unit, Give 1 tablet by mouth three times a day for Pancrelipase Scheduled for 8:00 AM, administered at 9:43 AM On 05/05/25 at 8:30 AM the above information was discussed with the Administrator who confirmed the above orders were late or not administered.		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>49465</p> <p>Based on resident interview, record review and staff interview the facility failed to ensure residents received the correct prescription of reading glasses as ordered by the Ophthalmologist. This failed practice was found true for (1) of (1) residents reviewed for vision services during the Long-Term Care Survey Process. Resident identifier #52. Facility Census 114.</p> <p>Findings Include:</p> <p>a) Resident #52</p> <p>During the initial interview on 04/29/25 at 11:28 AM, Resident #52 stated, The eye doctor checked my eyes six months ago and ordered me glasses and I still have not gotten them. They gave me these, but I can't see good out of them.</p> <p>A record review revealed Resident #52's last Ophthalmologist appointment was dated 01/16/24.</p> <p>Final Spectacles Prescription read as follows:</p> <p>SPH CYL Axis ADD</p> <p>OD +.50 -0.50 090 +3.00</p> <p>OS +.50 -0.50 090 +3.00</p> <p>During an interview on 04/30/25 at 12:57 PM, The Administrator stated, I feel like that is a prescription for reading glasses. Let me go talk to her and I will check on it.</p> <p>The Administrator further stated, I went back there, and she had +1.75. I went and got her some +3.00s. They are purple. She put them on and looked at her Bible and was very happy and said she could see it really good. The Administrator confirmed that Resident #52 did not have the right prescription of reading glasses ordered by the Ophthalmologist.</p>		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>49467</p> <p>Based on observation and staff interview, the facility failed to ensure the resident environment, over which it had control, was as free of accident hazards as possible. A mattress was left lying on the floor in the hallway. This was a random opportunity for discovery. Facility census: 117.</p> <p>Findings include:</p> <p>A) Mattress observation</p> <p>At approximately 7:30 AM on 04/29/25 a mattress was observed lying on the floor in the north hallway, in a resident area, in front of the mechanical room and the entrance to the kitchen/service hall.</p> <p>Nurse Aide (NA) #66 and Registered Nurse (RN) #30 acknowledged the mattress in the floor and stated it should not have been left there. Both acknowledged the mattress was a hazard and a resident could have fallen over it.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>45171</p> <p>Based on observation, resident interview and staff interview the facility failed to offer sufficient fluid intake to maintain proper hydration and health. This was true for two (2) of thirty one (31) residents reviewed for hydration during the Long Term Care Survey Process. Resident Identifiers: #23 and #36. Facility Census: 114</p> <p>Findings Include:</p> <p>a) Resident #23</p> <p>On 04/29/25 at 8:30 AM Resident #23 states it is hard to get water at around here. Observation at that time finds a disposable cup on the over the bed table dated 04/28/25 to be empty.</p> <p>Further observations on 04/29/25 at 1:20 PM and 04/29/25 at 4:20 PM found a disposable cup on the over the bed table dated 04/28/25 to be empty.</p> <p>It was confirmed with the Administrator on 04/29/25 at 4:30 PM that this resident has not had proper hydration on 04/29/25. She agreed.</p> <p>b) Resident #36</p> <p>On 04/29/25 at 8:15 AM Resident #36 states staff won't always give me water, they tell me I don't need it. Observation at that time finds a disposable cup on the over the bed table dated 04/28/25 to be empty.</p> <p>Further observations on 04/29/25 at 1:21 PM and 04/29/25 at 4:21 PM found a disposable cup on the over the bed table dated 04/28/25 to be empty.</p> <p>It was confirmed with the Administrator on 04/29/25 at 4:30 PM that this resident has not had proper hydration on 04/29/25. She agreed.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>49465</p> <p>Based on record review, resident interview, and staff interview the facility failed to provide routine dental services to Medicaid funded residents. This failed practice was found true for (1) one of (1) one residents reviewed for dental services during the Long-Term Care Survey Process. Facility Census 114. Resident identifier: #52.</p> <p>Findings included:</p> <p>a) Resident #52</p> <p>During the initial interview on 04/29/25 at 11:29 AM, Resident #52 stated, I have 3 teeth. One on the top and 2 on the bottom. This top one hurts sometimes so it's hard for me to chew. I have not seen a dentist since I have been here.</p> <p>A record review on 04/30/25 at 1:00 PM, revealed a dental care plan for Resident #52 created on 10/14/23 that reads as follows:</p> <p>Focus:</p> <p>Resident is at risk for oral health problems R/T poor dentition. ** Has 1 upper tooth and 2 bottom teeth with obvious caries noted. Currently denies oral pain or discomfort but states the upper tooth scratches her inner lip at times.</p> <p>Goals:</p> <p>The resident will maintain intact oral mucous membranes as evidenced by the absence of discomfort, gum inflammation/infection, oral lesions through next review.</p> <p>The resident will not have any discomfort or chewing problems related to carious teeth in the through next review.</p> <p>Interventions related to dental appointments:</p> <ul style="list-style-type: none"> - Obtain dental consult as ordered - Obtain dental referral as needed <p>Further record review of Resident #52's Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/28/25, Section L, Letter D, is marked yes for obvious or likely cavity or broken natural teeth.</p> <p>Further review of the medical record revealed that Resident #52 had no dental consults since admission.</p> <p>(continued on next page)</p>		

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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 05/06/2025
NAME OF PROVIDER OR SUPPLIER Putnam Center		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Seville Road Hurricane, WV 25526	
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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During an interview, on 04/30/25 at 3:43 PM, The administrator stated, She was on the list for 360 dental services for June of last year. They did not see her. 360 Dental comes every three (3) months. When she was not seen in June, she did not get put back on the list. The administrator further confirmed that since June of last year Resident had three (3) other opportunities to be put on the 360 dental list and was not.</p> <p>A review of the policy on 04/30/25 at 2:30 PM, titled Dental Services, under the section titled Routine Dental Services the following was noted:</p> <p>An annual inspection of the oral cavity for signs of disease, diagnosis of dental disease, dental radiographs as needed, dental cleaning, fillings (new and repairs), minor partial of full denture adjustments, smoothing of broken teeth, and limited prosthodontic procedures, e.g., taking impression for dentures and fitting dentures.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>49751</p> <p>Based on resident interview, observation and staff interview, the facility failed to serve food that was palatable and at a safe appetizing temperature. This was found true for one(1) resident investigated for the care area of nutrition during the Long-Term Care Survey process. This failed practice had the potential to affect more than a minimal number of residents residing in the facility, Resident identifier: #54 Facility census: 114</p> <p>Findings include:</p> <p>a) Resident #54</p> <p>04/29/25 8:20 AM observed Resident #54 picking at their food, when asked, How is your breakfast this morning? Resident #54 stated, Honey it is cold, I just can't eat it. When asked if this happens often Resident #54 stated, Oh child breakfast and dinner is normally cold when we get it. The carts set out there before they come up from the desk to get it to do.</p> <p>04/29/25 8:35 AM this surveyor requested the temperature to be taken on the last try to be delivered on the 100 hallways.</p> <p>The temperatures were recorded as follows:</p> <p>Oatmeal 112.00 degrees Fahrenheit (F)</p> <p>Fried Hash-browns 86.2 degrees (F)</p> <p>Gravy & Biscuits 105.5 degrees (F)</p> <p>During an Interview with the Culinary Manage (CM) on 04/29/25 at approximately 9:00 AM concerning the temperatures obtained from the breakfast tray, the DM stated temperatures should be at least 120 degrees (F) at the time of delivery to the residents.</p>		

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49467</p> <p>A review of the electronic health record was conducted on 04/29/25. During the review it was noted Resident #72 was admitted [DATE] and had suffered seven (7) falls during this time. The falls were on the following dates:</p> <p>04/14/25,</p> <p>04/19/25</p> <p>04/20/25</p> <p>04/23/25</p> <p>04/27/25- three (3) times</p> <p>During a review of, on 04/30/25, of the post fall neurological assessments completed by the facility, it was determined that one that was scanned into the resident's health record did not have correct dates and was not signed, in eight (8) instances, by the nurse completing the assessments.</p> <p>A neurological assessment was performed for a fall suffered by Resident #72 on 4/23/2025 at 6:00 PM. The directions for the assessment were to evaluate the resident every 15 minutes for the first two (2) hours after the initial evaluation following the fall, then evaluate the resident every 30 minutes for two (2) hours, evaluate the resident every hour for four (4) hours, and lastly, evaluate the resident every eight (8) hours for at least 64 additional hours.</p> <p>All four (4) signature slots for the 30-minute checks were left blank by the nurse performing the assessment.</p> <p>All four (4) signature slots for every hour checks were left blank by the nurse performing the assessment.</p> <p>The initial fall took place at 6:00 PM on 04/23/25, making the second hourly check take place at midnight on 04/24/25, the third hourly check at 1:00 AM on 04/24/25, and the fourth hourly check at 2:00 AM on 04/24/25. These three checks were not dated to reflect the accurate day the assessments were performed .</p> <p>At approximately 3:00 PM on 04/30/25, the Administrator confirmed the neurological assessments were not signed or dated at the times mentioned above. At approximately 10:30 AM on 05/01/25, the administrator presented a completed neurological assessment for Resident #72's fall on 04/23/25, stating the nurse working the night of the fall was working the night of 04/29/25, so she had the nurse sign the missing days.</p> <p>At approximately 1:00 PM on 05/06/25, the Director of Nursing (DON) also confirmed the original form was not completed accurately.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 maintain an affective infection control program to prevent the spread of disease and infections. This was true for three (3) of thirty-one (31) residents observed during the long-term survey process and one (1) random opportunity for discovery. Resident identifiers: #69, #158, #264 and #25. Facility Census: 114</p> <p>Findings include:</p> <p>a) Resident #69</p> <p>On 04/29/25 at 8:20 AM during the initial interview of the long-term survey process, it was noted that Resident #69s' Continuous Positive Airway Pressure (C PAP) machine mask was not stored properly to prevent infections or the spread of disease. It was lying on the bedside table outside of the plastic storage bag that was supplied for storage. The resident stated that it is usually where they leave it.</p> <p>A follow up observation was performed on 04/29/25 at 1:23 PM and again on 04/29/25 at 4:22 PM and found the C PAP mask still on the bedside table outside of the plastic bag that was supplied for storage.</p> <p>On 04/29/25 at 4:27 PM it was confirmed with the Regional Resource Registered Nurse who agreed at that time that the mask should be stored in the plastic bag for infection control protocol.</p> <p>b) Resident #158</p> <p>On 04/29/25 at 8:15 AM during the initial interview of the long-term survey process, it was noted that Resident #158s' Continuous Positive Airway Pressure (C PAP) machine mask was not stored properly to prevent infections or the spread of disease. It was lying on the bedside table outside of the plastic storage bag that was supplied for storage.</p> <p>Follow up observations were performed on 04/29/25 at 1:24 PM and again on 04/29/25 at 4:23 PM and found the C PAP mask still on the bedside table outside of the plastic bag that was supplied for storage.</p> <p>On 04/29/25 at 4:27 PM it was confirmed with the Regional Resource Registered Nurse who agreed at that time that the mask should be stored in the plastic bag for infection control protocol.</p> <p>49467</p> <p>c) Resident #264</p> <p>At approximately 1:10 PM on 4/29/25 Resident #264's catheter bag was observed hanging the side of his bed, with the bag and tubing lying on the floor. Registered Nurse (RN) #30 confirmed the catheter bag and tubing were lying on the floor.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	At approximately 10:05 PM on 4/30/25, a clean linen cart was observed sitting in the north hallway of the facility, uncovered. This was confirmed by the Infection Prevention (IP) Nurse, who was present on the hallway at the same time.		