

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Salem Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Sunbridge Drive Salem, WV 26426	

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 - Many</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** .</p> <p>Based on observation, resident, and staff interviews, the facility failed to provide a safe, clean, comfortable, and homelike environment for residents in rooms 126, 127, 130, 162, and 163. This was also true for the kitchen and the Shower room, This was a random opportunity for discovery. Facility census: 87.</p> <p>Findings included:</p> <p>a) Upon survey entrance on 06/01/25 at 10:45 am , it was observed the following issues in these resident Rooms:</p> <p>Resident room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - toilet seat broken and missing - 1/2 inch size chips in the drywall in bathroom below the light switch - scuff marks in drywall behind the head of resident B's bed <p>Residnet room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> -Toilet tank lid missing, paint chipped above tissue holder, Scrapes in drywall below light switch <p>Resident room [ROOM NUMBER]:</p> <ul style="list-style-type: none"> - crack in chair rail behind bed A, - paint peeling right wall below the light switch, - unfinished drywall patch beside tissue paper holder, - brownish stains on the floor at the base of the toilet, - foot rail loose on resident A's bed, Bedside table drawer broken, <p>(continued on next page)</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: 515071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Salem Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Sunbridge Drive Salem, WV 26426	
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 - Many</p>	<p>-black spots on the wall under the sink</p> <p>Resident room [ROOM NUMBER]:</p> <p>- bathroom wall drywall patch unfinished below the light switch</p> <p>Resident room [ROOM NUMBER]:</p> <p>- unfinished drywall patch beside tissue paper holder,</p> <p>Resident room [ROOM NUMBER]:</p> <p>- Black stains in the bottom of toilet bowl, unfinished drywall patch beside tissue paper holder,</p> <p>During a walk through with the Administrator on 06/0/25 at 11:30AM , she acknowledged the unfinished drywall patches, broken, stained toilets, toilet tanks missing lids, loose footrail on bed and broken bedside table drawers in Resident Room #'s 126,127,130,136, and 162. She stated the facility recently hired a new maintenance director and she would make sure the room repairs would be placed on the TELS list.</p> <p>b) During Kitchen visits on 06/02/25 at 11:50 AM and on 06/03/25 at 11:35AM, The following equipment/enviromental issues were observed:</p> <p>- Exhaust fan above the stove and cooking area was not working</p> <p>- Air Conditioning not working in the kitchen causing Temps to be over 91 degrees. Staff was observed with perspiration dripping off their faces during lunch prep on 6/03/25</p> <p>-Top convection oven broken</p> <p>- side line sink drain lever broken and being held up with a bucket stacked on boxes</p> <p>- Upright freezer empty and not working</p> <p>- spill left on the floor in front of the counter near the serving line area.</p> <p>- the hand washing station trash receptacle foot pedal broken, the kitchen staff are not able to lift the lid after washing hands without contamination.</p> <p>In an interview with the kitchen account manager, on 06/02/25 at 11:40 AM, she stated the exhaust fan had not been working for the past 7 months and the convection oven broke 6 months ago, the trash can in the hand washing station broke a few days ago, but she had not replaced it yet. She also stated the food spill was soup she had spilled earlier and would be cleaning it up after lunch was served. she did not know the staff had placed their drinks in the kitchen cooler but she felt they had put them there due to the heat. She stated it is so hot in the kitchen there hadn't been any air conditioning and there was no heat in the kitchen in the cooler months either and staff had to wear their coats while working last winter.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Salem Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Sunbridge Drive Salem, WV 26426	
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 - Many</p>	<p>In an interview with the facility administrator on 06/2/25 at 4PM she acknowledged the exhaust fan not working, the broken convection oven, and the broken air conditioning issue with staff dripping sweat and provided verification the exhaust fan parts were ordered on 5/30/25 and then another part ordered on today's date 6/20/25 now awaiting arrival. She stated kitchen staff had 2 ovens they could use the one until the other was fixed and the freezer had been replaced by a chest freezer. She stated she was not aware the trash receptical in the hand washing station was broken.</p> <p>c) Shower Rooms</p> <p>During an inspection of the two shower rooms on 06/03/25, at approximately 1:14 PM, accompanied by the Regional Maintenance Director (RMD) #90. It was observed the ventilation system was not operational. RMD #90 confirmed the system was indeed inactive and repairs were underway to restore functionality as quickly as possible. The shower rooms were humid and had a musty odor. The walls of the shower stalls displayed a black substance, and multiple shower chairs had a brown substance on the undersides of the seats and on the legs.</p> <p>During an interview with Nursing Assistant (NA) #44 on 06/03/25 at approximately 2:00 PM, NA #44 confirmed the venting system in the shower rooms had not been operational for over a month.</p> <p>An interview with the Director of Nursing (DON) was conducted on 06/03/25 at approximately 1:45 PM. She was notified of the findings. DON verbalized her understanding and stated she would check on it.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Salem Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Sunbridge Drive Salem, WV 26426	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>.</p> <p>Based on record review and staff interview, the facility failed to ensure transfer/discharge notice was given prior to residents leaving the facility. THis was found true for 1 of 2 residents reviewed for closed record review regarding hospitalization and discharge. Resident identifier: #89 Facility Census: 89</p> <p>Findings Include:</p> <p>During a record review on 06/04/25 at 3:30 PM of Resident #89's record no transfer/discharge notice was found, documentation was requested from the Director of Nursing (DON) and the Administrator.</p> <p>On 06/05/25 at 9:14 AM, the Administrator stated we do not have the transfer/discharge for Resident #89, they went out for a procedure then went home and I guess they (facility staff) didn't think they needed to do it for some reason. Confirming no transfer/discharge paperwork was completed.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Salem Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Sunbridge Drive Salem, WV 26426	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>.</p> <p>Based on observations and staff interviews the facility failed to ensure kitchen staff were provided education/training on how to use the fire compression system. This had the potential to affect all residents in the facility. Facility Census 87</p> <p>Findings included:</p> <p>During a kitchen visit on 6/3/25 at 2:15 PM, It was observed there was not a manual pull chain for the fire system. When asked, the kitchen staff did not know how to manually activate the fire hood to extinguish a fire. Upon speaking with maintenance department, he showed the staff and survey team the button to activate the fire hood, until that moment, the kitchen staff did not know how to activate the fire compression system .</p> <p>On 06/03/25 at 2:24 PM, in an interview with the Maintenance Director, he verified there was a button staff can push to activate the fire compression system in case of a fire.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Salem Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Sunbridge Drive Salem, WV 26426	
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 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>.</p> <p>Based on observations, staff and resident interviews, and record reviews, the facility failed to ensure food was palatable, visually appealing, and served in a manner consistent with residents' preferences. The facility was unable to incorporate individualized dietary preferences into the care planning process, was unable to deliver food met resident expectations for seasoning and appeal, and failed to ensure systemic measures were in place to verify meal quality through test trays. Environmental issues and kitchen disorganization further contributed to diminished quality of meal service. These failed practices had the potential to contribute to resident dissatisfaction, poor nutritional intake, and a decline in quality of life. This was true for Five (5) of five (5) residents reviewed for food satisfaction. Resident Identifiers: #31, #52, #66, #50 and #23. Facility census: 87.</p> <p>Findings:</p> <p>a) Resident #31</p> <p>On 06/02/25 at 1:02 PM, Resident #31 was interviewed and stated meals were bland, sometimes cold, and sometimes served late. The resident stated individual preferences were not routinely accommodated and food options were generally not personalized.</p> <p>On 06/03/25 at 1:12 PM, the surveyor observed the resident's lunch tray. It was an egg salad sandwich with a vegetable mash side. The food lacked seasoning and visual appeal. There were no garnishings or condiments provided to enhance the flavor or presentation of the meal.</p> <p>A review of the care plan revealed no documentation of Resident #31's dietary preferences, food dislikes, or specific modifications related to cultural, personal, or medical food preferences. No interventions were listed to support resident satisfaction with meals.</p> <p>On 06/04/25, during an interview with the dietary manager, she acknowledged resident food preferences were not gathered routinely except during her semiannual walk-through and at biannual food committee meetings. She stated staff, such as CNAs were expected to relay resident concerns during mealtimes if preferences changed. She further commented due to the dilapidated kitchen conditions, she was doing everything [she] can to meet requests.</p> <p>Additionally, despite surveyor requests for test trays to assess food temperature, appearance, and taste due to resident complaints, no trays were provided on either 06/03/25 or 06/04/25. On 06/04/25 at 1:25 PM, the dietary manager stated she had placed the trays on the final meal cart but had not followed up to ensure delivery. She acknowledged, by time, food temperatures would not be accurate for evaluation. On 06/04/25 at approximately 1:15 PM, the facility administrator confirmed the survey team had not been notified when the trays were placed and had not received them.</p> <p>Environmental observations in the kitchen on 06/02/25 and 06/03/25 showed poor sanitation, broken equipment (non-functioning oven, inadequate refrigeration, and no ventilation or air conditioning), and unsafe food storage conditions. These issues further compromised food quality and the ability to provide meals consistent with acceptable standards.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Salem Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Sunbridge Drive Salem, WV 26426	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b) Resident #52</p> <p>06/02/25 at 10:23 AM, Resident # 52 stated the food is cold and both over cooked and undercooked. The meat was tuff and potatoes were not done. The vegetables were mushy and overcooked.</p> <p>c) Resident #66</p> <p>On 06/02/25 at 9:49 PM, Resident #66 was interviewed. He stated the food is bad. He stated he pays so much to live there and can't get a decent meal and the vegetables were mushy from being overcooked. He stated he would love to have some fresh vegetables.</p> <p>d) Resident #50</p> <p>In an interview with Resident #50 on 06/02/25 at 09:30 AM She sated the food is terrible, It has no seasoning and is often cold and the vegetables are mushy.</p> <p>e) Resident #23</p> <p>During an interview with Resident #23 on 06/02/25 at 10:04 AM, she stated the food is not good. The steak was cold and tough, but the potatoes were not done.</p> <p>f) Based on resident complaints regarding the taste of the food, test trays were ordered from the kitchen on 06/03/25 and on 06/04/25. The kitchen did not deliver the two requested test trays on 06/03/25 and 06/04/25.</p> <p>Staff interviews:</p> <p>On 06/03/25 at 1:45PM, in an interview with The Kitchen Account Manager, she stated the test tray was forgotten and would send one the next day.</p> <p>On 06/04/25 at 10:00AM in an interview with The Kitchen account Manager, she stated she would make sure a regular test tray and an optional test tray would be made for the survey team.</p> <p>On 06/04/25 at 1:20PM, during an interview with The Kitchen Account Manager, she stated she had made the test trays herself and did not know why the survey team had not received them. She checked the food carts and the test trays were still on the cart confirming they were not delivered to the survey team.</p> <p>On 06/04/25 at approximately 2:15 PM the facility administrator was asked about the Survey team not receiving a taste test tray, due to residents complaining about the taste of the food. Administrator stated I'm not sure why you all did not get a tray, they put it on the last cart going out, however the surveyors should have been notified by kitchen staff when the tray was sent to the hall. Confirming the surveyors did not get a tray to taste test on 06/03/25 or 06/04/25 was requested and made aware of by surveyors to the Dietary Manager.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Salem Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Sunbridge Drive Salem, WV 26426	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and policy review the facility failed to properly store food in accordance with professional standards. This is true for the facility kitchen and nourishment pantries. This had the potential to affect all residents in the facility. Facility census 87.</p> <p>Findings Included:</p> <p>a) On 06/02/25 at 11:35 am during the Initial Brief Tour of Kitchen, with the Kitchen Account Manager the following issues were found in the kitchen pantry, cooler, and utensil drawers :</p> <p>Pantry:</p> <ul style="list-style-type: none"> - Spices in the cooking area left open and exposed. - Corn muffins mix box was left open and exposed. - Box of elbow noodles stored labeled with no opening date or expiration date. - Spaghetti with an expiration date of 5/9/25 still in the pantry on 6/2/25. <p>b) Cooler:</p> <ul style="list-style-type: none"> - Staff personal drinks (An energy drink and a mountain dew) were found in the kitchen cooler <p>c) Cleanliness:</p> <ul style="list-style-type: none"> - Food spills in the floor at/near food prep area not cleaned up. _ Metal basin pan left in the floor next to the wall and stove. <p>d) Utensil Drawers:</p> <ul style="list-style-type: none"> - The bottom utensil drawer had dried food spots on the inside top and sides. The utensils were not stored correctly, not facing all in the same direction. <p>e) Improper hair/beard covering:</p> <ul style="list-style-type: none"> - Chef with hair and beard not completely covered. He was wearing a hat with hair exposed at the neck. <p>Food Storage Policy:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Salem Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Sunbridge Drive Salem, WV 26426	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 06/03/25 at 1:00 PM a review facility policy labeled HCSG Policy 018, Food Storage: Dry Goods Procedures #5 stated All packaged and canned food items will be kept clean, dry and properly sealed and #6 stated Storage areas will be neat, arranged for easy identification, and date marked as appropriate.</p> <p>Staff Interviews:</p> <p>During a walkthrough and interview with the Kitchen Account Manager, she acknowledged the Spices left opened, Corn muffins box mix left open, elbow noodles stored incorrectly dated, and the spaghetti with an expired date. She also stated she was not aware of the staff personal drinks left in the kitchen cooler and removed them.</p> <p>On 06/02/25 at 12:15PM, in an interview with The chef he acknowledged he was not wearing a beard or hairnet. He stated he did not know the cap/hat was not enough coverage and that his beard was too short to have to be covered.</p> <p>During a Kitchen Visit on 6/3/25 at 2:15PM, the kitchen room temperatures were taken and the temperatures in the kitchen were 91 degrees as the AC was broken. The Cooler temperature was checked and found that the cooler was at 51 degrees due to excessive heat in the kitchen.</p> <p>Staff interviews:</p> <p>Kitchen Account Manager:</p> <p>During an interview with the Kitchen Account Manager on 06/03/25 at 2:30PM, She acknowledged the high temperature in the kitchen and the cooler and stated the air conditioner had not been working and the cooler had trouble keeping the temperature correct for food storage.</p> <p>Facility Administrator:</p> <p>In an interview with the facility administrator on 06/2/25 at 4:00 PM she acknowledged the above Temperatures in the kitchen and in the cooler.</p> <p>b) Nutrition room one:</p> <p>- On 6/03/25 at 11:55AM, it was observed the re Fridgerater in the Nutrition Room One was at 44 degrees and a review of the refrigerator temp log, the temperatures on 06/03/2025 was 44 degrees, 6/02/25 was at 42 degrees, and 6/01/25 was at 44 degrees. The log stated the corrective action was ROOM HOT, and a bowl of oatmeal with the lid open and exposed was left from breakfast, sitting on the counter in Nutrition Room One, Not labeled.</p> <p>Staff Interview:</p> <p>- On 6/03/25 at 12:00PM, In an interview with Empolyee #26, she acknowledged the oatmeal on the counter and stated the Nutrition Room gets really hot due to the ice machine. When it is running, it causes the room to be really hot and the refrigerator can't keep up and once the ice machine stops making ice, the room cools down again.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Salem Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Sunbridge Drive Salem, WV 26426	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c) Nutrition room [ROOM NUMBER]</p> <p>On 06/03/25 at 12:35PM while checking Nutrition room [ROOM NUMBER], it was observed a tray of medicine pudding cups from food service was left in the refrigerator unlabeled without dates.</p> <p>Staff Interview:</p> <p>In an interview with The Nurse Infection Preventionist, she acknowledged the pudding cups in the fridge with out labels and dates. She stated these came from food service this way and said they should have been labeled and dated.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Salem Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Sunbridge Drive Salem, WV 26426	

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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>.</p> <p>Based on observation and staff interviews, the facility failed to dispose of garbage and refuse properly. This had the potential to affect all residents in the facility. Facility Census 87</p> <p>Findings included:</p> <p>a) Kitchen side sink counter:</p> <p>On the initial visit to the kitchen on 06/02/25 at 11:45AM, it was observed that boxes and trash were in the floor next to a full trash can beside the side sink counter and stacked containers of food left on the side sink counter in the kitchen during lunch prep.</p> <p>b) Dumpster Area:</p> <p>On 06/03/25, at approximately 1:40PM it was observed there were 3 dumpsters:</p> <ul style="list-style-type: none"> - The left dumpster was found with a broken tree branch protruding from the drainage pipe, blocking drainage. - The middle dumpster was found with a garbage bag and used clear gloves scattered on the ground behind it. - The right dumpster was found to have a plastic garbage bag with trash in it, protruding from the drainage pipe blocking drainage. <p>Staff interviews:</p> <p>In an interview with the Kitchen Account Manager on 06/02/25 at 11:45AM, she stated the stacked containers were expired food that was to be disposed of but the trash can was already overflowing and that all of it should have been taken out.</p> <p>On 06/03/25 at 2:35PM, in an interview with the Kitchen Account Manager, she acknowledged the dumpster areas and issues and stated she did not know the dumpster drains were blocked and the trash littered on the ground was not from the kitchen. The kitchen does use black gloves only.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Salem Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Sunbridge Drive Salem, WV 26426	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews, the facility failed to maintain and ensure infection control standards were followed in several areas. Specifically, there were issues with the suction machine, and wheelchairs with tears in the cushions. The laundry room ' s ventilation system was inoperable, and appropriate infection control protocols were not implemented while using the facility ' s transport van to transport soiled linen to the laundromat over a span of 3 to 4 months. Additionally, there were deficiencies in infection control practices related to the cleaning and disinfection of reusable resident equipment.</p> <p>In addition, the facility also failed to provide appropriate infection surveillance and did not implement measures for the surveillance and prevention of legionella and other opportunistic waterborne pathogens. This included a lack of control measures, such as flushing and draining dead legs and checking and flushing fixtures in unoccupied resident rooms, including unused showers and bedpan sprayers. Furthermore, soiled linen and trash were not removed from the shower rooms between uses.</p> <p>These failed practices had the potential to cause serious injury, harm, impairment, and even death due to the potential risk of bacterial, viral, and fungal infections. Mold-related infections, in particular, can be severe and life-threatening, potentially affecting the lungs, sinuses, skin, and, in rare cases, other organs. Resident Identifier #80 Facility Census 89</p> <p>Findings include:</p> <p>a) Resident #80</p> <p>On 06/04/25 an observation was made at 11:00 AM of resident #80's suctioning machine, the canister was about half full of clear/yellow thick substance and the cord was put over the machine, uncovered and exposed to the environment.</p> <p>An interview on 06/04/25 at 12:00 PM with Registered Nurse (RN) #28 regarding Resident #80's suctioning machine not being covered/cleaned after being used, RN #28 stated i am sorry i have not used it or noticed it today i will get it taken care of right away, (we were in the room looking at the suctioning machine when RN#28 confirmed it was not clean and was left uncovered.)</p> <p>Based on observations and staff interviews, the facility failed to maintain and ensure infection control standards were followed in several areas. Specifically, there were issues with the suction machine, and wheelchairs with tears in the cushions. The laundry room ' s ventilation system was inoperable, and appropriate infection control protocols were not implemented while using the facility ' s transport van to transport soiled linen to the laundromat over a span of 3 to 4 months. Additionally, there were deficiencies in infection control practices related to the cleaning and disinfection of reusable resident equipment.</p> <p>In addition, the facility also failed to provide appropriate infection surveillance and did not implement measures for the surveillance and prevention of legionella and other opportunistic waterborne pathogens. This included a lack of control measures, such as flushing and draining dead legs and checking and flushing fixtures in unoccupied resident rooms, including unused showers and bedpan sprayers. Furthermore, soiled linen and trash were not removed from the shower rooms between uses.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Salem Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Sunbridge Drive Salem, WV 26426	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>These failed practices had the potential to cause serious injury, harm, impairment, and even death due to the potential risk of bacterial, viral, and fungal infections. Mold-related infections, in particular, can be severe and life-threatening, potentially affecting the lungs, sinuses, skin, and, in rare cases, other organs. Resident Identifier #80 Facility Census 89</p> <p>Findings include:</p> <p>a) Resident #80</p> <p>On 06/04/25 an observation was made at 11:00 AM of Resident #80's suctioning machine, the canister was about half full of clear/yellow thick substance and the cord was put over the machine, uncovered and exposed to the environment.</p> <p>An interview on 06/04/25 at 12:00 PM with Registered Nurse (RN) #28 regarding Resident #80's suctioning machine not being covered/cleaned after being used, RN #28 stated I am sorry i have not used it or noticed it today I will get it taken care of right away, (we were in the room looking at the suctioning machine when RN#28 confirmed it was not clean and was left uncovered.)</p> <p>B1) Dirty Laundry Room:</p> <p>An inspection of the Laundry Room on 06/03/25, at approximately 1:20 PM, conducted alongside the Regional Director of Maintenance (RDM) #90, revealed the venting system in the dirty laundry room-which is essential for maintaining negative pressure-was not functioning. Additionally, the air conditioning unit in the clean laundry room was also inoperable.</p> <p>The failure to keep the venting system in proper working condition potentially posed a risk to the health and safety of residents, staff, and visitors at the facility. The venting system was designed to create a negative pressure environment in the dirty laundry room, which helps prevent microorganisms from entering the clean laundry room. Without this negative pressure, microorganisms from the dirty laundry room might transfer to the clean laundry room each time the connecting door is opened.</p> <p>During an interview with Housekeeping Staff (HS) #82, #84, and #87 on 06/04/25 at approximately 1:15 PM, they confirmed the venting system had not been operational for over one (1) month.</p> <p>RDM #90, on 06/04/25 at 11:55 AM, confirmed the venting system was not operational. He stated he was working to get the venting system in the laundry room operational before the end of the day.</p> <p>B2) Shower Rooms:</p> <p>On 06/03/25, at approximately 1:14 PM, an inspection of the two shower rooms was conducted with RMD #90. During the inspection, it was observed soiled linen and trash had not been removed from the shower rooms. RMD #90 confirmed the trash should have been collected and the shower rooms should have been cleaned.</p> <p>Additionally, the shower rooms were humid, had a musty smell, and displayed a black substance on the walls of the shower stalls.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Salem Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Sunbridge Drive Salem, WV 26426	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>RDM #90 confirmed the shower rooms were warm, moist, and humid. He also confirmed the shower walls needed to be cleaned.</p> <p>B3) Laundry:</p> <p>The facility failed to implement proper infection control protocols while using its transport van to take soiled linen to the laundromat weekly for three to four months.</p> <p>During an interview on 06/04/25, at approximately 8:40 AM, Account Manager (AM) #85 mentioned she had been at the facility for about five months. She noted the washing machines have been frequently breaking down. When one or both of the machines are out of order, the laundry staff struggles to manage the daily volume of soiled linen. Since February, AM #85 has been taking loads of soiled linen to a laundromat in town at least once or twice a week. She last visited the laundromat on May 27, 2025, and stated, I can't go while you guys are here.</p> <p>When asked about the process of transporting soiled linen to the laundromat, AM #85 explained she would coordinate the trip with the Activities Director. She mentioned the Activities staff would drive the laundry staff along with the soiled linen to the laundromat.</p> <p>On 06/04/25, at approximately 10:00 AM, Activity Director (AD) #65 stated the following:</p> <p>I try to schedule trips to the laundromat for soiled laundry between taking residents to their appointments. It can be a bit challenging, but we usually take the residents to their appointments first. After , we return to drop off the laundry staff with the soiled laundry at the laundromat. Once we've dropped them off, we go back and take the residents wherever they need to go. Later, we return to pick up the laundry staff.</p> <p>The Administrator confirmed on 06/04/25 at 11:56 AM no arrangements had been made to ensure the van was cleaned and disinfected after transporting the soiled linen.</p> <p>B4) Infection Prevention:</p> <p>The facility failed to provide appropriate infection surveillance by not creating and implementing a plan to disinfect the van after transporting soiled laundry.</p> <p>During an interview with Infection Preventionist (IP) #14 at approximately 12:55 PM on 06/04/25, she indicated she was not aware the transport van was being used to carry soiled laundry to the laundromat before transporting residents to their appointments. IP #14 expressed her commitment to ensuring infection prevention protocols are followed in the future when the van is used for transporting soiled linen.</p> <p>The Administrator and Director of Nursing (DON) were notified of the lapse in infection prevention protocols on 06/04/25 at approximately 12:55 PM.</p> <p>B5) Water Management:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Salem Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Sunbridge Drive Salem, WV 26426	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 06/04/25, at 2:55 PM, a review of the facility's records revealed the facility did not adequately implement surveillance and control measures. This included a lack of flushing, draining of dead legs, and maintenance of unused showers. While DM #11 provided water temperature monitoring logs and a maintenance service sheet for the ice machine, he was unable to supply logs documenting the flushing of dead ends or the actions taken when control limits were not met.</p> <p>Record review also revealed two (2) resident rooms at the facility had been unoccupied for an extended period of time.</p> <p>room [ROOM NUMBER] had been unoccupied from 05/10/25 to 05/24/25</p> <p>room [ROOM NUMBER] had been unoccupied from 05/16/25 to 05/27/25</p> <p>During an interview with DM #11 on 06/04/25 at approximately 11:25 AM, he stated he did not have any logs for the flushing of fixtures in the unoccupied rooms.</p> <p>Senior Administrator (SA) #91 at 12:25 PM on 06/04/25 confirmed there were no flushing or maintenance logs or documentation available. SA #91 further stated she was immediately implementing a policy for logging the flushing and draining dead ends, showers, bed pan sprayers, and fixtures in rooms unoccupied for any length of time.</p> <p>In addition, (SA) #91, on 06/04/25 at 1:35 PM, stated she had begun in-services and education for staff on following infection control protocols when using the van to transport soiled linen to the laundromat.</p> <p>c) Resident wheelchairs in the Hill Top Back Hall</p> <p>06/03/25 at 2:45 PM, During an observation of Hill Top Back hallway, it was observed resident assigned wheel chairs and one geri chair which were lined up outside the resident's room's had cracks and tears in the arm pads exposing the inner padding.</p> <p>During a walk through and interview with facility Nurse Infection Preventionist, on 06/3/25 at approximately 2:50PM, she acknowledged the wheel chairs were assigned to residents in those rooms on hallway and agreed the wheel chairs and one geri-chair with cracked and torn areas on arm pads were an infection control issue and stated she would report them to the maintenance department for replacement arm pads.</p> <p>c) Resident wheelchairs in the Hill Top Back Hall</p> <p>06/03/25 at 2:45 PM, During an observation of Hill Top Back hallway, it was observed resident assigned wheel chairs and one geri chair were lined up outside the resident's room's had cracks and tears in the arm pads exposing the inner padding.</p> <p>Staff Interview: 6/3/25 at 12:00 PM</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Salem Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Sunbridge Drive Salem, WV 26426	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a walk through and interview with facility Nurse Infection Preventionist, on 06/3/25 at approximately 2:50PM, She acknowledged the wheel chairs were assigned to residents in those rooms on hallway and agreed the wheel chairs and one geri-chair with cracked and torn areas on arm pads were an infection control issue and stated she would report them to the maintenance department for replacement arm pads.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Salem Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Sunbridge Drive Salem, WV 26426	

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 0907</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough space and equipment to meet each resident's needs</p> <p>Based on observation and staff interview, the facility failed to provide sufficient hallway space and equipment r/t resident wheel chairs lined up down both sides of the hallway on Hill Top Front Hall leaving no direct path. This was a random opportunity for discovery. Facility Census 87</p> <p>Findings Included:</p> <p>Observation:</p> <p>On 06/03/25 at 3:30 PM, it was observed in the Hill Top Front Hallway, the resident wheel chairs were lined up on both sides of the hallway leaving all who walked through without a direct path.</p> <p>Staff Interview:</p> <p>In an Interview with The Facility Administrator on 6/4/25 at approx 2:50PM, she acknowledged the insufficient space/direct path for walking down the Hill Top Front Hallway.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Salem Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Sunbridge Drive Salem, WV 26426	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, inspection, and interview, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public.</p> <p>Location Identifiers: Laundry rooms and Shower rooms. Facility Census:87.</p> <p>Findings Include:</p> <p>a) Laundry Rooms</p> <p>On 06/03/25, at approximately 1:20 PM, an inspection of the laundry rooms was conducted, accompanied by the Regional Director of Maintenance (RDM) #90. During the inspection, it was noted the venting system in the dirty laundry room, which is responsible for maintaining negative pressure in the room, was not operational. Additionally, the air conditioning unit in the clean laundry room was also non-functional.</p> <p>The failure to maintain the venting system's operational status created a potential risk of harm to residents, staff, and visitors at the facility. The venting system was designed to create negative pressure in the dirty laundry room, which helped prevent microorganisms from moving into the clean laundry room. However, the lack of negative pressure in the dirty laundry room could potentially allow microorganisms to transfer into the clean laundry room whenever the connecting door is opened.</p> <p>During an interview with Housekeeping Staff (HS) #82, #84, and #87 on 06/04/25 at approximately 1:15 PM, they confirmed the venting system had not been operational for over one (1) month.</p> <p>RDM #90, on 06/04/25 at 11:55 AM, confirmed the venting system was not operational. He stated he was working to get the venting system in the laundry room operational before the end of the day.</p> <p>b) Shower Rooms:</p> <p>On 06/03/25, at approximately 1:14 PM, an inspection of the two shower rooms was conducted, accompanied by Regional Maintenance Director (RMD) #90. It was observed the venting system was not operational. RMD #90 confirmed this and stated repairs were underway to restore the system as quickly as possible. The shower rooms had high humidity and a musty odor.</p> <p>RDM #90 confirmed the shower rooms were warm, moist, and uncomfortable. He stated he was working to quickly get the ventilation system operational.</p> <p>During an interview with Nursing Assistant (NA) #44 on 06/03/25 at approximately 2:00 PM, NA #44 confirmed the venting system in the shower rooms had not been operational for over a month.</p> <p>The Administrator and DON were notified of the issues with the shower rooms on 06/03/25 at approximately 3:00 PM.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Salem Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Sunbridge Drive Salem, WV 26426	
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 0923</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have enough outside ventilation via a window or mechanical ventilation, or both.</p> <p>Based on observation and interviews, the facility failed to ensure there was adequate ventilation in the shower rooms and dirty laundry rooms. This failed practice had the potential to harm multiple residents at the facility. Location Identifiers: Shower rooms and Dirty laundry room. Facility Census:87</p> <p>Findings include:</p> <p>a) Shower Rooms:</p> <p>On 06/03/25, at approximately 1:14 PM, an inspection of the two shower rooms was conducted, accompanied by Regional Maintenance Director (RMD) #90. It was observed the venting system was not operational. RMD #90 confirmed repairs were underway to restore the venting system as quickly as possible. The shower rooms were humid and had a musty odor. Additionally, the shower stall walls had a black substance present on them, and several shower chairs had a brown substance on the underside of the seats and on the chair legs.</p> <p>Warm, humid environments can increase the likelihood of mold growth on surfaces. Mold-related infections can impact the lungs, sinuses, skin, and in rare instances, other organs. These infections can be severe and potentially life-threatening.</p> <p>During an interview with Nursing Assistant (NA) #44 on 06/03/25 at approximately 2:00 PM, NA #44 confirmed the venting system in the shower rooms had not been operational for over a month.</p> <p>An interview with the Director of Nursing (DON) was conducted on 06/03/25 at approximately 1:45 PM. She was notified of the findings. DON verbalized her understanding and stated she would check on it.</p> <p>b) Dirty Laundry Room</p> <p>On 06/03/25, at approximately 1:20 PM, an inspection of the Dirty Laundry Room was conducted in the presence of the Regional Director of Maintenance (RDM) #90. During the inspection, it was found the venting system, which is crucial for maintaining negative pressure inside the room, was not operational.</p> <p>The failure to maintain a negative pressure in the dirty laundry room potentially allowed the transfer of microorganisms from the dirty laundry room into the clean laundry room every time the connecting door was opened.</p> <p>During an interview with Housekeeping Staff (HS) #82, #84, and #87 on 06/04/25 at approximately 1:15 PM, they confirmed the venting system had not been operational for over one (1) month.</p> <p>RDM #90, on 06/04/25 at 11:55 AM, confirmed the venting system was not operational. He stated he was working to get the venting system in the laundry room operational before the end of the day.</p>		