

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2025
NAME OF PROVIDER OR SUPPLIER New Martinsville Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 225 Russell Avenue New Martinsville, WV 26155	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on medical record review, observation, and staff interview, the facility failed to ensure Resident's received treatment and care in accordance with professional standards of practice. Specifically, physician's orders were not followed. Resident #87. Facility census: 94.a) Resident #87A review of Resident #87's medical record revealed, a Physicians order for: --Check residual prior to each tube feed. If >200ml hold feed and re-check in 1 hour. If >500ml notify MD. every shift with order date 4/24/2024.--Check placement before med administration or feeding every shift with order date 4/24/2024.An observation on 10/15/25 at 930 AM of Resident #87s tube feeding revealed Licensed Practical Nurse #1 (LPN) failed to check residual prior to this tube feed. During an interview 10/15/25 at 930 AM, LPN #1 stated that there was not an order to check residual prior to feeding. She continued to state that she tries to wait a little longer after breakfast so Resident #87 doesn't get to full. On 10/15/25 at 10:02 AM, the findings were discussed with the Administrator. She verified the physician orders should have been followed.</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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