STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 50552 b) Resident #60 On 6/03/24 at 12:00 AM, an observation of the facility dining area was performed. During this observation, Resident #60 was noted to be seated at a table wearing a facility gown that was not tied at the neck or waist. The front of the gown was exposing Resident #60's upper chest, shoulders and the right side of Resident #60's back. It was noted that several facility staff walked by Resident #60 without offering to adjust or tie Resident #60's gown to cover Resident #60's exposed body areas. On 06/03/24 at 12:12 PM, a staff interview was conducted with Employee #96. During this interview, Employee #96 acknowledged that Resident #60's gown should be tied and that Resident #60's upper chest, shoulders and back of Resident #60's body should not be exposed. Employee #96 then went and tied Resident #60's gown. 50795 Based on observation and staff interview, the facility failed to provide residents with a dignified dining experience. The dining room staff failed to serve the residents in a respectful manner, by not placing the food in front of the residents and removing the trays. This failed practice was true for all twenty-three (23) residents in the dining room and had the potential to affect more than a limited number of residents who currently reside in the facility. Additionally, the facility failed to ensure that Resident #60 was treated with dignity and respect. This was a random opportunity for discovery. Resident identifier: #60. Facility census: 86. Findings included: a) Dining Observation Based on an observation on 06/03/24 at 12:08 PM, the dining room staff had failed to take the food off the trays and place it in front of the residents, rather, they had left the trays with the food in front of each resident. Serving the residents their food on trays creates the atmosphere of an institutional setting. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview with Activity Assistant #102 on 06/03/24 at 12:11 PM, revealed that she was not aware that resident's plates were to be taken off the trays and placed in front of them. Further interviewing revealed that she was new to the dining area. She also stated that as far as she was aware, the trays were for the residents safety. She stated that it prevented the residents from knocking their food off the table. She also stated that keeping each resident's food on their tray prevented the residents from mistakenly reaching for each other's food or drink. An interview with the Dietary Manager #90 on 06/03/24 at 12:18 PM revealed that she too was unaware that food was to be served in a homelike setting. Upon being questioned, she too stated that the trays prevented residents from knocking their food off the table, and that it also prevented residents from reaching for another resident's food or drink. She further stated that this is how we have always served the meals! b) Resident #60 On 6/03/24 at 12:00 AM, an observation of the facility dining area was performed. During this observation, Resident #60 was noted to be seated at a table wearing a facility gown that was not tied at the neck or waist. The front of the gown was exposing Resident #60's upper chest, shoulders and the right side of Resident #60's back. It was noted that several facility staff walked by Resident #60 without offering to adjust or tie Resident #60's gown to cover Resident #60's exposed body areas. On 06/03/24 at 12:12 PM, a staff interview was conducted with Employee #96. During this interview, Employee #96 acknowledged that Resident #60's gown should be tied and that Resident #60's upper chest, shoulders and back of Resident #60's body should not be exposed. Employee #96

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. 50795 Based on interviews, and document review, the facility failed to ensure that residents' food preferences and choices were honored. This failed policy had the potential to affect more than a limited number of residents. Resident identifiers: #17, #14, and #9. Facility Census 86. Findings included: a) Resident #17 Based on an interview, on 06/03/24, with Resident #17 at 10:13 AM, it was revealed that she was unable to order an alternate item, if the food served to them was not to their liking. She mentioned this was due to the facility policy governing the ordering of alternate food items. The policy stated that orders for any alternate items were to be placed 2 (two) hours before mealtimes. This policy prevented residents from being able to exercise their right to a choice of food during mealtimes. Further, the resident stated that she was provided with a weekly menu which required her to review that day's menu, at least two (2) hours before mealtimes, to ensure that she could order an alternate if she needed to. The resident further stated that she was occupied during the morning hours with PT and other activities, which left her with very little time to review the lunch menu and place an order for an alternative. Resident stated that the facility had previously provided a printed daily menu to them in a timely manner, and they would check off their choices or order an alternate. She stated that the current system of posted weekly menus prevents them from exercising their choices. b) Resident #14 Based on an interview on 06/03/24 with Resident #14 at 10:28 AM, the resident revealed that he was unable to order an alternate item, if he did not like the food served to him at mealtimes. He stated the facility policy governing the ordering of alternate food items made it impossible to get an alternate item during mealtimes. He stated the policy required residents to place any orders for an alternate item 2 (two) hours before meals. This facility policy prevented residents from being able to exercise their right to a choice of food during mealtimes. Further, the resident stated that the weekly menu that was provided to him required him to review it well in advance of every meal. He stated that if he forgot to check it, he would have to eat what was provided, even if he did not like the food. He stated he tried to make sure he checked the menu every day, but sometimes he forgot. He stated an alternative could be ordered at mealtime, but he would have to wait till the kitchen staff had finished serving all the residents. The resident stated the previous system of a daily menu worked better. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview with the Dietary Manager #90 on 06/03/24 at 12:18 PM revealed the facility policy for ordering alternate items required residents to place their orders at least 2 (two) hours before mealtimes. She stated that residents could order an alternate during mealtimes, but they would have to wait a while because the cooks would be busy with the meal service.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 43340 Based on record review and staff interview, the facility failed to provide the required Notification of Medicare Non-Coverage (NOMNC) and the Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) on non-coverage liability notices in a timely fashion for one (1) of three (3) residents reviewed for beneficiary protection notification throughout the Long-Term Care Survey Process. This failure placed the resident at risk of not being informed of her appeal rights prior to the end of Medicare covered services. Resident identifier: #25. Facility census: 86. Findings included: a) Resident #25 On 06/05/24 at 10:43 AM, a review regarding the beneficiary protection notification liability notice process revealed the following details: -Resident #25 remained in the facility after her Skilled Medicare ended. -Resident #25's last covered day of Part A service was 01/11/24. -A NOMNC was issued on 01/15/24 (four days AFTER skilled coverage ended) and signed by resident's representative on 01/17/24. -A SNF ABN was issued on 01/15/24 (four days AFTER skilled coveraged ended) and signed by resident's representative on 01/17/24. The Form Instructions for the Notice of Medicare Non-Coverage (NOMNC) CMS-10123 state: The NOMNC must be delivered at least two calendar days before Medicare covered services end . The instructions also state: A NOMNC must be delivered even if the beneficiary agrees with the termination of services. Review of Form Instructions Skilled Nursing Facility Advanced Beneficiary Notice on Non-coverage (SNF ABN) Form CMS-10055 (2018) denoted Medicare requires Skilled Nursing Facilities to issue the SNF ABN to Medicare beneficiaries prior to providing care that Medicare usually covers, but may not pay for because the care is: - not medically reasonable and necessary; or - considered custodial. On 06/10/24 at 12:05 PM, the Business Office Manager (BOM) confirmed that a two (2) day notice was not given for Resident #25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 50551 Based on record review, resident interview and staff interview, the facility failed to identify verbal complaints/concerns as a grievance. This was a random opportunity for discovery. Findings include: a) On 06/04/24 10:00 AM, review of Resident Council Minutes for the last six (6) months indicated that the resident council voiced concerns about call lights not being answered in a timely manner every month from 12/2023 to 5/2024. On 06/04/24 10:35 AM, During resident council meeting, Resident #31 reported that staff did not answer call lights in a timely manner and that the council has discussed these issues monthly during resident council meetings. On 06/05/24 12:38 PM, during an interview with the administrator regarding call light concerns, the administrator reported the facility was aware of complaints being made in resident council meeting about call lights being answered in a timely manner. She reported that as a result, random Call Light Audits were being performed by nursing staff since 01/21/24 and reported that no issues had been found at this time. She stated that no grievances had been filed on the concern. On 06/05/24 2:00 PM during review of Call Light Audit forms. No issues documented. 06/05/24 4:31 PM, Reviewed Hill Valley Healthcare Grievance/Complaints Policy and includes the following: #3 (three) All grievances, complaints or recommendations stemming from resident or family groups concerning issues of resident care in the facility will be considered. Actions on such issues will be responded to in writing. including a rationale for the response. #9 (nine) When possible and appropriate, the Grievance Officer will attempt to resolve the grievance/complaint as soon as reasonably possible. On 06/05/22 05:05 PM, during an interview with social worker (SW) #44 who acknowledged the facilities grievance policy. She acknowledged that the resident council had brought up the concern of call lights not being answered in a timely manner since at least the last 6 months. She acknowledged that although staff had reported that they are randomly auditing call light responses by having nursing completed handwritten audits, randomly every shift, there continued to be the same concern month after month for the last six (6) months. She also acknowledged that there was not a grievance filed for this issue because of the concerns brought up by resident council.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39043 Based on record review, resident interview, and staff interview, the facility failed to prevent abuse and neglect of residents. Resident #29, who is dependent on staff for wheelchair mobility, was left outside unattended in the facility courtyard following a smoking break. In addition, the facility failed to protect residents from Resident #61 and Resident #11 who made verbal threats to harm other residents. Resident Identifiers: #29, #61, and #11. Facility census: 86. The state agency determined leaving Resident #29 alone in the courtyard placed this resident and other residents using the facility courtyard in an immediate jeopardy situation due to potential complications from being left outdoors in hot, cold, or inclement weather. The deficient practice puts all residents with mobility issues who utilized the patio area in hot weather at risk for loss of internal temperature control that can result in sun burns, various illnesses, including extreme weakness and/or fatigue, nausea and/or vomiting, dizziness and/or headache, body temperature normal or slightly high, fainting, pulse fast and weak, breathing fast and shallow, clammy, pale, cool, and/or moist skin, hypothermia, heat cramps, heat and heatstroke. The high temperature was recorded at 82 degrees Fahrenheit (F) on 05/22/24 and 05/24/24. Additionally, the state agency determined the failure to address verbal threats from Resident #61 placed all residents in the facility in an immediate jeopardy situation. The residents making the threats could physically harm other residents. Psychological harm, such as fear and anxiety. could occur for other residents who were threatened by the residents or overheard the threats. Residents with post-traumatic stress disorder could be triggered. The state agency notified the Nursing Home Administrator of the immediate jeopardy at 6:50 PM on 06/05/24. The facility submitted a plan of correction (POC) on 06/05/24 at 9:25 PM. On 06/05/24 at 9:30 PM, the POC was accepted by the state agency. The state agency verified the POC was implemented by conducting staff interviews and the immediate jeopardy was abated at 11:28 AM on 06/06/24. Once the immediate jeopardy was abated, deficient practices remained and the scope and severity was decreased from a K to an E. The facility's approved abatement POC consisted of the following: 1. On 6-5-24, certified nursing aid suspended pending investigation. Administrator suspended pending investigation. Incident on 5-13-24 involving resident #29's allegation of being left outside in the sun for extended period reported to APS, Ombudsman and OHFLAC. Head to toe assessment performed on resident #29 to ensure no adverse effects. Incidents on 2-18-24, 4-28-24 and 5-13-24 involving verbal threats by resident #61 reported to APS, OHFLAC and ombudsman. Resident #61 placed on one-on-one observation until see and cleared by psychiatric services. Incident on 5-27-24 involving Resident #11 allegation of verbal abuse reported to APS, OHFLAC and Ombudsman. Psychosocial follow up provided for resident #86. Resident #11 continues to follow with psych services as ordered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	2. All residents residing in the facility have the potential to be affected. All capable residents will be interviewed to ensure no other allegations of abuse and all residents not able to be interviewed will have skin checks to ensure no sign or symptoms of abuse with corrective action immediately upon discovery. Whole house audit completed on residents having behaviors and ordered psychological services to ensure services provided with corrective action upon discovery. 3. All staff will be re-educated on identifying, reporting, and preventing abuse on 6-5-24 or upon return to work. All staff will be re-educated on smoking policy to include staff supervising and assisting residents out and in during designated smoking times on 6-5-24 or upon return to work. Daily rounding audits completed by department heads regarding abuse and neglect concerns or transportation to and from smoking concerns with correct action immediately upon discovery. 4. Nursing Home Administrator (NHA)/designee will bring results of audits to Quality Improvement Committee (QIC) for review monthly for any additional follow up and/or in-servicing until the issue is resolved and randomly thereafter as determined by QIC. Findings included: a) Resident #29 During an interview on 06/03/24 at 1:39 PM, Resident #29 stated she had been left outside alone in the courtyard four (4) times following smoke breaks. Resident #29 stated she was unable to propel her wheelchair independently due to tremors and was unable to reenter the facility on her own. Resident #29 further stated there was no way to notify staff that she was outside and wanted to come in. The resident stated she was left out in the hot sun for two (2) hours on one day. Resident #29 also stated she had a history of falling from her wheelchair. Review of facility grievance forms showed a grievance on 05/13/24 which stated, Resident went outside with staff assistance for 1 pm smoke break. At end of smoke break as everyone returned inside [Nursing Assistant (NA) #5] said to this patient, If you can't bring yourself outside or inside, you shouldn't be able to smoke. [NA #5] then entered the building leaving this resident out in the courtyard unattended. Another resident [Resident #79] noted this patient outside alone and alerted staff. [NA #9] assisted this patient with returning to bed after 2 PM. Review of Resident #29's medical records showed a nursing note written on 5/22/2024 at 5:30 PM stated, CNA [certified nursing assistant] came to this nurse reporting resident was left outside by herself from a smoke break, patient was on the phone with [state agency] while she was present. CNA said she wanted me to be aware of. I went to patients room, patient was very tearful, she reported to this nurse that [Licensed Practical Nurse LPN #55] took her out to smoke, left her and no one returned to bring her back, says she was outside in the heat for over an hour. Patient was very upset and crying . (Note typed as written.) Vital signs were obtained and were within normal limits. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Another nursing note written on 05/24/2024 at 6:28 PM, stated, This resident and another female resident from A/B side, along with male resident from C hall was offered help to come back in from smoke break. This resident and others said they were not ready at this time to come back in. All other smokers already have come back in at this time. Two of these residents is able to take self in and out of the door and were instructed that when they were ready to come in to please come get a staff member to assist this resident inside. Verbalized understanding. (Note typed as written.) Further review of Resident #29's medical records showed on 04/28/24 at 8:40 PM, the resident was found on the floor of her room in front of her wheelchair. The resident reported she had slid out of her wheelchair onto the floor. The resident received no injuries from this fall. Review of Resident #29's comprehensive care plan showed the resident required assistance of one (1) for mobility in a wheelchair. On 06/04/24 at 4:26 PM, observation of the facility courtyard was made with the Maintenance Director in attendance. No call lights were present in the courtyard. There was no push button to open the door for residents in wheelchairs to use. During an interview on 06/05/24 at 4:15 PM, the Administrator stated she was aware of two (2) instances during which Resident #29 had requested to remain outside after the smoke break had ended, 05/13/24 and 05/22/24. The Administrator confirmed the resident was not able to reenter the facility on her own. The Administrator stated she had not considered leaving the resident outside unattended to be neglectful. 50552 c) Resident #61 On 06/05/24 at 09:15 AM during a review of Resident #61's medical record it was noted Resident #61 was admitted to the facility on [DATE] with the diagnosis of Paranoid Schizophrenia, Depression and Unspecified Dementia, Moderate with agitation. Resident #61 was admitted to the facility from an acute behavioral and mental health hospital. The hospital evaluation, dated 12/28/23, noted the following: -Resident #61 was admitted to the behavioral and mental health hospital on 12/02/22. Before the hospitalization , Resident #61 was placed at a state psychiatric nursing facility. -Resident #61's signs and symptoms demonstrated diagnostic criteria for Neurocognitive Disorder. -Resident #61's affect was noted to be agitated. -Diagnostic impression was Major Neurocognitive Disorder. -Resident #61 was noted to have delusional thinking. -Resident #61's risk factors for suicide included: history of impulsivity, lack of social support and chronic mental health condition. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	It was also noted that Resident #61 had a physician's order for Physiatrist (psychiatrist) consult as needed. During a review of Resident #61's progress notes, it was noted Resident #61 had been aggressive and had made threatening statements on the following dates: -02/17/24 at 7:54 PM, RN #49 documented in a Behavior Note, When Resident (#61) came to nurses station to make a phone call, this Resident (#61) noted to yell at another resident (unidentified) when the other resident (unidentified) accidentally touched his arm. Resident (#61) stated, Stop touching me or I'll blow your brains out. Resident (#61) encouraged/educated to not speak like that to the other resident (unidentified). Residents were not physical with each other and were separated without incident. No physician intervention required, no injury noted, staff to continue to be alert for verbal altercations with resident. -04/28/24 at 8:36 PM, Resident #61 stated to CNA (unidentified) that if he had a gun he would shoot everyone. A room check was completed, no guns or weapons of any kind were found. The Director of Nursing (DON) and Assistant Director of Nursing (ADON) were notified. Resident #61 was placed on 15 minute checks which were from 8:30 PM that evening through 06:00 AM the following morning. -05/13/24 at 11:12 AM, Resident #61 screamed and cursed at a CNA (unidentified) who was attempting to provide care to Resident #61. Resident #61 stated he was going to kill the CNA (unidentified) if she didn't leave him alone. It was noted that several repetitive statements related to killing CNA (unidentified) were made by Resident #61. On 06/05/24 at 09:52 AM, an interview was conducted with the facility Administrator related to the above documentation. At this time, this Surveyor requested a copy of notifications made to Physician, the Residents Representative (RP) related to the above and documentation of any follow up performed by Physician. This Surveyor also requested documentation of any psychiatric visits, any documentation that the above incidents had been reported to the appropriate state agencies and asked the Administrator who the other resident was in the incident that occurred on 02/18/24. On 06/05/24 at 10:59 AM, the Administrator states the incident from 2/18/24 was reported to the Ombudsman, however, it was not reported to Adult Protective Services or the Office of Licensure and Certification (OHFLAC). On 06/05/24 at 11:32 AM, the Administrator brought a copy of an email sent to NAME Ombudsman stating the following: We have had a few resident to resident incidents with no injury this week that I wanted to bring to your attention. All residents involved do not have capacity. They are as follow: Resident #61 - on Sunday night he was overheard by a CNA telling another resident Don't touch me or I'm gonna blow your head off The residents were separated and there was no other incident. At this time, the Administrator acknowledged there was no documentation related to Physician notification or RP notification of the above listed incidents. In addition, the Administrator acknowledged that there was no documentation of a follow up performed by the Physician on either Resident #61 or the unidentified Resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 6/5/24 at 02:54 PM, the facility Administrator who acknowledged that Resident #61 had not seen the psychiatrist, which was ordered on 02/17/24. 50795 b) Resident #86 This was a random opportunity for discovery. During an interview with Resident #86 on 06/03/24 at 11:56 AM, the resident mentioned she was verbally abused, and threatened, by Resident #11. She also stated that based on her complaint, facility staff offered her a room change. Resident stated that she refused, and questioned why she would be the one to have to move to another floor. Record review and interviews substantiated Resident #86's allegations. A nursing note on 05/27/24 at 3:30 PM by the Assistant Director of Nursing (ADON) #58 which stated: Coordinator #56 and myself went to residents' room after it was reported that she was crying and feeling very anxious. Upon entering the room, the resident was breathing quickly and stated she has a history of panic attacks. She stated she was very upset with recent interactions she has had with a resident further down the hall. She states she had previously come in her room; she did not touch her but shook her fist at her. She also stated, 'when she attacked me in the hall,' I asked if she touched her in the hall and she again said oh no she just shook her fist at me and made a mean face. We assured resident that we were addressing the issue. She then said she was scared to go to the bathroom, we offered assistance and she denied. She said she was getting ahold of her brother to take her home today. We offered a room move which she denied. She stated again she was just deathly afraid of this resident and that she would go on a different hall in the facility to avoid her. Prior to this conversation I spoke with residents' daughter on the phone about these same concerns and also reassured her that we were addressing the issue. Resident states as the resident down the hall wheels by her room she looks at her and she does not like it. Prior to exiting the room, I pulled curtain to the edge of bed with resident approval to avoid visual contact if she happened to roll by. Another note on 5/27/2024 at 08:30 PM by LPN #60 stated: Resident crying in her room. When this nurse asked resident what was wrong, resident talking in a loud tone stating, 'I'm over this place, all this stuff that happened earlier today and nobody does anything about it, they continue to allow the other resident to do as she wants, she's allowed to go up and down the halls as she pleases when she should be in her room. They try to make me feel like I'm in the wrong.' Resident also stating she wasn't taking anymore medications while in this facility and that she would be leaving tomorrow one way or another. This resident stating she didn't want to be here any longer because of the way other residents act and stating they need to be placed into different facilities than this one. Resident also stating that she would be filing a lawsuit on this place and could file restraining orders against the other resident. This resident was very tearful during this encounter which lasted approximately 5-6 minutes. interventions attempted: This nurse offered this resident to move to a different room to not have to see the other resident that there was previous conflict with, this resident refused. Curtains on each side of this resident was pulled (per her request) to not have to see anyone. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	A progress note from Resident #11's chart on 05/27/24 at 8:52 PM by LPN #63 stated, a CNA reported that she was standing outside room [ROOM NUMBER] (Resident #86's room), when she saw this resident wheel past the room and point to the other resident and tell the resident in 314 that she was going to kill her. Resident was redirected away from doorway. A nursing note on 05/28/24 at 06:13 AM stated, Resident was awake most of the night. She had stripped her bed and didn't want staff to assist in remaking the bed. A nursing note, on 05/28/24 at 12:02 PM, by the Director of Nursing (DON) #49, stated: Spoke to resident regarding interaction between herself and another resident yesterday. This resident was explaining what happened, stating the other resident was yelling things at her and other residents. When I offered a room change, the resident stated no, I'm working on being transferred to another facility today. When this nurse asked if she wanted a stop sign to put on her doorway, she stated no. The resident was also noted to be sitting in her bed w/o (without) bed sheets on the bed. Staff have reported she took her sheets off and is refusing to allow staff to put new linens on the bed. Call light is within reach. This nurse notified Administrator #48, and Social Worker (SW) #44 of residents wishes to discharge somewhere else. Further record review revealed a note on 05/30/24 at 3:30 PM from SW #44 which stated: This worker sent out a referral to Pineview Center per the residents' request. This worker spoke to the social worker at this facility, who stated she would look it over as well as have her admissions director look over it. Waiting for a response at this time. During an interview, on 06/05/24 at 9:45 AM, with Coordinator #56 he was questioned about interventions that were taken to prevent a recurrence of the behavior and threats against Resident #86. Coordinator #56 stated that Resident #11 had a private room and could not be moved to another location because she was diagnosed with dementia. She stated that moving Resident #11 would increase the risk of resident being harmed. Investigation, and a review of submitted reports, revealed that the facility had submitted a report of the abuse to the Ombudsman, but not to the Office of Health Facility Licensure and Certification (OHFLAC). An interview with Administrator #48 on 06/05/24 2:42 PM revealed the facility had not submitted a Facility Incident Report (FRI) to OHFLAC. She stated the facility followed the reporting requirements laid out in 42 CFR 488.301, which listed actions to be taken. The copy of the guidance for reporting she provided as evidence, stated: Abuse: Resident-to-Resident - No sexual abuse occurred, and no physician intervention was required. A report to the Ombudsman was required, (unless the incident was caused by lack of staff or encouraged by staff). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	A review of the document provided to this surveyor revealed that the facility was not utilizing the current guidelines for reporting. c) Resident #61 On 06/05/24 at 09:15 AM during a review of Resident #61's medical record it was noted Resident #61 was admitted to the facility on [DATE] with the diagnosis of Paranoid Schizophrenia, Depression and Unspecified Dementia, Moderate with agitation. Resident #61 was admitted to the facility from an acute behavioral and mental health hospital. The hospital evaluation, dated 12/28/23, noted the following: -Resident #61 was admitted to the behavioral and mental health hospital on 12/02/22. Before the hospitalization , Resident #61 was placed at a state psychiatric nursing facility. -Resident #61's signs and symptoms demonstrated diagnostic criteria for Neurocognitive Disorder. -Resident #61's affect was noted to be agitated. -Diagnostic impression was Major Neurocognitive Disorder. -Resident #61 was noted to have delusional thinking. -Resident #61's risk factors for suicide included: history of impulsivity, lack of social support and chronic mental health condition. It was also noted that Resident #61 had a physician's order for Physiatrist (psychiatrist) consult as needed. During a review of Resident #61's progress notes, it was noted Resident #61 had been aggressive and had made threatening statements on the following dates: -02/17/24 at 7:54 PM, RN #49 documented in a Behavior Note, When Resident (#61) came to nurses station to make a phone call, this Resident (#61) noted to yell at another resident (unidentified) when the other resident (unidentified) accidentally touched his arm. Resident (#61) stated, Stop touching me or I'll blow your brains out. Resident (#61) encouraged/educated to not speak like that to the other resident (unidentified). Residents were not physical with each other and were separated without incident. No physician intervention required, no injury noted, staff to continue to be alert for verbal altercations with resident. -04/28/24 at 8:36 PM, Resident #61 stated to CNA (unidentified) that if he had a gun he would shoot everyone. A room check was completed, no guns or weapons of any kind were found. The Director of Nursing (DON) and Assistant Director of Nursing (ADON) were notified. Resident #61 was placed on 15 minute checks which were from 8:30 PM that evening through 06:00 AM the following morning. -05/13/24 at 11:12 AM, Resident #61 screamed and cursed at a CNA (unidentified) who was attempting to provide care to Resident #61. Resident #61 stated he was going to kill the CNA (unidentified) if she didn't leave him alone. It was noted that several repetitive statements related to killing CNA (unidentified) were made by Resident #61. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 06/05/24 at 09:52 AM, an interview was conducted with the facility Administrator related to the above documentation. At this time, this Surveyor requested a copy of notifications made to Physician, the Residents Representative (RP) related to the above and documentation of any follow up performed by Physician. This Surveyor also requested documentation of any psychiatric visits, any documentation that the above incidents had been reported to the appropriate state agencies and asked the Administrator who the other resident was in the incident that occurred on 02/18/24. On 06/05/24 at 10:59 AM, the Administrator stated the incident from 2/18/24 was reported to the Ombudsman, however, it was not reported to Adult Protective Services or the Office of Licensure and Certification (OHFLAC). On 06/05/24 at 11:32 AM, the Administrator brought a copy of an email sent to name Ombudsman stating the following: We have had a few resident to resident incidents with no injury this week that I wanted to bring to your attention. All residents involved do not have capacity. They are as follow: Resident #61 - on Sunday night he was overheard by a CNA telling another resident Don't touch me or I'm gonna blow your head off The residents were separated and there was no other incident. At this time, the Administrator acknowledged there was no documentation related to Physician notification or RP notification of the above listed incidents. In addition, the Administrator acknowledged there was no documentation of a follow up performed by the Physician on either Resident #61 or the unidentified Resident. On 6/5/24 at 02:54 PM, the facility Administrator who acknowledged that Resident #61 had not seen the psychiatrist, which was ordered on 02/17/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 39043 Based on record review, resident interview, and staff interview, the facility failed to implement their abuse policies for reporting neglect. This deficient practice had the potential to affect one (1) of 11 residents reviewed for the care area of abuse. Resident identifier: #29. Facility census: 86. Findings included: a) Resident #29 The facility's policy and procedure titled Abuse Investigation and Reporting with original date 10/01/21 and no revision date stated all alleged violations involving neglect would be reported to the stated licensing/certification agency responsible to for surveying/licensing the facility, the local/state ombudsman, and also Adult Protective Services, if applicable to state law. During an interview on 06/03/24 at 1:39 PM, Resident #29 stated she had been left outside alone in the courtyard four (4) times following smoke breaks. Resident #29 stated she is unable to propel her wheelchair independently due to tremors and was unable to reenter the facility on her own. Resident #29 further stated there was no way to notify staff that she was outside and wanted to come in. The resident stated she was left out in the hot sun for two (2) hours on one day. Resident #29 also stated she had a history of falling from her wheelchair. Review of facility grievance forms showed a grievance on 05/13/24 which stated, Resident went outside with staff assistance for 1 pm smoke break. At end of smoke break as everyone returned inside [Nursing Assistant (NA) #5] said to this patient, If you can't bring yourself outside or inside, you shouldn't be able to smoke. [NA #5] then entered the building leaving this resident out in the courtyard unattended. Another resident [Resident #79] noted this patient outside alone and alerted staff. [NA #9] assisted this patient with returning to bed after 2 PM. Review of Resident #29's medical records showed a nursing note written on 5/22/2024 at 5:30 PM stated, CNA [certified nursing assistant] came to this nurse reporting resident was left outside by herself from a smoke break, patient was on the phone with [state agency] while she was present. CNA said she wanted me to be aware of. I went to patients room, patient was very tearful, she reported to this nurse that [Licensed Practical Nurse LPN #55] took her out to smoke, left her and no one returned to bring her back, says she was outside in the heat for over an hour. Patient was very upset and crying . (Note typed as written.) Vital signs were obtained and were within normal limits. Another nursing note written on 5/24/2024 at 6:28 PM, stated, This resident and another female resident from A/B side, along with male resident from C hall was offered help to come back in from smoke break. This resident and others said they were not ready at this time to come back in. All other smokers already have come back in at this time. Two of these residents is able to take self in and out of the door and were instructed that when they were ready to come in to please come get a staff member to assist this resident inside. Verbalized understanding. (Note typed as written.) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further review of Resident #29's medical records showed on 04/28/24 at 8:40 PM, the resident was found on the floor of her room in front of her wheelchair. The resident reported she had slid out of her wheelchair onto the floor. The resident received no injuries from this fall. Review of Resident #29's comprehensive care plan showed the resident required assistance of one (1) for mobility in a wheelchair. On 06/04/24 at 4:26 PM, observation of the facility courtyard was made with the Maintenance Director in attendance. No call lights were present in the courtyard. There was no push button to open the door for residents in wheelchairs to use. During an interview on 06/05/24 at 4:15 PM, the Administrator stated she was aware of two (2) instances during which Resident #29 had requested to remain outside after the smoke break had ended, 05/13/24 and 05/22/24. The Administrator confirmed the resident was not able to reenter the facility on her own. The Administrator stated she had not considered leaving the resident outside unattended to be neglectful, and therefore, the incident had not been reported to state agencies.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39043 Based on resident interview, record review and staff interview, the facility failed to report allegations of verbal abuse, neglect, and possible crime to all required stated agencies. This deficient practice had the potential to affect three (3) of 11 residents reviewed for the care area of abuse. Resident identifiers: #79, #29, and #86. Facility census: 86. Findings included: a) Resident #79 On 05/24/24, the Office of Health Facility Licensure and Certification (OHFLAC) received a complaint from an employee from a state agency reporting that marijuana, a baggy of pills, and drug paraphernalia had been removed from a resident's room by a police officer. The facility provided a log of facility reported incidences (FRIs) that had been reported to OHFLAC. The log contained no record of a FRI regarding illegal substances found in a resident's room. On 06/10/24 at 11:45 AM, the Regional Director of Operations (RDO) was asked about illegal substances being found in a resident's room. He stated neither he nor the Director of Nursing (DON) had worked at the facility at that time. The RDO stated he would ask other staff members about illegal substances being found. The following focus was found in Resident #79's Comprehensive Care Plan: Potential for safety hazard, injury r/t [related to] smoking, marijuana found in her room, medication found in her room. The initiation date was 04/23/24. The revision date was 05/31/24. Resident #79's progress note contained no information regarding the matter. On 06/10/24 at 1:45 PM, the RDO stated he had called the police department and spoke to the police chief. The RDO stated the police did not file a report or any charges. The Administrator confirmed the facility did not report the incident to OHFLAC and other required state agencies. The surveyor attempted to confirm the information with the police officer. However, no contact was able to be made through the completion of the survey process. b) Resident #29 During an interview on 06/03/24 at 1:39 PM, Resident #29 stated she had been left outside alone in the courtyard four (4) times following smoke breaks. Resident #29 stated she is unable to propel her wheelchair independently due to tremors and was unable to reenter the facility on her own. Resident #29 further stated there was no way to notify staff that she was outside and wanted to come in. The resident stated she was left out in the hot sun for two (2) hours on one day. Resident #29 also stated she had a history of falling from her wheelchair. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of facility grievance forms showed a grievance on 05/13/24 which stated, Resident went outside with staff assistance for 1 pm smoke break. At end of smoke break as everyone returned inside [Nursing Assistant (NA) #5] said to this patient, If you can't bring yourself outside or inside, you shouldn't be able to smoke. [NA #5] then entered the building leaving this resident out in the courtyard unattended. Another resident [Resident #79] noted this patient outside alone and alerted staff. [NA #9] assisted this patient with returning to bed after 2 PM. Review of Resident #29's medical records showed a nursing note written on 5/22/2024 at 5:30 PM stated, CNA [certified nursing assistant] came to this nurse reporting resident was left outside by herself from a smoke break, patient was on the phone with [state agency] while she was present. CNA said she wanted me to be aware of. I went to patients room, patient was very tearful, she reported to this nurse that [Licensed Practical Nurse LPN #55] took her out to smoke, left her and no one returned to bring her back, says she was outside in the heat for over an hour. Patient was very upset and crying . (Note typed as written.) Vital signs were obtained and were within normal limits. Another nursing note written on 5/24/2024 at 6:28 PM, stated, This resident and another female resident from A/B side, along with male resident from C hall was offered help to come back in from smoke break. This resident and others said they were not ready at this time to come back in. All other smokers already have come back in at this time. Two of these residents is able to take self in and out of the door and were instructed that when they were ready to come in to please come get a staff member to assist this resident inside. Verbalized understanding. (Note typed as written.) Further review of Resident #29's medical records showed on 04/28/24 at 8:40 PM, the resident was found on the floor of her room in front of her wheelchair. The resident reported she had slid out of her wheelchair onto the floor. The resident received no injuries from this fall. Review of Resident #29's comprehensive care plan showed the resident required assistance of one (1) for mobility in a wheelchair. On 06/04/24 at 4:26 PM, observation of the facility courtyard was made with the Maintenance Director in attendance. No call lights were present in the courtyard. There was no push button to open the door for residents in wheelchairs to use. During an interview on 06/05/24 at 4:15 PM, the Administrator stated she was aware of two (2) instances during which Resident #29 had requested to remain outside after the smoke break had ended, 05/13/24 and 05/22/24. The Administrator confirmed the resident was not able to reenter the facility on her own. The Administrator stated she had not considered leaving the resident outside unattended to be neglectful and therefore, the incident had not been reported to the required state agencies. No additional information was provided through the completion of the survey process. 50795 c) Resident #86 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with Resident #86 on 06/03/24 at 11:56 AM, the resident mentioned that she was verbally abused, and threatened, by Resident #11. She also stated that based on her complaint, the only intervention facility staff offered her, was a room change. Resident stated that she refused, and questioned why she would be the one to have to move to another floor! Further record review, and interviews revealed: A nursing note on 05/27/24 at 03:30 PM by the Assistant Director of Nursing (ADON) #58 which stated: Coordinator #56 and myself went to residents' room after it was reported that she was crying and feeling very anxious. Upon entering the room, the resident was breathing quickly and stated she has a history of panic attacks. She stated she was very upset with recent interactions she has had with a resident further down the hall. She states she had previously come in her room; she did not touch her but shook her fist at her. She also stated, when she attacked me in the hall, I asked if she touched her in the hall and she again said oh no she just shook her fist at me and made a mean face. We assured resident that we were addressing the issue. She then said she was scared to go to the bathroom, we offered assistance and she denied. She said she was getting ahold of her brother to take her home today. We offered a room move which she denied. She stated again she was just deathly afraid of this resident and that she would go on a different hall in the facility to avoid her. Prior to this conversation I spoke with residents' daughter on the phone about these same concerns and also reassured her that we were addressing the issue. Resident states as the resident down the hall wheels by her room she looks at her and she does not like it. Prior to exiting the room, I pulled curtain to the edge of bed with resident approval to avoid visual contact if she happened to roll by. Another note on 5/27/2024 at 08:30 PM by LPN #60 states: Resident crying in her room. When this nurse asked resident what was wrong, resident talking in a loud tone stating, I'm over this place, all this stuff that happened earlier today and nobody does anything about it, they continue to allow the other resident to do as she wants, she's allowed to go up and down the halls as she pleases when she should be in her room. They try to make me feel like I'm in the wrong. Resident also stating she wasn't taking anymore medications while in this facility and that she would be leaving tomorrow one way or another. This resident stating she didn't want to be here any longer because of the way other residents act and stating they need to be placed into different facilities than this one. Resident also stating that she would be filing a lawsuit on this place and could file restraining orders against the other resident. This resident was very tearful during this encounter which lasted approximately 5-6 minutes. interventions attempted: This nurse offered this resident to move to a different room to not have to see the other resident that there was previous conflict with, this resident refused. Curtains on each side of this resident was pulled (per her request) to not have to see anyone. A progress note from Resident #11's chart on 05/27/24 at 08:52 PM by LPN #63 states that a CNA reported that she was standing outside room [ROOM NUMBER] (Resident #86's room), when she saw this resident wheel past the room and point to the other resident (Resident #86) and tell the resident in 314 (Resident #86) that she was going to kill her. Resident was redirected away from doorway. A nursing note on 05/28/24 at 06:13 AM states that resident was awake most of the night. She had stripped her bed and didn't want staff to assist in remaking the bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A nursing note on 05/28/24 at 12:02 PM by the Director of Nursing (DON) #49, states: Spoke to resident regarding interaction between herself and another resident yesterday. This resident was explaining what happened, stating the other resident was yelling things at her and other residents. When I offered a room change, the resident stated no, I'm working on being transferred to another facility today. When this nurse asked if she wanted a stop sign to put on her doorway, she stated no. The resident was also noted to be sitting in her bed w/o bed sheets on the bed. Staff have reported she took her sheets off and is refusing to allow staff to put new linens on the bed. Call light is within reach. This nurse notified Administrator #48, and Social Worker (SW) #44 of residents wishes to discharge somewhere else. Further record review revealed a note on 05/30/24 at 15:30 by SW #44 which stated: This worker sent out a referral to Pineview Center per the residents' request. This worker spoke to the social worker at this facility, who stated she would look it over as well as have her admissions director look over it. Waiting for a response at this time. Investigation, and a review of submitted reports, revealed that the facility had submitted a report of the abuse to the Ombudsman, but not to the Office of Health Facility Licensure and Certification (OHFLAC). An interview with Administrator #48 on 06/05/24 02:42 PM revealed that the facility had not submitted a Facility Incident Report (FRI) to OHFLAC. She stated that the facility followed the reporting requirements laid out in 42 CFR 488.301, which listed actions to be taken. The copy of the guidance for reporting she provided as evidence, stated: Abuse: Resident-to-Resident - (No sexual abuse occurred, and no physician intervention was required) A report only to the Ombudsman was required, (unless the incident was caused by lack of staff or encouraged by staff). A review of the document provided to this surveyor revealed that the facility was not utilizing the current guidelines for reporting.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39043 b) Resident #29 During an interview on 06/03/24 at 1:39 PM, Resident #29 stated she had been left outside alone in the courtyard four (4) times following smoke breaks. Resident #29 stated she is unable to propel her wheelchair independently due to tremors and was unable to reenter the facility on her own. Resident #29 further stated there was no way to notify staff that she was outside and wanted to come in. The resident stated she was left out in the hot sun for two (2) hours on one day. Resident #29 also stated she had a history of falling from her wheelchair. Review of facility grievance forms showed a grievance on 05/13/24 which stated, Resident went outside with staff assistance for 1 pm smoke break. At end of smoke break as everyone returned inside [Nursing Assistant (NA) #5] said to this patient, If you can't bring yourself outside or inside, you shouldn't be able to smoke. [NA #5] then entered the building leaving this resident out in the courtyard unattended. Another resident [Resident #79] noted this patient outside alone and alerted staff. [NA #9] assisted this patient with returning to bed after 2 PM. Review of Resident #29's medical records showed a nursing note written on 5/22/2024 at 5:30 PM stated, CNA [certified nursing assistant] came to this nurse reporting resident was left outside by herself from a smoke break, patient was on the phone with [state agency] while she was present. CNA said she wanted me to be aware of. I went to patients room, patient was very tearful, she reported to this nurse that [Licensed Practical Nurse LPN #55] took her out to smoke, left her and no one returned to bring her back, says she was outside in the heat for over an hour. Patient was very upset and crying . (Note typed as written.) Vital signs were obtained and were within normal limits. Another nursing note written on 5/24/2024 at 6:28 PM, stated, This resident and another female resident from A/B side, along with male resident from C hall was offered help to come back in from smoke break. This resident and others said they were not ready at this time to come back in. All other smokers already have come back in at this time. Two of these residents is able to take self in and out of the door and were instructed that when they were ready to come in to please come get a staff member to assist this resident inside. Verbalized understanding. (Note typed as written.) Further review of Resident #29's medical records showed on 04/28/24 at 8:40 PM, the resident was found on the floor of her room in front of her wheelchair. The resident reported she had slid out of her wheelchair onto the floor. The resident received no injuries from this fall. Review of Resident #29's comprehensive care plan showed the resident required assistance of one (1) for mobility in a wheelchair. On 06/04/24 at 4:26 PM, observation of the facility courtyard was made with the Maintenance Director in attendance. No call lights were present in the courtyard. There was no push button to open the door for residents in wheelchairs to use. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 06/05/24 at 4:15 PM, the Administrator stated she was aware of two (2) instances during which Resident #29 had requested to remain outside after the smoke break had ended, 05/13/24 and 05/22/24. The Administrator confirmed the resident was not able to reenter the facility on her own. The Administrator stated she had not considered leaving the resident outside unattended to be neglectful and therefore, the incident had not been investigated. No additional information was provided through the completion of the survey process. 50795 The facility failed to thoroughly investigate and alleged verbal abuse and neglect. PS AC a)86 b)29 Resident #86 Abuse Based on a resident complaint, interviews, and record review, the facility failed to protect resident from verbal abuse, which resulted in the resident experiencing a negative psychosocial outcome, and a decline from her former social pattern This failed practice had the potential to affect a limited number of residents who currently reside in the facility. This was a random opportunity for discovery. Resident Identifiers: #86. Facility Census: 86 During an interview with Resident #86 on 06/03/24 at 11:56 AM, the resident mentioned that she was verbally abused, and threatened by Resident #11. She also stated that based on her complaint, facility staff offered her a room change. Resident states that she refused, and questions why she would be the one to have to move to another floor! Findings include: Record review and interviews that substantiate Resident #86's allegations. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A nursing note on 05/27/24 at 03:30 PM by the Assistant Director of Nursing (ADON) #58 which stated: Coordinator #56 and myself went to residents room after it was reported that she was crying and feeling very anxious. Upon entering the room, the resident was breathing quickly and stated she has a history of panic attacks. She stated she was very upset with recent interactions she has had with a resident further down the hall. She states she had previously come in her room, she did not touch her but shook her fist at her. She also stated, when she attacked me in the hall, I asked if she touched her in the hall and she again said oh no she just shook her fist at me and made a mean face. We assured resident that we were addressing the issue. She then said she was scared to go to the bathroom, we offered assistance and she denied. She said she was getting ahold of her brother to take her home today. We offered a room move which she denied. She stated again she was just deathly afraid of this resident and that she would go on a different hall in the facility to avoid her. Prior to this conversation I spoke with resident's daughter on the phone about these same concerns and also reassured her that we were addressing the issue. Resident states as the resident down the hall wheels by her room she looks at her and she does not like it. Prior to exiting the room, I pulled curtain to the edge of bed with resident approval to avoid visual contact if she happened to roll by. Another note on 5/27/2024 at 08:30 PM by LPN #60 states: Resident crying in her room. When this nurse asked resident what was wrong, resident talking in a loud tone stating, I'm over this place, all this stuff that happened earlier today and nobody does anything about it, they continue to allow the other resident to do as she wants, she's allowed to go up and down the halls as she pleases when she should be in her room. They try to make me feel like I'm in the wrong. Resident also stating she wasn't taking anymore medications while in this facility and that she would be leaving tomorrow one way or another. This resident stating she didn't want to be here any longer because of the way other resident's act and stating they need to be placed into different facilities than this one. Resident also stating that she would be filing a lawsuit on this place and could file restraining orders against the other resident. This resident was very tearful during this encounter which lasted approximately 5-6 minutes. interventions attempted: This nurse offered this resident to move to a different room to not have to see the other resident that there was previous conflict with, this resident refused. Curtains on each side of this resident was pulled (per her request) to not have to see anyone. A progress note from Resident #11's chart on 05/27/24 at 08:52 PM by LPN #63 states that a CNA reported that she was standing outside room [ROOM NUMBER] (Resident #86's room), when she saw this resident wheel past the room and point to the other resident and tell the resident in 314 that she was going to kill her. Resident was redirected away from doorway. A nursing note on 05/28/24 at 06:13 AM states that resident was awake most of the night. She had stripped her bed and didn't want staff to assist in remaking the bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A nursing note on 05/28/24 at 12:02 PM by the Director of Nursing (DON) #49, states: Spoke to resident regarding interaction between herself and another resident yesterday. This resident was explaining what happened, stating the other resident was yelling things at her and other residents. When I offered a room change, the resident stated no, I'm working on being transferred to another facility today. When this nurse asked if she wanted a stop sign to put on her doorway, she stated no. The resident was also noted to be sitting in her bed w/o bed sheets on the bed. Staff have reported she took her sheets off and is refusing to allow staff to put new linens on the bed. Call light is within reach. This nurse notified Administrator #48, and Social Worker (SW) #44 of residents wishes to discharge somewhere else. During an interview on 06/05/24 at 9:45 AM with Coordinator # 56 she was questioned about interventions that were taken to prevent a recurrence of the behavior and threats against Resident #86? She stated that Resident #11 had a private room and could not be moved to another location because she was diagnosed with dementia. She stated that moving Resident #11 would increase the risk of resident being harmed. Based on a resident complaint, interviews, and record review, the facility failed to report allegations of abuse. This failed practice had the potential to affect a limited number of residents who currently reside in the facility. This was a random opportunity for discovery. Resident Identifiers: #86. Facility Census: 86 Findings include: During an interview with Resident #86 on 06/03/24 at 11:56 AM, the resident mentioned that she was verbally abused, and threatened by Resident #11. She also stated that based on her complaint, facility staff offered her a room change. Resident states that she refused, and questions why she would be the one to have to move to another floor. Resident further stated that on 05/28/24, she had asked her son to call the Office of Health Facility Licensing and Certification (OHFLAC) and make a complaint. Investigation, and a review of submitted reports, revealed that the facility had submitted a report of the abuse to the Ombudsman, but not to OHFLAC. An interview with Administrator #48 on 06/05/24 02:42 PM revealed that the facility had not submitted a Facility Incident Report (FRI) to OHFLAC. She stated that the facility followed the reporting requirements laid out in 42 CFR 488.301, which listed actions to be taken. The copy of the guidance for reporting, she provided as evidence, stated: Abuse Resident-to-Resident - No sexual abuse occurred, and no physician intervention was required - A report only to the Ombudsman was required, unless the incident was caused by lack of staff or encouraged by staff. A review of the document provided to this surveyor revealed that the facility was not utilizing the current guidelines for reporting. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on a resident complaint, interviews, and record review, the facility failed to investigate, prevent and correct the allegations of abuse. This failed practice had the potential to affect more than a limited number of residents who currently reside in the facility. This was a random opportunity for discovery. Resident Identifiers: #86. Facility Census: 86. Record review revealed a nursing note entered on 05/27/24 at 03:30 PM by the Assistant Director of Nursing (ADON) #58 which stated: Coordinator #56 and myself went to residents room after it was reported that she was crying and feeling very anxious. Upon entering the room, the resident was breathing quickly and stated she has a history of panic attacks. She stated she was very upset with recent interactions she has had with a resident further down the hall. She states she had previously come in her room, she did not touch her but shook her fist at her. She also stated, when she attacked me in the hall, I asked if she touched her in the hall and she again said oh no she just shook her fist at me and made a mean face. We assured resident that we were addressing the issue. She then said she was scared to go to the bathroom, we offered assistance and she denied. She said she was getting ahold of her brother to take her home today. We offered a room move which she denied. She stated again she was just deathly afraid of this resident and that she would go on a different hall in the facility to avoid her. Prior to this conversation I spoke with resident's daughter on the phone about these same concerns and also reassured her that we were addressing the issue. Resident states as the resident down the hall wheels by her room she looks at her and she does not like it. Prior to exiting the room, I pulled curtain to the edge of bed with resident approval to avoid visual contact if she happened to roll by. Another note on 5/27/2024 at 08:30 PM by LPN #60 states: Resident crying in her room. When this nurse asked resident what was wrong, resident talking in a loud tone stating, I'm over this place, all this stuff that happened earlier today and nobody does anything about it, they continue to allow the other resident to do as she wants, she's allowed to go up and down the halls as she pleases when she should be in her room. They try to make me feel like I'm in the wrong. Resident also stating she wasn't taking anymore medications while in this facility and that she would be leaving tomorrow one way or another. This resident stating she didn't want to be here any longer because of the way other resident's act and stating they need to be placed into different facilities than this one. Resident also stating that she would be filing a lawsuit on this place and could file restraining orders against the other resident. This resident was very tearful during this encounter which lasted approximately 5-6 minutes. interventions attempted: This nurse offered this resident to move to a different room to not have to see the other resident that there was previous conflict with, this resident refused. Curtains on each side of this resident was pulled (per her request) to not have to see anyone. Investigation and record review of Resident #11's chart revealed a progress note on 05/27/24 at 08:52 by LPN #63 that stated a CNA reported that she was standing outside room [ROOM NUMBER] (Resident #86's room), when she saw this resident wheel past the room and point to the other resident and tell the resident in 314 (Resident #86) that she was going to kill her. Resident was redirected away from doorway. A nursing note on 05/28/24 at 06:13 AM by LPN #60 stated: Resident awake most of the night lying in her bed. Resident stripped her own bed and didn't' want staff to assist remaking bed. Resident is able to voice wants/needs. Denies any needs at this time. Resident encouraged to use call light for assistance, resident voices understanding. Call light and fluids are within reach. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A nursing note on 05/28/24 at 12:02 PM by the Director of Nursing (DON) #49, states: Spoke to resident regarding interaction between herself and another resident yesterday. This resident was explaining what happened, stating the other resident was yelling things at her and other residents. When I offered a room change, the resident stated no, I'm working on being transferred to another facility today. When this nurse asked if she wanted a stop sign to put on her doorway, she stated no. The resident was also noted to be sitting in her bed w/o bed sheets on the bed. Staff have reported she took her sheets off and is refusing to allow staff to put new linens on the bed. Call light is within reach. This nurse notified Administrator #48, and Social Worker (SW) #44 of residents wishes to discharge somewhere else. Further record review revealed a note on 05/30/24 at 15:30 by SW #44 which stated: This worker sent out a referral to Pineview Center per the resident's request. This worker spoke to Misty [NAME], the social worker at this facility, who stated she would look it over as well as have her admissions director look over it. Waiting for a response at this time. During an interview on 06/05/24 at 9:45 AM with Coordinator # 56 she was questioned about interventions that were taken to prevent a recurrence of the behavior and threats against Resident #86? She stated that Resident #11 had a private room and could not be moved to another location because she was diagnosed with dementia. She stated that moving Resident #11 would increase the risk of resident being harmed. Following the investigation, interviews, and record review it is evident that the facility failed to put in place procedures/safeguards intended to prevent recurrence of the abuse and provide Resident #86 with psychosocial services to address the abuse.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43340 Based on medical record review and staff interview, the facility failed to provide evidence that a resident/resident's representative was provided a written Notice of Transfer for an acute hospital transfer/discharge and failed to notify the long-term care Ombudsman of the transfer. This was true for two (2) of three (3) residents reviewed under the hospitalization pathway in the annual Long-Term Care Survey Process. Resident identifiers: #191,and #39. Facility census: 86. Findings included: a) Resident #191 A record review, completed on 06/10/24 at 2:24 PM, revealed that Resident #191 had been transferred to the hospital on 05/25/24. There was no evidence in the electronic medical record that the facility had provided Resident #191 or his representative with a written Notice of Transfer/Discharge form nor was there evidence the facility had notified the Long-Term Care Ombudsman of resident's transfer to the hospital. During an interview, on 06/11 /24 at 11:20 AM, the Medical Records Director reported the facility could not produce evidence that a Notice of Transfer/Discharge form for Resident #191's hospitalization on [DATE]. The Medical Records Director also reported there was no evidence the Long-Term Care Ombudsman had been notified of the resident's transfer. 42120 b) Resident #34 Medical Record review on 06/10/24 revealed resident #34 was discharged to the hospital on 06/02/24. Subsequent review of Resident #34's medical record showed it did not contain documentation that the Notice of Transfer or Discharge was provided to the Resident Representative, or the Ombudsman was notified of the discharges on 06/02/24. On 06/11/24 at 9:50 AM during an interview the Social Worker verified, there was no evidence that the Notice of Transfer or Discharge was completed and provided to the Resident's Representative for the discharges on 06/02/24. The Social Worker also confirmed the Ombudsmen was not notified of the discharges on 06/02/24. 50552 b) Resident #39 On 06/04/24 at 10:03 AM, a review of Resident #39's medical record revealed that Resident #39 had been hospitalized from 04/01/24 through 04/10/24 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further review of Resident #39's medical record revealed it did not contain documentation that the Notice of Transfer or Discharge was provided to the Resident Representative or that the Ombudsman was notified of the discharge on 04/01/24. On 06/11/24 at 9:50 AM, during an interview with the facility Social Worker (SW), the SW confirmed there was no evidence that the Notice of Transfer or Discharge was completed and provided to the Resident's Representative for the discharge on 04/01/24. The SW also confirmed the Ombudsman was not notified of the discharge on 04/01/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42120 b) Resident #34 Medical Record review on 06/10/24 revealed resident #34 was discharged to the hospital on 06/02/24. Subsequent review of Resident #34's medical record showed it did not contain documentation that the Notice of Transfer or Discharge was provided to the Resident Representative, or the Ombudsman was notified of the discharges on 06/02/24. On 06/11/24 at 9:50 AM during an interview the Social Worker verified, there was no evidence that the Notice of Transfer or Discharge was completed and provided to the Resident's Representative for the discharges on 06/02/24. The Social Worker also confirmed the Ombudsman was not notified of the discharges on 06/02/24. 43340 Based on medical record review and staff interview, the facility failed to provide evidence that a resident/resident's representative was provided a written Bed Hold notice for an acute hospital transfer. This was true for two (2) of three (3) residents reviewed under the hospitalization pathway in the annual Long-Term Care Survey Process. Resident identifiers: #191, #34. Facility census: 86. Findings included: a) Resident #191 A record review, completed on 06/10/24 at 2:24 PM, revealed that Resident #191 had been transferred to the hospital on 05/25/24. There was no evidence in the electronic medical record that the facility had provided Resident #191 or his representative with a written Bed Hold notice. During an interview, on 06/11 /24 at 11:20 AM, the Medical Records Director reported the facility could not produce evidence that a Bed Hold notice had been issued for Resident #191's hospitalization on [DATE]. 50552 b) Resident #39 On 06/04/24 at 10:03 AM, a review of Resident #39's medical record was complete. It was noted during this review that Resident #39 had been hospitalized from 04/01/24 through 04/10/24. Further review of Resident #39's medical record revealed it did not contain documentation that the Notice of Bed Hold Policy was provided to the Resident's Representative at the time of the hospitalization on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/11/24 at 9:50 AM, during an interview with the facility Social Worker (SW), the SW confirmed there was no evidence that the Notice of Bed Hold Policy was provided to the Resident's Representative for the hospitalization on [DATE].

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42120 Based on record review and staff interview, the facility failed to update the PASARR for Resident #3, after the resident was diagnosed with a major mental disorder after admission to the facility. This was true for one (1) of six (6) residents reviewed for PASARRs during the survey process. Resident Identifier: 3. Facility census: 86. Findings include: A) Resident #3 On 06/10/24, a record review was conducted for Resident #3. During record review, it was noted Resident #3 had been admitted to the facility on [DATE]. On 02/25/21, Resident #3 was diagnosed with major depressive disorder and on 10/13/23 was diagnosed with bipolar disorder. Resident #3 had a new PASARR submitted on 11/27/2023, which did not include the new diagnosis of Major Depressive Disorder or bipolar disorder. At approximately 10:04 AM on 06/11/24, an interview was conducted with the social worker concerning the PASARR for Resident #3, she confirmed the absence of major depressive disorder and bipolar disorder on the PASARR.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43340 Based on record review and staff interviews, the facility failed to ensure that the resident's Pre-Admission Screening (PAS) reflected a pre-admission mental health diagnosis for three (3) of six (6) residents reviewed for the category of PASARR (Pre-Admission Screening and Resident Review). The lack of pre-screening resulted in the residents' conditions not being evaluated through the Level II PASARR process. Resident identifier: #79, #61, and #58. Facility census: 86. Findings included: a) Resident #79 A record review, completed on 06/03/24 at 11:07 AM, found the following details: Resident #79 was admitted to the facility on [DATE] with a bipolar disorder diagnosis. There was a Pre-Admission Screen (PAS) dated 04/02/24 that was completed by the referring hospital. This PAS failed to include Resident #79's bipolar diagnosis under Section III, Question #30. During an interview on 06/05/24 at 11:17 AM, the Social Worker confirmed Resident #79 had a bipolar diagnosis upon admission, the admission PAS did not capture the diagnosis, and a new PAS had not been done. The Social Worker stated the facility had overlooked the resident's bipolar diagnosis had not been captured on the initial PAS and agreed the lack of pre-screening resulted in the resident's condition not being evaluated through the Level II PASARR (Pre-Admission Screening and Resident Review) process. 50551 b) Resident #58 06/04/24 3:10 PM, Review of resident #58's record revealed the resident's diagnoses include Paranoid Personality, Schizophrenia Disorder, Bipolar Disorder, Anxiety Disorder, Depression, and Schizoaffective Disorder Bipolar Type. 06/04/24 3:15 PM Review of Resident's Pre-Admission Screening (PASARR) dated for 02/28/22 under section III. MI/MR ASSESSMENT, Question #30. Current Diagnosis: is checked marked as answer (a. None.) Seizure Disorder, Schizoaffective Disorder, Affective Bipolar, Schizophrenic Disorder were not marked. 06/05/24 10:10 AM Review of Resident #58's Discharge Summary from a local medical center dated for 03/14/2022 revealed, resident had discharge diagnoses of the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-left elbow fluid collection likely osteomyelitis, history of substance abuse, chronic hepatitis C, Seizure disorder, Diabetes mellitus type 2, history of cerebrovascular accident with left-sided weakness residual, Bipolar disorder. -The medical history on this discharge summary stated that resident had a history of drug use, bipolar disorder, schizophrenia, TBI status post motor vehicle collision and bilateral lower extremity amputation. On 06/05/24 11:02 AM, an interview with Social Worker (SW) #44 acknowledged that resident #58's mental health diagnoses were not up to date on resident's Pre-Admission Screening dated for 02/28/22. SW #44 reported that she was in the process of updating her PASARR's. b) Resident #53 On 06/04/24 at 10:38 AM, a review of Resident #53's medical record was performed including diagnoses and Resident's Pre-Admission Screening (PASARR). Resident #53 was noted to have received a diagnosis of other seizures on 02/14/20, which was prior to admission to the facility. Upon review of Resident #54's (PASARR), dated as submitted on 03/08/21, it was revealed Resident #53's Seizure disorder was not identified on the PASARR. On 06/10/24 at 01:09 PM, an interview was conducted with the facility Social Worker (SW), the SW acknowledged that Resident #53's diagnosis of Seizure disorder was present upon admission to the facility and that Resident #53's PASARR did not identify the diagnosis of Seizure disorder. The SW then acknowledged that a new PASSAR including Resident #53's Seizure disorder had not been completed. c) Resident #61 On 06/03/24 at 01:58 PM, a review of Resident #61's medical record was performed including diagnoses and Resident's Pre-Admission Screening (PASARR). Resident #61 was noted to have received a diagnosis of Paranoid Schizophrenia on 10/12/17, Psychotic disorder on 10/31/17 and Seizure disorder on 06/20/23, which was prior to admission to the facility. Upon review of Resident #61's (PASARR), dated as submitted on 02/08/24, it was revealed Resident #61's Paranoid Schizophrenia, Psychotic disorder and Seizure disorder was not identified on the PASARR. On 06/10/24 at 11:10 AM, an interview was conducted with the facility Social Worker (SW), the SW acknowledged that Resident #61's diagnosis of Paranoid Schizophrenia, Psychotic disorder and Seizure disorder was present upon admission to the facility and that Resident #61's PASARR did not identify the diagnosis of Paranoid Schizophrenia, Psychotic disorder and Seizure disorder. The SW then acknowledged that a new PASSAR including Resident #61's Paranoid Schizophrenia, Psychotic disorder and Seizure disorder had not been completed. 50552 c) Resident #61 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/03/24 at 01:58 PM, a review of Resident #61's medical record was performed including diagnoses and Resident's Pre-Admission Screening (PASARR). Resident #61 was noted to have received a diagnosis of Paranoid Schizophrenia on 10/12/17, Psychotic disorder on 10/31/17 and Seizure disorder on 06/20/23, which was prior to admission to the facility. Upon review of Resident #61's (PASARR), dated as submitted on 02/08/24, it was revealed Resident #61's Paranoid Schizophrenia, Psychotic disorder and Seizure disorder was not identified on the PASARR. On 06/10/24 at 11:10 AM, an interview was conducted with the facility Social Worker (SW), the SW acknowledged that Resident #61's diagnosis of Paranoid Schizophrenia, Psychotic disorder and Seizure disorder was present upon admission to the facility and that Resident #61's PASARR did not identify the diagnosis of Paranoid Schizophrenia, Psychotic disorder and Seizure disorder. The SW then acknowledged that a new PASSAR including Resident #61's Paranoid Schizophrenia, Psychotic disorder and Seizure disorder had not been completed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43340 Based on record review and staff interview, the facility failed to ensure each resident had a person-centered comprehensive care plan developed and implemented to meet his or her preferences and goals, and address the resident's medical, physical, mental, and psychosocial needs. This was true for five (5) of 26 residents reviewed in the Long-Term Care Survey Process. Resident identifiers: #82, #190, #191, #54, and #61. Facility census: 86. Findings included: a) Resident #82 A record review, completed on [DATE] at 3:00 PM, revealed Resident #82 was a male admitted to the facility on [DATE]. In Resident #82's care plan the activities department expressed the following goal, I will participate in independent leisure activities of choice daily including word search, cross words, music, tv, sports, going outside through the review date, An intervention listed for this goal was, All staff to converse with her while providing care. The date this intervention was initiated was [DATE]. The care plan had a revision date of [DATE]. However, the intervention for resident's activities department goal was still, All staff to converse with her while providing care. On [DATE] at 11:21 AM, the Social Worker confirmed Resident #82 was a male and his preferred pronouns were He/Him. During an interview on [DATE] at 11:26 AM, the Activities Director acknowledged it was a mistake on her part to refer to Resident #82 as a her. b) Resident #190 A record review, completed on [DATE] at 03:05 PM, revealed Resident #190 was a male. In Resident #190's care plan the activities department expressed the following goal, I will attend activities of choice 3x per week and will pursue my favorite leisure activities daily through this review. An intervention listed for this goal was, All staff to converse with her while providing care. The date this intervention was initiated was [DATE]. The care plan had a revision date of [DATE]. However, the intervention for resident's activities department goal was still, All staff to convers with her while providing care. On [DATE] at 11:21 AM, the Social Worker confirmed Resident #190 was a male and his preferred pronouns were He/Him. During an interview on [DATE] at 11:26 AM, the Activities Director acknowledged it was a mistake on her part to refer to Resident #190 as a her. c) Resident #191 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A record review, completed on [DATE] 3:42 PM, revealed Resident #191 was a male resident who was admitted to the facility on [DATE]. In Resident #191's care plan the activities department expressed the following goal, I will participate in independent leisure activities of choice daily through the review date. An intervention listed for this goal was, All staff to converse with her while providing care. The date this intervention was initiated was [DATE]. The care plan had a revision date of date [DATE]. However, the intervention for resident's activities department goal was still, all staff to converse with her while providing care. On [DATE] at 11:21 AM, the Social Worker confirmed Resident #191 was a male and his preferred pronouns were He/Him. During an interview on [DATE] at 11:26 AM, the Activities Director acknowledged it a was a mistake on her part to refer to Resident #191as a her. 50552 d) Resident #54 On [DATE] at 10:41 AM, a review of Resident #54's medical record was performed. Resident #54 was noted as having an order for Full Code, Full Interventions, Intravenous Fluids (IV), No Feeding Tube (NFT). A review of the Physician's Order for Scope of Treatment (POST) for Resident #53 revealed, Cardiopulmonary Resuscitation (CPR), full code with selective treatments, no artificial means of nutrition desired. A review of Resident #54's care plan was also made at this time. Resident #54's care plan was noted to have a focus that states CPR, Full Interventions, IV fluids, NFT. On [DATE] at 12:32 PM, an interview was conducted with the facility Social Worker (SW). At this time, the SW acknowledged that the POST was the correct code status per Resident #54's Medical Power of Attorney's (MPOA) wishes, that the order for Full Code, Full Interventions, Intravenous Fluids (IV), No Feeding Tube (NFT) and care plan indicating CPR, Full Interventions, IV fluids, NFT were incorrect. e) Resident #61 On [DATE] at 01:58 PM, a review of Resident #61's medical record was performed. Resident #61 was noted to have diagnoses of Paranoid Schizophrenia, Neurocognitive Disorder, Dementia, Psychotic disorder, and Seizure disorder. It was also noted during a review of the physician's orders that Resident #61 had an order for psych consult entered on [DATE], which Resident #61's behavior care plan also reflected as an intervention. On [DATE] at 09:52 AM, an interview was conducted with the facility Administrator. At this time, the facility Administrator was unable to confirm if Resident #61 had been seen by psychiatric services as ordered and care planned. On [DATE] at 02:54 PM, the facility Administrator acknowledged that Resident #61 had not seen the psychiatrist and that the care plan had not been implemented.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. 39043 Based on resident interview, record review, and staff interview, the facility failed to ensure activities of daily living (ADL) care was provided to dependent residents. This deficient practice had the potential to affect one (1) of three (3) residents reviewed for the care area of activities of daily living. Resident identifier: #29. Facility census: 86. Findings included: a) Resident #29 On 06/03/24 at 1:06 PM, Resident #29 stated she had not been receiving twice weekly showers. Review of Resident #29's comprehensive care plan showed the resident had an ADL self-care performance deficit and required assistance of one (1) for bathing. Review of the facility's shower schedule showed Resident #29 was scheduled to receive showers on Tuesday and Sundays. Review of Resident #29's shower documentation for the past 30 days showed the resident received showers on 05/21/24, 05/23/24, and 05/25/24. No shower refusals were documented. On 06/04/24 at 3:56 PM, Regional Director of Clinical Operations confirmed Resident #29 had not received twice weekly showers. No further information was provided through the completion of the survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43340 Based on record review and staff interview the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This was true for 3 (three) of 11 residents reviewed for the Long-Term Survey Process. Resident identifiers: #39, #41, #191. Facility census: 86. Findings included: a) Resident #39 On 06/04/24 at 09:57 AM a review of Resident #39's medical record was performed. At this time, it was revealed that Resident #39 had a history of frequent falls. Upon further review of Resident #39's medical record, it was noted that Resident #39 had fallen 6 (six) times since January 2024. On 06/10/24 at approximately 10:30 AM, a further review of Resident #39's medical record was performed. Review of Resident #39's care plan noted an intervention that stated, medication per orders for Parkinson's. At this time, it was noted that Resident #39 had a Pharmacist Consultation Report dated 06/30/23 that stated the following: A comprehensive review of the medical record was conducted, identifying the following medications which may contribute to falls: Nuplazid at 11:00 AM, Carbidopa-Levodopa. Recommendation: Please evaluate these medications as possibly causing or contributing to this fall and consider obtaining order: - Change Nuplazid dosing time to HS (bedtime) -Orthostatic blood pressure twice daily for 2 (two) days. If this therapy is to continue, it is recommended that a) the prescriber document an assessment of risk versus benefit, indicating that the medication is not believed to be contributing to falls in this individual; and b) the facility interdisciplinary team ensures ongoing monitoring for effectiveness and potential adverse consequences. At this time a review of Resident #39's Medication Administration Record (MAR), progress notes, vital signs and physician's orders was conducted. Resident #39 was noted to be receiving Nuplazid at 09:00 AM and that no documentation was found related to orthostatic blood pressures having been obtained. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/10/24 at approximately 11:15 AM, an interview was conducted with the facility ADON who stated that the Nuplazid had in fact been changed to bedtime at per the recommendation. This Surveyor then asked the ADON to provide documentation from the physician related to the risks versus benefits as to why the medication had been changed back to 09:00 AM, as per the current order and for documentation that the orthostatic blood pressures had been obtained. On 06/11/24 at 12:09 PM, an interview was conducted with the facility Medical Director and ADON. The Medical Director stated, I have no idea why it was switched back, with the ADON stating, I can't find any documentation why it was switched back. The ADON then stated that she had found documentation that orthostatic blood pressures had been obtained, however, acknowledged that the orthostatic blood pressures had not been obtained according to the physician's order. b) Resident #41 On 06/04/24 at 01:00 PM, a review of Resident #41's medical record was performed. During the review of the physician's orders, it was noted that Resident #41 had orders as follows: * Novolog Injection Solution (Insulin Aspart) Inject as per sliding scale: if 201- 250 = 4; 251- 300 = 6; 301- 350 = 8; 351- 400 = 10; 401- 450 = 12; 451 + = 15. Notify Medical Doctor (MD) if blood sugar (BS) is less than 60 or above 450, subcutaneously before meals and at bedtime for Diabetes Mellitus (DM) II. Order date: 01/29/24 * Complete Blood Count (CBC)/Glycated hemoglobin (HgbA 1c) every 6 (six) months. Order date: 08/09/23. Upon further review of the medical record, Resident #41's Medication Administration Record (MAR) revealed multiple areas of missing documentation in reference to the above order. At this time Resident #41's diabetic care plan was reviewed which included the following intervention: *Labs as ordered and report results to MD (Medical Doctor). On 6/10/24 at12:30 PM, an interview was conducted with the DON (Director of Nursing) and ADON (Assistant Director of Nursing), this Surveyor then requested documentation related to missing blood sugar documentation and a copy of Resident #41's most recently obtained CBC and HgbA 1c. On 6/11/24 at 09:06 AM, the ADON acknowledged she was unable to locate labs, unable to confirm if the ordered labs had been obtained, or provide further information related to the missing documentation on the MAR related to Resident #41's blood sugar monitoring. 50552 c) RSV immunization Findings included: During an interview, and record review with the Infection Preventionist (IP) #56, on 06/04/24 at 2:20 PM, it was revealed that the facility had not offered the RSV vaccination to residents during the Fall immunization period of 2023. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a subsequent interview on 06/05/24 at 09:42 AM, the Infection Preventionist (IP) #56 stated that to her knowledge, the residents had not been provided with educational information about the risks and benefits of receiving Respiratory Syncytial Virus (RSV) vaccination. She further stated that the facility had not provided residents with information on locations where they could receive immunizations, had they decided to do so. Record review on 06/05/24 at 10:03 AM revealed that Residents #17, #31, #41 and #64 had not been offered information on the RSV vaccine, the RSV vaccine, or locations where residents could receive a vaccine, if they so desired. Guidance from The Centers for Disease Control and Prevention (CDC) states that: Respiratory syncytial virus, or RSV, is a common respiratory virus that usually causes mild, cold-like symptoms. Most people recover in a week or two, but RSV can be serious. Infants and older adults are more likely to develop severe RSV and need hospitalization . Vaccines are available to protect older adults from severe RSV. Monoclonal antibody products are available to protect infants and young children from severe RSV. CDC recommends RSV vaccines to protect adults ages 60 and older from severe RSV, using shared clinical decision-making. According to the CDC the RSV vaccine was made available in early August of 2023. In general, simultaneous administration of vaccines remains a best practice. Providers should continue to simultaneously administer the vaccines for which a patient is eligible, including COVID-19, influenza, and pneumococcal vaccines. Simultaneous administration of RSV vaccine with other vaccines for older adults is also acceptable. When deciding whether to simultaneously administer other vaccines with RSV vaccine on the same day, providers should consider whether the patient is up to date with recommendations for currently recommended vaccines, the feasibility of administering additional vaccine doses later, risk for acquiring vaccine-preventable disease, vaccine reactogenicity profiles, and patient preferences. d) Resident #191 A record review, completed on 06/10/24 at 9:58 PM, revealed the following details: Resident #191 was admitted to the facility on [DATE]. Physician order, on 04/05/24 at 12:03 PM, directed, Weekly weights every day shift every Tue (Tuesday) for 4 Weeks until finished. There was no weight listed for Tuesday, 04/09/24 There was no weight listed for Tuesday, 06/16/24 During an interview on 06/11/24 at 10:40 AM, Regional Director of Clinical Operations #116 reorted the facility was unable to produce weights for the weeks of 04/09/24 and 04/16/24. 50795

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 39043 Based on record review and resident interview, the facility failed to ensure the resident environment over which it had control was as free from accident hazards as possible. Resident #29, who was dependent on staff for wheelchair mobility, was left outside unattended in the facility courtyard. Resident Identifier: #29. Facility census: 86. The state agency determined these failures placed Resident #29 and other residents using the facility courtyard in an immediate jeopardy situation due to potential complications from being left outdoors in hot, cold, or inclement weather. The deficient practice puts all residents with mobility issues who utilized the patio area in hot weather at risk for loss of internal temperature control that can result in sun burns, various illnesses, including extreme weakness and/or fatigue, nausea and/or vomiting, dizziness and/or headache, body temperature normal or slightly high, fainting, pulse fast and weak, breathing fast and shallow, clammy, pale, cool, and/or moist skin, hyperthermia, heat cramps, heat and heatstroke. When exposed to cold temperatures, the body can lose heat faster than it can produce it, which can lead to illnesses like hypothermia, frostbite, trench foot, or chilblains. The state agency notified the Nursing Home Administrator of the immediate jeopardy at 6:50 PM on 06/05/24. The facility submitted a plan of correction (POC) on 06/05/24 at 9:37 PM. The State Agency requested changes and a revised POC was submitted on 06/05/24 at 9:44 PM. On 06/05/24 at 10:24 PM, the POC was accepted by the state agency. The state agency verified the POC was implemented by conducting staff interviews and the immediate jeopardy was abated at 11:28 AM on 06/06/24. Once the immediate jeopardy was abated, deficient practices remained and the scope and severity were decreased from a K to an E. The facility's approved abatement POC consisted of the following: 1. On 6-5-24, certified nursing aid suspended pending investigation. Administrator suspended pending investigation. Incident on 5-13-24 involving resident #29's allegation of being left outside in the sun for extended period reported to APS, Ombudsman and OHFLAC. Head to toe assessment performed on resident #29 to ensure no adverse effects. 2. All residents residing in the facility have the potential to be affected. All capable residents will be interviewed to ensure no other allegations of abuse and all residents not able to be interviewed will have skin checks to ensure no sign or symptoms of abuse with corrective action immediately upon discovery. 3. All staff will be re-educated on identifying, reporting, and preventing abuse on 6-5-24 or upon return to work. All staff will be re-educated on smoking policy to include staff supervising and assisting residents out and in during designated smoking times on 6-5-24 or upon return to work. Daily rounding audits completed by department heads regarding abuse and neglect concerns or transportation to and from smoking concerns with correct action immediately upon discovery. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	4. Nursing Home Administrator (NHA)/designee will bring results of audits to Quality Improvement Committee (QIC) for review monthly for any additional follow up and/or in-servicing until the issue is resolved and randomly thereafter as determined by QIC Findings included: a) Resident #29 During an interview on 06/03/24 at 1:39 PM, Resident #29 stated she had been left outside alone in the courtyard four (4) times following smoke breaks. Resident #29 stated she is unable to propel her wheelchair independently due to tremors and was unable to reenter the facility on her own. Resident #29 further stated there was no way to notify staff that she was outside and wanted to come in. The resident stated she was left out in the hot sun for two (2) hours on one day. Resident #29 also stated she had a history of falling from her wheelchair. Review of facility grievance forms showed a grievance on 05/13/24 which stated, Resident went outside with staff assistance for 1 pm smoke break. At end of smoke break as everyone returned inside [Nursing Assistant (NA) #5] said to this patient, If you can't bring yourself outside or inside, you shouldn't be able to smoke. [NA #5] then entered the building leaving this resident out in the courtyard unattended. Another resident [Resident #79] noted this patient outside alone and alerted staff. [NA #9] assisted this patient with returning to bed after 2 PM. Review of Resident #29's medical records showed a nursing note written on 5/22/2024 at 5:30 PM stated, CNA [certified nursing assistant] came to this nurse reporting resident was left outside by herself from a smoke break, patient was on the phone with [state agency] while she was present. CNA said she wanted me to be aware of. I went to patients room, patient was very tearful. She reported to this nurse that [Licensed Practical Nurse LPN #55] took her out to smoke, left her and no one returned to bring her back, says she was outside in the heat for over an hour. Patient was very upset and crying . (Note typed as written.) Vital signs were obtained and were within normal limits. Another nursing note written on 5/24/2024 at 6:28 PM, stated, This resident and another female resident from A/B side, along with male resident from C hall was offered help to come back in from smoke break. This resident and others said they were not ready at this time to come back in. All other smokers already have come back in at this time. Two of these residents is able to take self in and out of the door and were instructed that when they were ready to come in to please come get a staff member to assist this resident inside. Verbalized understanding. (Note typed as written.) Further review of Resident #29's medical records showed on 04/28/24 at 8:40 PM, the resident was found on the floor of her room in front of her wheelchair. The resident reported she had slid out of her wheelchair onto the floor. The resident received no injuries from this fall. Review of Resident #29's comprehensive care plan showed the resident required assistance of one (1) for mobility in a wheelchair. On 06/04/24 at 4:26 PM, observation of the facility courtyard was made with the Maintenance Director in attendance. No call lights were present in the courtyard. There was no push button to open the door for residents in wheelchairs to use. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 06/05/24 at 4:15 PM, the Administrator stated she was aware of two (2) instances during which Resident #29 had requested to remain outside after the smoke break had ended, 05/13/24 and 05/22/24. The Administrator confirmed the resident was not able to reenter the facility on her own.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42120 Based on record review and staff interview the facility failed to ensure that a resident received the treatment and care in accordance with professional standards of practice in regard to monitoring pain levels. This was true for two (2) of four (4) residents reviewed for pain during a revisit survey. Resident Identifier: #69 and #80. Facility census: 86. Findings included: a) Resident #69. Medical record review revealed Resident #69's Physician orders for pain management: Hydrocodone-Acetaminophen tablet 7.5-325 MG, give one (1) tablet every four (4) hours as needed for pain use for pain scale 4-10. Order date 04/24/24 with a discontinue date 04/26/24. A continued review of Medication Administration Record (MAR) revealed: --04/26/24 at 9:42 AM pain level 1 - Hydrocodone-Acetaminophen tablet given. Physician Order: Acetaminophen tablet, give 650mg every 6 hours as needed for general discomfort. Give for pain scale 1-3. Order date 04/23/24 with a discontinue date 04/26/24. No Acetaminophen tablet, administered. Physician Order: Hydrocodone-Acetaminophen tablet 7.5-325 MG, give one (1) tablet every four (4) hours as needed for pain use for pain scale 4-10. Order date 04/26/24 with a discontinue date 05/07/24. A continued review of Medication Administration Record (MAR) revealed: --04/26/24 at 1:23 PM pain level 1 - Hydrocodone-Acetaminophen tablet given. --04/27/24 at 8:21 AM pain level 1 - Hydrocodone-Acetaminophen tablet given. --04/27/24 at 12:53 PM pain level 2 - Hydrocodone-Acetaminophen tablet given. --04/28/24 at 7:52 AM pain level 2 - Hydrocodone-Acetaminophen tablet given. --04/28/24 at 1:26 PM pain level 1 - Hydrocodone-Acetaminophen tablet given. --05/03/24 at 8:01 AM pain level 1 - Hydrocodone-Acetaminophen tablet given. --05/03/24 at 1:00 PM pain level 1 - Hydrocodone-Acetaminophen tablet given. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--05/04/24 at 10:37 AM pain level 1 - Hydrocodone-Acetaminophen tablet given. --05/04/24 at 3:38 PM pain level 1 - Hydrocodone-Acetaminophen tablet given. --05/05/24 at 9:22 AM pain level 2- Hydrocodone-Acetaminophen tablet given. --05/05/24 at 3:34 PM pain level 1- Hydrocodone-Acetaminophen tablet given. Physician Order: Hydrocodone-Acetaminophen tablet 7.5-325 MG, give one (1) tablet every six (6) hours as needed for pain use for pain scale 4-10. Order date 05/07/24 with a discontinue date 05/14/24. A continued review of Medication Administration Record (MAR) revealed: --05/10/24 at 8:42 AM pain level 1- Hydrocodone-Acetaminophen tablet given. --05/10/24 at 2:43 PM pain level 1- Hydrocodone-Acetaminophen tablet given. --05/11/24 at 9:15 AM pain level 1- Hydrocodone-Acetaminophen tablet given. --05/11/24 at 4:33 PM pain level 2- Hydrocodone-Acetaminophen tablet given. --05/12/24 at 1:05 PM pain level 2- Hydrocodone-Acetaminophen tablet given. Physician Order: Hydrocodone-Acetaminophen tablet 7.5-325 MG, give one (1) tablet every six (6) hours as needed for pain use for pain scale 4-10. Order date 05/14/24. --05/17/24 at 7:27 AM pain level 2- Hydrocodone-Acetaminophen tablet given. --05/17/24 at 3:16 PM pain level 2- Hydrocodone-Acetaminophen tablet given. --05/18/24 at 10:27 AM pain level 2- Hydrocodone-Acetaminophen tablet given. --05/18/24 at 4:05 PM pain level 2- Hydrocodone-Acetaminophen tablet given. --05/19/24 at 11:26 AM pain level 2- Hydrocodone-Acetaminophen tablet given. --05/25/24 at 9:39 PM pain level 3- Hydrocodone-Acetaminophen tablet given. --05/26/24 at 5:00 AM pain level 3- Hydrocodone-Acetaminophen tablet given. --05/28/24 at 4:35 AM pain level 3- Hydrocodone-Acetaminophen tablet given. --05/31/24 at 10:03 PM pain level 3- Hydrocodone-Acetaminophen tablet given. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--06/01/24 at 9:00 PM pain level 3- Hydrocodone-Acetaminophen tablet given. --06/02/24 at 9:17 PM pain level 3- Hydrocodone-Acetaminophen tablet given. Physician Order: Acetaminophen tablet, give 650mg every 6 hours as needed for general discomfort. Give for pain scale 1-3. Order date 04/26/24, No Acetaminophen tablet, administered. An interview on 06/05/24 at 5:18 PM with [NAME] Director #116, she confirmed Resident #69's Pain medication was not given per physician order. b) Resident #80 Medical record review revealed Resident #80's Physician orders for pain management: Physician Order: -Oxycodone HCl Oral Tablet 5 MG *Controlled Drug* Give 1 tablet by mouth every 4 hours as needed for moderate pain. Order date 05/01/24 with a discontinuation date 05/15/24. A continued review of Medication Administration Record (MAR) revealed: --05/03/24 at 10:20 PM pain level 3 - Oxycodone HCl Oral Tablet 5 MG tablet given. --05/12/24 at 9:38 PM pain level 3 - Oxycodone HCl Oral Tablet 5 MG tablet given. Physician Order: Tylenol Oral tablet 325 mg give two (2) tablets by mouth every four (4) hours as needed for pain. Order date 05/01/24 with a discontinuation date 05/15/24. --05/03/24 at 3:34 AM pain level 8 - Tylenol Oral Tablet 325 MG tablet given. Physician Order: Pain assessment every shift (sale 0-10) 0=no pain 1-3=mild 4-6=moderate 7-10=severe (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Every shift, Start date 05/01/24. Physician Order: -Oxycodone HCl Oral Tablet 5 MG *Controlled Drug* Give 1 tablet by mouth every 4 hours as needed for moderate pain. Order date 05/15/24. A continued review of Medication Administration Record (MAR) revealed: --05/19/24 at 9:38 PM pain level 3 - Oxycodone HCl Oral Tablet 5 MG tablet given. --05/25/24 at 10:27 PM pain level 3 - Oxycodone HCl Oral Tablet 5 MG tablet given. --05/28/24 at 4:30 AM pain level 3 - Oxycodone HCl Oral Tablet 5 MG tablet given. --06/08/24 at 6:40 AM pain level 3 - Oxycodone HCl Oral Tablet 5 MG tablet given. Physician Order: Tylenol Oral tablet 325 mg give two (2) tablets by mouth every four (4) hours as needed for pain. Order date 05/15/24. An interview on 06/11/24 at 12:12 PM with [NAME] Director #116, she confirmed Resident #80's Pain medication was not given per physician order. No further information was provided prior to the end of the survey on 06/11/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 43340 Based on observation and staff interview, the facility failed to post the daily nurse staffing in a prominent place readily accessible to residents and visitors on a daily basis. This was a random opportunity for discovery. Facility census: 86. Findings included: a) Daily Nurse Staffing Posted Observation on 06/03/24 at 7:04 AM, found the daily nurse staffing posted was dated for Friday, 05/31/24. During an interview on 06/03/24 at 7:05 AM, the Medical Records Director confirmed the facility had failed to provide the correct postings for 06/01/24, 06/02/24, and 06/03/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0742 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50552 Based on record review and staff interview, the facility failed to ensure that a resident who is diagnosed with a mental disorder receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being. Failure to provide one (1) of one (1) residents with essential menal health services and treatemnt created an immediate jeopardy sitauiton. Resident #61 did not receive the appropriate treatment and services for diagnoses paranoid schizophrenia, depression and unspecified dementia with moderate agitation. Resident #61 had documented violent behaviors that placed more than an limited number of residents at risk for serious harm. Resident identifier: #61. Facility census: 86. Findings included: a) Resident #61 On 06/05/24 at 09:15 AM during a review of Resident #61's medical record it was noted Resident #61 was admitted to the facility on [DATE] with the diagnosis of Paranoid Schizophrenia, Depression and Unspecified Dementia, Moderate with agitation. Resident #61 was admitted to the facility from an acute behavioral and mental health hospital. The hospital evaluation, dated 12/28/23, noted the following. -Resident #61 was admitted to the behavioral and mental health hospital on 12/02/22. Before the hospitalization , Resident #61 was placed at a state psychiatric nursing facility. -Resident #61's signs and symptoms demonstrated diagnostic criteria for Neurocognitive Disorder. -Resident #61's affect was noted to be agitated. -Diagnostic impression was Major Neurocognitive Disorder. -Resident #61 was noted to have delusional thinking. -Resident #61's risk factors for suicide included: history of impulsivity, lack of social support and chronic mental health condition. It was also noted that Resident #61 had a physician's order for Physiatrist (psychiatrist) consult as needed. During a review of Resident #61's progress notes, it was noted Resident #61 had been aggressive and had made threatening statements on the following dates: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0742 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-02/17/24 at 7:54 PM, RN #49 documented in a Behavior Note, When Resident (#61) came to nurses station to make a phone call, this Resident (#61) noted to yell at another resident (unidentified) when the other resident (unidentified) accidentally touched his arm. Resident (#61) stated, Stop touching me or I'll blow your brains out. Resident (#61) encouraged/educated to not speak like that to the other resident (unidentified). Residents were not physical with each other and were separated without incident. No physician intervention required, no injury noted, staff to continue to be alert for verbal altercations with resident. -04/28/24 at 8:36 PM, Resident #61 stated to CNA (unidentified) that if he had a gun, he would shoot everyone. A room check was completed, no guns or weapons of any kind were found. The Director of Nursing (DON) and Assistant Director of Nursing (ADON) were notified. Resident #61 was placed on 15-minute checks which were from 8:30 PM that evening through 06:00 AM the following morning. -05/13/24 at 11:12 AM, Resident #61 screamed and cursed at a CNA (unidentified) who was attempting to provide care to Resident #61. Resident #61 stated he was going to kill the CNA (unidentified) if she didn't leave him alone. It was noted that several repetitive statements related to killing CNA (unidentified) were made by Resident #61. On 06/05/24 at 09:52 AM, an interview was conducted with the facility Administrator related to the above documentation. At this time, this Surveyor requested a copy of notifications made to the Physician, the Residents Representative (RP) related to the above and documentation of any follow up performed by Physician. This Surveyor also requested documentation of any psychiatric visits, any documentation that the above incidents had been reported to the appropriate state agencies and asked the Administrator who the other resident was in the incident that occurred on 02/18/24. On 06/05/24 at 10:59 AM, the Administrator states the incident from 2/18/24 was reported to the Ombudsman, however, it was not reported to Adult Protective Services or the Office of Licensure and Certification (OFLAC). On 06/05/24 at 11:32 AM, the Administrator brought a copy of an email sent to [NAME] Richmond Ombudsman stating the following: We have had a few resident-to-resident incidents with no injury this week that I wanted to bring to your attention. All residents involved do not have capacity. They are as follow: Resident #61 - on Sunday night he was overheard by a CNA telling another resident Don't touch me or I'm gonna blow your head off The residents were separated and there was no other incident. At this time, the Administrator acknowledged there was no documentation related to Physician notification or RP notification of the above listed incidents. In addition, the Administrator acknowledged that there was no documentation of a follow up performed by the Physician on either Resident #61 or the unidentified Resident. On 6/5/24 at 02:54 PM, the facility Administrator acknowledged that Resident #61 had not seen the psychiatrist, which was ordered on 02/17/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0742 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The facility was notified of the Immediate Jeopardy (IJ) at 6:50 PM on 06/05/24. The facility submitted their first abatement plan of correction (POC) at 10:59 PM on 06/05/24. The abatement POC was accepted by the state agency at 11:04 PM on 06/05/24. After observation of the implementation of the abatement POC, the IJ was abated at 11:28 AM on 06/06/24. The IJ started on 06/05/24 and ended on 06/06/24. Facility Abatement Plan: 1. On 6-5-24, incidents on 2-18-24, 4-28-24 and 5-13-24 involving verbal threats by resident #61 reported to APS, OHFLAC and ombudsman. Resident #61 placed on one-on-one observation until see and cleared by psychiatric services. 2. All residents residing in the facility have the potential to be affected. All capable residents will be interviewed to ensure no other allegations of abuse and all residents not able to be interviewed will have skin checks to ensure no sign or symptoms of abuse with corrective action immediately upon discovery. Whole house audit completed on residents having behaviors and ordered psychological services to ensure services provided with corrective action upon discovery. 3. All staff will be re-educated on identifying, reporting, and preventing abuse and assessing residents for psychiatric needs on 6-5-24 or upon return to work. Daily rounding audits completed by department heads regarding abuse and neglect concerns. 4. Nursing Home Administrator (NHA)/designee will bring results of audits to Quality Improvement Committee (QIC) for review monthly for any additional follow up and/or in-servicing until the issue is resolved and randomly thereafter as determined by QIC.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. 50552 Based on record review and staff interview the facility failed to obtain laboratory services as ordered by the physician to meet the needs of its residents. This was true for one (1) of 1 resident reviewed for the Long-Term Survey Process. Resident identifier: #41. Facility census: 86. a) Resident #41 On 06/04/24 at 01:00 PM, a review of Resident #41's medical record was performed. During the review of the physician's orders, it was noted that Resident #41 had orders as follows: * Novolog Injection Solution (Insulin Aspart) Inject as per sliding scale: if 201- 250 = 4; 251- 300 = 6; 301-350 = 8; 351- 400 = 10; 401- 450 = 12; 451 + = 15. Notify Medical Doctor (MD) if blood sugar (BS) is less than 60 or above 450, subcutaneously before meals and at bedtime for Diabetes Mellitus (DM) II. Order date: 01/29/24 * Complete Blood Count (CBC)/Glycated hemoglobin (HgbA 1c) every 6 (six) months. Order date: 08/09/23. Upon further review of the medical record, this Surveyor was unable to locate the most recent results of the CBC and HgbA 1c. On 06/04.24 at 02:06 PM, an interview was conducted with the Assistant Director of Nursing (ADON). At this time, copies of the most recent results of the CBC and HgbA 1c were requested. On 06/11/24 at 09:06 AM, the ADON acknowledged that the most recent CBC and HgbA 1c had not been obtained as per orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0812 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 42120 Based on observation, facility record review, and staff interview the facility failed to follow Manufacturer's instructions regarding dishwasher temperature. Overall, commercial dishwasher temperature requirements are important to maintaining a safe and sanitary food service environment. This failed practice had the potential to affect every resident that gets their nutrition from the kitchen. This created an immediate jeopardy situation. Facility Census: 86. Findings included: a) Dishwasher A review of facility records on 06/03/24, found the dish washer is washing at 110 degrees and the final rinse temperature is 110 degrees since April 21, 2024. Review of operating manual reveals the wash cycle requires minimum 120 Degrees recommended 140 degrees and the rinse cycle requires minimum 120 degrees and recommend 140. On 6/03/24 at 10:50 AM an Observation of Dishwasher wash and rinse cycle found the dishwasher temperature only registered at 100 degrees. The Maintenance director confirmed it was not running at the recommended temperature. He stated that he has been aware of the issues since April 2024. He continued to state that the facility does not own the dishwasher so the company that they lease it from would have to come and fix it. The facility was notified of the Immediate Jeopardy (IJ) at 1:08 PM on 06/03/24. The facility submitted their first abatement plan of correction (POC) at 2:57 PM on 06/03/24. The state agency requested changes and the second abatement POC was submitted at 3:28 PM on 06/03/24. The state agency requested changes and the third abatement POC was submitted at 4:30 PM on 06/03/24. The abatement POC was accepted by the state agency at 4:38 PM on 06/03/24. After observation of the implementation of the abatement POC, the IJ was abated at 3:27PM on 06/04/24. The IJ started on 06/03/24 and ended on 06/04/24. The facility's approved abatement POC consisted of the following: Correction action for area of concern- Immediately upon notification of the malfunctioning doorbell, facility maintenance staff replaced the batteries, and doorbell function was immediately restored. 1. Dishwasher was taken out of use 6-3-24 at 1:08p. Regional Maintenance Director contacted EcoLab on 6-3-24 for dishwasher service. 2. All residents in the facility have potential to be affected. Whole house audit completed by Director of Nursing/designee to ensure all plates, utensils and water pitchers were taken out of resident's rooms and not in use. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0812 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	3. All staff will be educated on 06/03/24 to use paper products for any food or fluid services until the dishwasher is repaired and working at recommended temperatures. Meal service and fluid pass will be observed three time a day to ensure disposable paper products are being used for residents until dishwasher is serviced by Ecolab. Once dishwasher is serviced, staff will be re-educated on manual instructions and machine operations, who to report to when system are out of range and maintenance to escalate when needing service. Pots/pans and cooking utensils will continue to be cleaned and sanitized via three sink /compartment method. 4. Nursing Home Administrator (NHA)/designee will bring results of audits to Quality Improvement Committee (QIC) for review monthly for any additional follow up and/or in servicing until the issue is resolved and randomly thereafter as determined by QIC. DISCLAIMER: The preliminary findings and subsequent abatement plan are not an admission of wrongdoing, but an acknowledgement of the surveyor's preliminary findings. 43340 b) Resident #64's Refrigerator Temperatures During an observation, on 06/03/24 at 7:43 AM, it was determined that Resident #64 had a persoanl refrigerator in her room. There was no evidence regrigerator temperatures had been obtained per protocol. On 06/03/24 at 10:15 AM, CNA #8 confirmed there was no temperature sheet for Resident #64's refrigerator. CNA #8 reported, I do not know what the procedure is for ensuring daily temps are taken. On 06/03/24 at 11:37 AM, a review of the medical record for Resident #64 identified a new order which was placed into the electronic medical record on 06/03/24 at 10:43 AM. The order directed, Check refrigerator temp (temperature) daily. The order start date was listed for 06/04/24 at 7:00 AM for every day shift.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. 42120 Based on observation and staff interview the facility failed to store garbage and refuse in a proper manner. The dumpster area was polluted with uncovered garbage and medical supplies. This had the potential to affect all residents that reside in the facility. Facility census: 88. Findings included: a) Dumpster area An observation on 06/10/24 found the dumpster lid open, a trashcan full of trash without a lid and the area was polluted with garbage and medical supplies. On 06/10/24 at about 2:10 PM during an Interview the Maintenance Assistant verified the dumpster lids should be closed. He stated the garbage should not be on the ground. He also stated that he needed help getting the trash can, full of trash over the top of the dumpster. When asked how long it had been sitting there, he replied, I think just today.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43340 Based on record review and staff interview, the facility failed to ensure a complete and accurate medical record for residents. The facility failed to maintain an accurate medical record for two (2) of 26 sampled residents reviewed during the Long-Term Care Survey process. The facility failed to ensure Physician Orders for Scope of Treatment (POST) forms were legally valid and matched other physician orders. Resident identifiers: #79, #54, and #3. Facility census: 86. Findings included: a) Resident #79 A record review, on [DATE] at 11:07 AM, revealed a POST form in Resident #79's electronic medical record. The POST form was not dated by Resident #79. The directions for completing the POST form, compiled by the [NAME] Virginia Center for End of Life, state, The patient or incapacitated patient's MPOA (Medical Power of Attorney) representative or health care surrogate must sign and date this section for the form to be legally valid. A review of the original POST form kept at the nurses' station revealed it also had not been dated by Resident #79. During an interview, on [DATE] at 1:20 PM, the Social Worker acknowledged Resident #79 had not dated the POST form, the form was not completed according to guidance, and it was not a legally valid document. 50551 b) Resident #3 On [DATE] 02:31 PM, Review of Resident #3's [NAME] Virginia Physician Orders for Scope of Treatment (POST) form on file in POST binder at the nurses station revealed the Medical Power of Attorney's (MPOA) verbal consent was taken by two (2) witnesses via telephone on [DATE], there was no record of follow up with a written signature. 2017 [NAME] Virginia Physician Orders for Scope of Treatment (POST) form regulations require mandatory signature. On [DATE] 11:00 AM, during an interview with Social Worker (SW) #44 in regards to [NAME] Virginia Physician Orders for Scope of Treatment (POST) form for Resident #3. SW confirmed the POST was not signed by MPOA and only verbal consent was obtained. She stated that she noticed this yesterday and was in the process of getting the signature. 50552 c) Resident #54 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On [DATE] at 10:41 AM, a review of Resident #54's medical record was performed. Resident #54 was noted as having an order for Full Code, Full Interventions, Intravenous Fluids (IV), No Feeding Tube (NFT). A review of the Physician's Order for Scope of Treatment (POST) for Resident #53 revealed, Cardiopulmonary Resuscitation (CPR), full code with selective treatments, no artificial means of nutrition desired. A review of Resident #54's care plan was also made at this time. Resident #54's care plan was noted to have a focus that states CPR, Full Interventions, IV fluids, NFT. On [DATE] at 12:32 PM, an interview was conducted with the facility Social Worker (SW). At this time, the SW acknowledged that the POST was the correct code status per Resident #54's Medical Power of Attorney's (MPOA) wishes, that the order for Full Code, Full Interventions, Intravenous Fluids (IV), No Feeding Tube (NFT) and care plan indicating CPR, Full Interventions, IV fluids, NFT were incorrect.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 43340 Based on record review and staff interview, the facility failed to develop and implement policies and procedures which addressed establishing priorities for performance improvement activities that focused on resident safety, quality of care, and high-volume and/or problem-prone areas. This had the potential to affect an unlimited number of residents. Facility census: 86. Findings included: a) Facility Reported Incidents Review of the eight (8) complaints being investigated concurrently along with the annual Long-Term Care Survey Process revealed that five (5) out of the eight (8) were facility reported incidents involving the allegation of staff verbally abusing residents. During an interview on 06/11/24 at 2:00 PM, the Regional Director of Operations #115 and the Regional Director of Corporate Operations #116 reported that to their knowledge the Quality Assessment and Assurance (QAA) Committee did not identify and/or address the pattern of verbal abuse allegations as an area for improvement. They asked the Assistant Director of Nursing (ADON) and the Infection Preventionist to join the meeting to offer their input since they had been in attendance during the QAA Committee meetings. When asked if the QAA Committee considered the five (5) facility reported incidents of verbal abuse a high-risk problem for which corrective action was required to address the underlying cause of the issue comprehensively, at the systems level, to prevent future occurrences the ADON and Infection Preventionist reported each incident was treated on a case-by-case basis. They went on to report it was never officially addressed on a systems level or officially within the QAA Committee meetings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 50552 Based on observation and staff interview the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, comfortable environment and to help prevent the development and transmission of communicable diseases and infections with regards to readily available PPE. This was a random opportunity for discovery. This had the potential to affect more than a limited number of residents. Facility census: 86. Findings included: a) On 06/03/24 at 6:55 AM, a tour of the facility was performed. During that tour, it was noted that 3 (three) of the 4 (four) resident hallways had multiple residents on Enhanced Barrier Precautions (EBP) and that no Personal Protective Equipment (PPE) was readily available to facility staff. The observations made were as follows: On 06/03/24 at 6:55 AM, a tour of A Hall was performed. No PPE was readily available on the hall and that multiple residents were in EBP. At this time, an interview was conducted with Licensed Practical Nurse (LPN) #16 who stated, I don't know where it is, it was on the hall last week. LPN #16 also acknowledged there was no readily available PPE present. On 06/03/24 at 07:10 AM, a tour of C Hall was performed. It was observed that no PPE was readily available on the hallway and that multiple residents were in EBP. At this time, an interview was conducted with LPN #57 who stated, PPE is usually stocked on the linen carts. LPN #57 then checked the linen cart, LPN #57 confirmed that no PPE was readily available on the hallway or in the linen cart. On 06/03/24 at 7:15 AM, a tour of D Hall was performed. No PPE was readily available on the hallway and that multiple residents were in EBP. At this time, an interview was conducted with Certified Nursing Assistant (CNA) #34 who stated, It is usually on the linen cart. At that time CNA #34 checked the linen cart, confirmed that PPE was not present. CNA #34 then confirmed no PPE was readily available on the hallway or in linen carts.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42120 Based on observation and interview the facility failed to maintain essential equipment in safe operating condition according to manufacturer's recommendations. This had the potential to affect all residents who get their nutrition from the kitchen. Facility census: 88. Finding included: a) On 06/10/24 at 11:48 AM an observation of the ice machine in the main dining room found the water drainpipe down in the sewer pipe. There was not a two-inch recommended air gap. Both the drainpipe and sewer pipe were covered with a black substance. On 06/10/24 At 11:50 AM the [NAME] Director of Dietary verified there was no gap between the drainpipe and the sewer pipe and there was at black substance present on both pipes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 39043 Based on observation, resident interview, and staff interview, the facility failed to ensure a safe, clean, comfortable, homelike environment. The ceiling in room B6 was damaged. This was a random opportunity for discovery. Facility census: 86. Findings included: a) Room B6 On 06/03/24 at 12:55 PM, Resident #29 asked the surveyor to look at the ceiling in her room. Several brown spots were immediately over the resident's bed. The largest was the size of a plate. In the corner of the room, near but not directly over the resident's bed, contents appearing to be drywall were extruding from a plate-sized hole in the ceiling. On 06/04/24 at 3:33 PM, the Maintenance Supervisor stated the damage in the ceiling of Room #B6 was water damage. He stated the areas would be repaired.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515074	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Martinsville Health & Rehab	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)
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 42120 Based on observation and staff interview the facility failed to incorporate an effective pest control program. This has the potential to affect all residents residing in the facility. Facility census: 88. Findings included: a) Kitchen area On 6/03/24 at 10:45 AM during a kitchen inspection there were ants in the dish washing room. On 6/03/24 at 10:50 AM during an interview the Maintenance Director verified there were ants in the kitchen area. He stated, everyone has ants, I've had them in my kitchen for about a year. He stated that the facility does not have an exterminator spray for roaches or ants. He clarified that he would spray if insects were observed by the staff. He continued to say that the exterminator only puts bait in traps outside.