

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  515076	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/29/2025
NAME OF PROVIDER OR SUPPLIER  Holbrook Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  183 Holbrook Road Buckhannon, WV 26201	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, staff interview, and family interview the facility failed to inform the Medical power of Attorney (MPOA) of appointments for Resident #55, and failed to notify the physician and responsible party of a change in condition for Resident #7. This failed practice was found true for (2) two of (2) two residents reviewed for notification of change during the Long-Term Care Survey Process. Resident identifiers #55, and #7. Facility Census 107.</p> <p>Findings include:</p> <p>a) Resident #55</p> <p>During a phone interview on 07/22/25 at 11:40 AM, The MPOA, for Resident #55 stated, A couple months ago they took him (Resident #55) all the way to Morgantown for a Dermatology appointment to have a procedure done. I only found out about the appointment because the doctor's office called me to get permission to treat him. That's about 45 minutes away.</p> <p>A review of the Grievance Log on 07/24/2025 at 1:03 PM, revealed that the MPOA for Resident #55 filed a grievance about not being notified of the dermatology appointment on 03/24/25. Grievance reads as follows: MPOA upset that she was not notified of (Resident #55 named) dermatology appointment today.</p> <p>Resolved on 03/24/25</p> <p>Specific actions taken to resolve grievance included:</p> <p>Dermatology appointment was cancelled prior due to inclement weather. Rescheduled for 03/24/25 at 2:00 PM. MPOA was notified of appointment change.</p> <p>Signed by The Licensed Social Worker (LSW).</p> <p>A witness statement is attached to the Grievance written by Clinical Manager Licensed Practical Nurse (CMLPN) #48 that reads as follows:</p> <p>Resident MPOA asked about Dermatology appointment during care plans. This nurse confirmed with transports about appointment and confirmed appointment was cancelled and rescheduled. MPOA then notified by this nurse. Signed (03/24/25)</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further record review, revealed a nurses note dated 01/07/25 that reads as follows:</p> <p>Appt. with Dr. (name) on 01/07/2025 @ 1145 one time only for dermatology for 1 Day cancelled.</p> <p>The social service care plan note dated 01/20/25 reads as follows: (Resident #55) Quarterly care plan is scheduled for Wednesday, January 29, 2025. (Resident #55) lacks capacity r/t dementia and is DNR with limited interventions and no feeding tube. (Resident #55) completed the PHQ-9 with a score of 2, depressed-1 and little interest-1. He has a mood state care plan in place and is prescribed anti-depressant medications. [NAME] did not have any behaviors this ARD. [NAME] has a psychosocial care plan for feelings of loneliness. [NAME]'s sister/MPOA only wants to be asked about community referrals on comprehensive assessments. (Resident #55) is expected to remain in facility long term.</p> <p>Further record review found no notes in the medical record to indicate that the MPOA was notified of the new dermatology appointment made for Resident #55 for 03/24/25.</p> <p>During an interview on 07/28/25 at 11:45 AM, LSW stated, There is not a note in his chart to say the family was notified. The State Agency SA asked, How do you typically know when families are notified of appointments? The LSW replied, There is a note in the medical record.</p> <p>A record review on 07/28/25 at 12:15 PM, revealed a doctor summary titled {Dermatology Consult}, confirming that Resident # 55 went to the Dermatology appointment on 03/24/25 for a Biopsy x2 of the right arm.</p> <p>Resident #7</p> <p>Documentation for a Computed Tomography Scan (CT) completed 09/04/24 was reviewed by the state surveyor. Notification of results were not documented in the resident's electronic medical chart for physician, patient or responsible party. On 07/28/2025 at 11:45 AM, the Regional Clinical Coordinator #131 confirmed that there was no documentation for physician, resident of responsible party notification and stated, I've looked and I can't find anything. The facility's policy and procedure Notification of Changes in Condition stated under Policy, Changes may include but are not limited to accidents, incidents, transfers, changes in overall health status, significant medical changes, therapy services changes, transfer, hospitalizations, or death.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on family interview, staff interview, record review, and observation the facility failed to provide Activities of Daily Living (ADL) care to dependent residents. This failed practice was found true for (1) one of (8) eight residents reviewed for ADL care during the Long-Term Care Survey Process. Resident identifier: #55. Facility Census: 107. Findings include: a) Resident #55 During a phone interview on 07/22/25 at 11:40 AM, The Medical Power of Attorney (MPOA) for Resident #55 stated, Every time I come to visit his fingernails need cut. Sometimes it makes indentions in his hand. An observation on 07/23/25 at 1:43 PM, of Resident #55's right and left hand, showed that he had fingernails that were long and jagged on both hands. A record review on 07/23/2025 at 1:46 PM, revealed an ADL care plan for Resident #55 that reads as follows:Focus: (Resident #55 named) has ADL Self Care Performance deficit with further decline expected related to progressive vascular leukoencephalopathy, MS, neoplasm of parotid gland requires assistance with ADL related to hx of CVA with L side hemiparesis, dementia, depression, arthritis, weakness, hx of polycythemia vera, leukoencephalopathy, anxiety disorder, unspecified mood (affective) disorder, CAD, low back pain, hx of seizure disorder, hyperlipidemia, no longer ambulates, and unspecified lack of coordination, traumatic hemorrhage of cerebrum. ADL's fluctuate with mood Goal:(Resident #55) will maintain current level of function as long as condition will allow Interventions related to nail care read as follows: Personal hygiene: Totally Dependent of 1- 1 helper does all the effort. Resident does none of the effort. During an observation and interview on 07/23/25 at 2:01 PM, Licensed Practical Nurse (LPN) #25 confirmed that Resident #55's fingernails were long and needed to be cut. The LPN then stated, I will get them cut today.</p>