STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515088	A. Building B. Wing	05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Raleigh Center	1631 Ritter Drive Daniels, WV 25832

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 - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation and staff interview the facility failed to maintain an accident and hazard free environment by leaving a medicine cart unlocked and unattended. This was a random opportunity for discovery and had the potential to affect more than a limited number of residents residing in the Long-Term Care Facility. Facility census: 65. Findings include: a) During med pass observation, on 05/14/25 at 8:20 AM, LPN # 47 was observed preparing medicine on the cart, then turned and went into the resident's room leaving the medicine cart unlocked. During an interview on 05/14/25, at 8:26 am with LPN # 47, the LPN stated, I realized when I came out of the room and saw the cart that I left it unlocked. 05/14/25 9:00 AM the administrator confirmed the medication cart should have been locked if not in direct line of cite from the Nurse.

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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(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 - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and staff interview, the facility failed to ensure food was stored/prepared and served in a sanitary manner, due to items sitting on the floor, an oven not being cleaned, and stacking serving pans and bowls while still wet. This was a random opportunity for discovery. This has the potential to affect more than a limited number of residents residing in the facility. Facility census: 65. Findings include: a) At approximately 9:30 AM on 5/13/2025 a case of oats and a case of grits were observed sitting on the floor in the dry stock room. Both items were dated for 05/06/25. This was confirmed by [NAME] #56. On 05/13/25 at 9:48 AM the following observations were observed, five (5) trays with blue serving bowls were sitting near the area where food is plated. The bowls were still wet. Further observations revealed the large, medium, and small pans that go on the steam table and holds the food being served were stacked on a shelf near the steam table; after pulling two pans from each stack, all pans pulled for observations was wet. When holding the pans up a steady small stream of water ran off the pans into the floor. During an interview, on 05/13/25 at 10:00 AM, Dietary Staff #56 stated, We just brought them out from the dish room. I will get it fixed. On 05/13/25 at 10:05 AM an observation of the facilities cook range with double ovens underneath was completed. When the bottom right side oven door was opened there was evidence of crumbs and burnt substances in the bottom. Along the back of the oven there was evidence of a white/yellow dried substance appearing to be old grease drippings. An interview completed on 05/13/25 at approximately 10:10 AM Dietary Staff #56 stated, We do not use those bottom ovens on the stove. When asked about the oven not being cleaned, Dietary Staff #56 stated, I don't use the bottom ovens. I'm not sure how it got like that, but will get it cleaned shortly.