

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Charleston Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3819 Chesterfield Avenue Charleston, WV 25304	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>45174</p> <p>Based on record review and staff interview, the facility failed to complete a thorough investigations of Resident #75 allegations of abuse. The facility failed to maintain documentation that alleged violations were thoroughly investigated. This was true for one (1) of three (3) residents reviewed for abuse. Resident Identifiers: Resident #75 Facility Census: 148.</p> <p>Findings include:</p> <p>a) Resident #75</p> <p>A review of the facility reportable records log on 05/07/24 at 9:56 AM, revealed an alleged incident occurring on 03/06/24 involving Resident #75 was unsubstantiated.</p> <p>The reporting form dated 03/06/24 read as follows:</p> <p>Alleged Victim: (Name of Resident #75)</p> <p>Alleged Perpetrator: (Name of Nurse Aide (NA) #57)</p> <p>Allegation:</p> <p>Date of Incident: unknown</p> <p>Time of incident: unknown</p> <p>Date this report completed: 03/16/24</p> <p>Describe incident/injuries: An allegation of abuse was reported this date.</p> <p>A record review on 05/07/24 at 1:45 PM, found Resident #75 had a Brief Interview for Mental Status (BIMS) score of 00 on the quarterly Minimum Data Set (MDS) for ARD (assessment reference date) of 03/11/24. BIMS score of 00 is the lowest score attainable, indicating Resident #75 is not cognitively intact.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/07/24 at 2:21 PM, the Administrator stated a nurse came to me and said she heard chatter concerns that NA # 57 was being verbally abusive to Resident #75. Then I reported it to the Social worker and she started the initial investigation. No written statement was obtained from the nurse who initially reported it to me. That is on me. I will own it, I will not fight it. She acknowledged the alleged verbal abuse was not investigated thoroughly.</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>50551</p> <p>Based on record review and staff interview, the facility failed to ensure a discharge summary was completed by the physician for the basis for the discharge for one (1) of three (3) residents reviewed for a discharge to home. Resident identifier: #151. Facility Census: 148</p> <p>Findings include:</p> <p>a) Resident #151</p> <p>A medical record review was completed on 05/08/24 at 10:30 AM. The record review revealed Resident #151 was discharged to home on 04/25/24.</p> <p>A discharge note (nurse note) dated 04/25/24 at 10:51 AM read as follows:</p> <p>patient being discharged home today, this nurse did complete body audit on patient and no new skin issues noted, went over discharge instructions with patient and doughtier both verbalized understanding, order received to give patient 36 Norco 5-325, medications called in to mountaineer drug per patient request, patient leaving facility via wheelchair with family.</p> <p>The record did not reflect a physician discharge note was completed for the date of discharge.</p> <p>During an interview on 05/07/24 at 3:38 PM the Director of Nursing (DON) acknowledged the physician did not complete a discharge summary note on Resident #151. The DON stated she reviewed the charts of other discharged residents and found that the physician had completed the physician discharge notes at time of discharge.</p>		