STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515089	A. Building B. Wing	10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Charleston Healthcare Center	3819 Chesterfield Avenue Charleston, WV 25304

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review and staff interview, the facility failed to implement the care plan regarding the amount of feeding assistance needed as well as develop and implement impaired skin integrity interventions for Resident #153. This was true for one (1) of 18 residents reviewed during the survey process. Facility Census: 143.Findings Include:a1) Resident #153On 10/14/25 at 1:30 AM, a record review was completeid for Resident #153. The review found the care plan had not been implemented regarding feeding assistance. The resident was noted as totally dependent of staff x 1 (one) for eating. The documentation of assistance given during meals from 07/2025 through 09/2025 was reviewed. The following meals were not documented as dependent:--07/15/25 at breakfast, lunch--07/16/25 at dinner--0717/25 all meals--07/18/25 all meals--07/19/25 all meals--07/21/25 all meals--07/22/25 breakfast, lunch--07/23/25 all meals--07/24/25 all meals--07/25/25 all meals--07/27/25 all meals--07/28/25 all meals--07/29/25 all meals--07/30/25 all meals--07/31/25 all meals--08/01/25 all meals--08/02/25 all meals--08/03/25 all meals--08/04/25 breakfast, dinner--08/05/25 all meals--08/06/25 all meals--08/07/25 all meals--08/08/25 all meals--08/09/25 breakfast, lunch--08/10/25 all meals--08/11/25 all meals--08/12/25 all meals--08/13/25 all meals--08/14/25 all meals--08/15/25 all meals--08/16/25 all meals--08/17/25 all meals--08/18/25 all meals--08/19/25 all meals--08/20/25 all meals--08/22/25 all meals--08/23/25 all meals--08/24/25 breakfast, lunch--08/25/25 all meals--08/26/25 all meals--08/27/25 all meals--08/30/25 breakfast--09/01/25 all meals--09/04/25 dinnerOn 10/15/25 at approximately 1:30 PM, the Director of Nursing (DON) confirmed the meals were not documented as dependent and the care plan was not implemented.a2) Resident #153On 10/15/25 at approximately 1:40 PM, a review was completed regarding the skin integrity interventions in place for Resident #153. The resident was noted with a deep tissure injury (DTI) to the right heel on 08/18/25. The skin integrity interventions were not put in place until 08/18/25 after the DTI was found. The following interventions were added:--Heels floated as resident allows--Turn and reposition scheduleOn 10/15/25 at approximately 3:00 PM, the DON confirmed the interventions were not added to the care plan until 08/18/25. The DON confirmed the care plan had not been developed and implemented regarding the skin integrity interventions.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on record review and staff interview, the facility failed to provide activities of daily living (ADLs) for a dependent resident, #153. The ADLs included feeding assistance as well as showers or baths. This was true for one (1) of 18 residents reviewed during the survey process. Resident Identifier: #153. Facility Census: 143. Findings Include:a1) Resident #153On 10/14/25 at 1:30 PM, a record review was completed for Resident #153. The review found the resident had not been provided feeding assistance as a dependent resident for meals. The documentation of assistance given during meals from 07/2025 through 09/2025 was reviewed. The following meals were not documented as dependent:--07/15/25 at breakfast, lunch--07/16/25 at dinner--0717/25 all meals--07/18/25 all meals--07/19/25 all meals--07/21/25 all meals--07/22/25 breakfast, lunch--07/23/25 all meals--07/24/25 all meals--07/25/25 all meals--07/27/25 all meals--07/28/25 all meals--07/29/25 all meals--07/30/25 all meals--07/31/25 all meals--08/01/25 all meals--08/02/25 all meals--08/03/25 all meals--08/04/25 breakfast, dinner--08/05/25 all meals--08/06/25 all meals--08/07/25 all meals--08/08/25 all meals--08/09/25 breakfast, lunch--08/10/25 all meals--08/11/25 all meals--08/12/25 all meals--08/13/25 all meals--08/14/25 all meals--08/15/25 all meals--08/16/25 all meals--08/17/25 all meals--08/18/25 all meals--08/19/25 all meals--08/20/25 all meals--08/22/25 all meals--08/23/25 all meals--08/24/25 breakfast, lunch--08/25/25 all meals--08/26/25 all meals--08/27/25 all meals--08/30/25 breakfast--09/01/25 all meals--09/04/25 dinnerThe resident was noted with weight loss from the admission date of 07/14/25 through 09/05/25. The weight loss was noted as 26.2 pounds.On 10/15/25 at approximately 1:30 PM, the Director of Nursing (DON) confirmed the meals were not documented as dependent; and, the resident was noted as dependent for meals.a2) Resident #153On 10/15/25 at approximately 2:15 PM, a record review was completed for Resident #153. The resident was noted as totally dependent for showers and baths. The review found the resident did not receive a shower or a bed bath between the dates of 07/26/25 through 08/06/25. This is ten days. Also, the resident did not receive a shower or a bed bath between the dates of 08/13/25 through 08/20/25. This is seven (7) days.On 10/15/25 at 3:00 PM, the DON confirmed the resident was dependent for showers and baths; and, on two (2) different occasions the resident did not receive a shower or bath.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview the facility failed to ensure Resident #152's recommendations from a hospital stay were followed up on with the attending physician. The discharge summary indicated the resident should have a BMP (Basic Metabolic Panel) and CBC (complete blood count) in one week from the date of discharge. This labs were not obtained nor was there evidence this was addressed with the attending physician to see if they wanted the lab work to be obtained or not. This was true for one (1) of residents reviewed during the complaint survey. Resident Identifier: #152. Facility Census: 143. Findings Included: a) Resident #152 A review of Resident #152's medical record found the resident was readmitted from the hospital on [DATE]. A review of the hospital discharge summary associated with this readmission found the following, Pending Labs and studies: BMP CBC in one (1) week. In the afternoon on 10/15/25 the Interim Director of Nursing (DON) was asked to provide the results of the BMP and CBC the hospital recommended be obtained in one (1) week. After reviewing the electronic medical record (EMR) she stated, I know why we did not get that. It was on the discharge summary and not the discharged instructions. She further stated, the nurses are trained to look at the discharge instructions and not the summary. The DON was then asked if the physician had addressed the recommendation for a BMP and CBC, she confirmed they had not.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and staff interview, the facility faild to ensure pressure ulcer assessment and treatment in a timely manner. The facility also failed to ensure pressure ulcer prevention measures were put into place. This deficient practice had the potential to affect three (3) of three (3) residents reviewed for the care area of pressure ulcers. Resident Identifiers: #152, #40, and #. Facility census: 143. Findings included: A) Resident #40 Review of Resident #40's comprehensive care plan showed the following focus, Preventative: [Resident] is at risk for pressure ulcers/injuries related to decreased mobility (dementia/TBI [traumatic brain injury], incontinence of B&B [bowel and bladder] function, HDL [hyperlipidemia], HTN [hypertension]. History of scratching self. [Resident] will hit and bang on walls, his chair, over the bed table and has the potential for bruising. The focus was initiated and revised on 01/16/23. An intervention initiated on 01/16/23 and revised on 03/06/23 was to Encourage and assist with floating heels as resident will allow/tolerate. Floating heels involves elevating a patient's heels off a surface, such as a bed with a pillow, to prevent pressure injuries. Resident #40 had diagnoses of traumatic brain injury, contracture of the left ankle, functional quadriplegia, and hemiplegia affecting left nondominant side. Review of Resident #40's most recent Braden assessment for pressure ulcer risk completed on 08/19/25 showed the resident was at a low risk for pressure ulcer development. On 10/15/25 at 3:26 PM, Resident #40 was noted to be lying in bed. His heels were not floated. On 10/15/25 at 3:43, Unit Manager Registered Nurse (UM RN) confirmed Resident #40's heels were not floated. She stated the resident spent a lot of time out of bed in a chair. On 10/16/25 at 8:49 AM, Resident #40 was again noted to be lying in bed. His heels were not floated. When questioned about why the resident's feet were not floated, Nursing Assistant (NA) #111 used a pillow on the resident's bedside table to float his feet. NA #111 stated the resident usually moved his right foot off of the pillow but he was unable to move his left foot. Resident #40 appeared to tolerate having his feet floated. B) Resident #152 Review of Resident #152's medical records showed the resident was admitted to the facility on [DATE]. The nursing admission evaluation completed by the Licensed Practical Nurse (LPN) on 01/19/25 noted a blackened area to the resident's left toe. The first assessment of the left toe skin condition was performed on 01/20/25. The wound was described as unstageable pressure ulcer, measuring 1.5 centimeters (cm) x 1.4 cm x 0 cm. Skin prep to the left great toe pressure injury twice a day was ordered on 01/20/25. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 10/16/25 at 9:45 AM, the Director of Nursing (DON) was interviewed regarding Resident #152's pressure ulcer not being assessed and having treatments ordered upon admission. The DON stated the LPN performing the resident admission should obtain pressure ulcer treatment orders. The DON stated that LPNs do not stage pressure ulcers so this should be performed by a Registered Nurse shortly after admission. C) Resident #153 On 10/15/25 at approximately 1:40 PM, a review was completed regarding the skin integrity interventions in place for Resident #153. The resident was noted with a deep tissure injury (DTI) to the right heel on 08/18/25. The skin integrity interventions were not put in place until 08/18/25 after the DTI was found. The following interventions were added: --Heels floated as resident allows --Turn and reposition schedule On 10/15/25 at approximately 3:00 PM, the DON confirmed the interventions were not added to the care plan until 08/18/25. The DON confirmed the DTI to the right heel was in-house acquired.

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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 ensure the resident environment was as free from accident hazards as possible. Resident #58's bed was observed with a six (6) inch gap between the footboard and the end of the mattress in addition Resident #98 was noted to be lying in bed and an aerosol spray can of Clorox Fabric Sanitizer was on the resident's overbed table. These were random opportunities for discovery and had the potential to affect more than a limited number of residents. Resident Identifier: #58 and #98. Facility Census: 143. Findings Include: A) Resident #58 During an observation on the morning of 10/15/25 Resident #58's bed was observed to have a gap at the foot board which was wide enough to pose a risk for entrapment. The facility's Registered Nurse of Clinical Operations (RNCO) confirmed there was a gap at the foot of the bed between the foot board and the mattress. The RNCO looked in Resident #58's room and no gap filler was located. The surveyor requested the Director of Plan Maintenance measure the gap between the foot board and the mattress. The gap was found to be six (6) inches wide. The Director of Plan Maintenance stated, They usually put in a gap filler when they extend the beds out for taller residents. He was asked when Resident #58's bed was extended, he stated, I don't know but I will get a gap filler right now for it. B) Resident #98 On 10/15/25 at 3:20 PM, Resident #98 was noted to be lying in bed. An aerosol spray can of Chlorox Fabric Sanitizer was on the resident's overbed table. The overbed table did not appear to be in reach of the resident. Registered Nurse (RN) #14 was immediately notified. She stated the facility does not use Chlorox Fabric Sanitizer product and stated the family must have brought it in. RN #14 acknowledged the product could be assessed by other residents entering the room, and she removed the spray can. The safety data sheet, available on-line on the Chlorox Website, stated as follows: May cause irritation of respiratory tract. Causes serious eye irritation. Causes skin irritation. Ingestion may cause gastrointestinal irritation, nausea, vomiting and diarrhea. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #98's quarterly Minimum Data Set (MDS) assessment with Assessment Reference Date (ARD) 08/29/25 showed the resident's Brief Interview for Mental Status (BIMS) score could not be determined because the resident was rarely understood. The resident did not have capacity to make medical decisions. On 10/16/25 at 9:42, the Director of Nursing (DON) stated there was no written documentation the resident's family had been notified of products that could not be brought into the facility.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility failed to ensure residents maintain acceptable levels of hydration and nutrition. Resident #141, Resident #17, Resident #103, and Resident #40 did not have fresh ice water at bedside. In addition Resident #153 the facility failed to prevent avoidable weight loss. This was true for five (5) of sampled residents reviewed during a complaint survey. Resident Identifiers: #141, #17, #103, #40 and #153. Facility Census: 143. A) Access to Fresh Water An interview on the morning of 10/15/25 with the Director of Nursing and the Nursing Home Administrator it was discovered nursing provides three (3) ice water passes per day. The times of the passes are at 6:00 am, 2:00 pm and 10:00 pm. They also indicated activities do two (2) drink passes during the course of the day as well. An observation with the (DON) beginning at 3:30 pm and concluding at 4:05 PM on 10/15/25 found Resident #141, Resident #17, Resident #103, and Resident #40 did not have ice water pitchers at their bed side. The DON confirmed, night shift usually changes out the pitchers at either the 10:00 PM or 6:00 am ice water pass and then day shift will usually just refill them with ice water at the 2:00 pm ice pass. She agreed the aforementioned residents needed to have ice water at bedside and did not have any. b) Resident #153 On 10/14/25 at 1:30 PM, a record review was completed for Resident #153. The review found the resident had not been provided feeding assistance as a dependent resident for meals. The documentation of assistance given during meals from 07/2025 through 09/2025 was reviewed. The following meals were not documented as dependent: --07/15/25 at breakfast, lunch --07/16/25 at dinner --0717/25 all meals --07/18/25 all meals --07/19/25 all meals --07/21/25 all meals --07/22/25 breakfast, lunch --07/23/25 all meals --07/24/25 all meals --07/25/25 all meals (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--07/27/25 all meals --07/28/25 all meals --07/29/25 all meals --07/30/25 all meals --07/31/25 all meals --08/01/25 all meals --08/02/25 all meals --08/03/25 all meals --08/04/25 breakfast, dinner --08/05/25 all meals --08/06/25 all meals --08/07/25 all meals --08/08/25 all meals --08/09/25 breakfast, lunch --08/10/25 all meals --08/11/25 all meals --08/12/25 all meals --08/13/25 all meals --08/14/25 all meals --08/15/25 all meals --08/16/25 all meals --08/17/25 all meals --08/18/25 all meals --08/19/25 all meals (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--08/20/25 all meals --08/22/25 all meals --08/23/25 all meals --08/24/25 breakfast, lunch --08/25/25 all meals --08/26/25 all meals --08/27/25 all meals --08/30/25 breakfast --09/01/25 all meals --09/04/25 dinner The resident was noted with weight loss from the admission date of 07/14/25 through discharge on [DATE]. The weight loss was noted as 26.2 pounds. This is -15.78% of weight loss in 53 days. On 10/15/25 at approximately 1:30 PM, the Director of Nursing (DON) confirmed the meals were not documented as dependent; and, the resident was noted as dependent for meals.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and staff interview, the facility failed to ensure complete and accurate medical records. For one (1) of three (3) residents reviewed for the care area of pressure ulcers, the wound nurse practitioner's note documented the wrong treatment being used. Resident Identifier: #152. Facility census: 143.Findings included:a) Resident #152Review of Resident #152's physician's orders showed an order written on 01/20/25 for skin prep to left great toe pressure injury. The order continued through the resident's discharge from the facility.The resident's medical records documented an allergy to betadine. Wound Nurse Practitioner (NP) #173 assessed the wound weekly and made treatment recommendations. On 01/23/25, 02/04/25, and 02/10/25, NP #173 indicated the resident's left great toe pressure ulcer was being treated with betadine. Beginning 02/19/25, NP #173 correctly indicated the pressure ulcer was being treated with skin prep. On 10/16/25 at 9:45 AM, the Director of Nursing (DON) confirmed NP #173's weekly treatment recommendations on 01/23/25, 02/04/25, and 02/10/25 incorrectly indicated Resident #152's pressure ulcers were being treated with betadine, to which the resident had an allergy.