

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 11/14/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and staff interview, the facility failed to provide a clean and sanitary area for storage of equipment and maintain a clean area for all kitchen equipment. This failed practice had the potential to affect all residents receiving nourishment from the facility kitchen. This was a random opportunity for discovery. Facility Census: 142. Findings Include: a) Kitchen On 11/13/25 at 10:00 AM, a 50-gallon trash can with the lid was noted with a dry white substance as well as food debris on the lid of the trash can. The trash can was sitting at the entrance of the dining room. At this time, Dietary Aide #163 was sitting in the dining room. Dietary Aide #163 was notified of the trash can being dirty. Dietary Aide #163 stated, I'll get it taken care of. At this time, the Dietary Aide #163 was asked, Is this where we enter the kitchen? The Dietary Aide stated, yes, I'll get the Manager. A tour of the kitchen began at approximately 8:50 AM. An observation in the storage area found 10-one (1) gallon-sized bottles of hand sanitizers on the bottom shelf in the storage area. The bottles of hand sanitizers had a brown dried substance all over each bottle. The Dietary Manager #164 stated, we have had those since COVID, I should have gotten rid of them. Observations in the storage area, found two (2) hotel pans and two (2) hotel pan lids on the bottom shelf with a dried white substance on each. Two (2) 50-gallon trash cans found between the storage area and the dish room, had lids with dried food debris on top. The Dietary Manager #164 stated, we will get those cleaned. While continuing the tour of the kitchen, gnats were observed flying around the area. The drain in the floor of the dish room, was visibly wet with food debris seen. All major equipment, including the stove, oven, fryer, tilt skillet, and steam table were observed with a dried, greasy film on all areas of the equipment. The ice machine door was opened to find a dust-like substance around the inside of the lid. The drain in the floor by the tilt skillet had a wet, slimy substance which was easily observed. The floors were dirty and between the fryer and tilt skillet, the floor had a dried, black substance on it. The Dietary Manager #164 stated, we have a monthly cleaning schedule for the major equipment. but if something is found to be visibly dirty, I expect the staff to clean it up. The Dietary Manager #164 confirmed all issues found within the kitchen and the dirty trash can lid in the dining room. On 11/13/25 at approximately 11:00 AM, the Administrator and Director of Nursing (DON) were notified of the issues found in the kitchen. The Administrator stated, we don't have a specific cleaning schedule, we clean some things, after each meal, daily, weekly and monthly. The Administrator confirmed all equipment and flooring should be clean in the kitchen.</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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