

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2026
NAME OF PROVIDER OR SUPPLIER Madison, The		STREET ADDRESS, CITY, STATE, ZIP CODE 161 Bakers Ridge Road Morgantown, WV 26508	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to ensure Resident #65's Physician Orders for Scope of Treatment (POST) form was honored by directions specified by the [NAME] Virginia Center for End-of-Life Care in conjunction with the [NAME] Virginia Health Care Decisions Act (16-30-1). This has the potential to affect all residents that reside in the facility. Resident identifiers: 65. The facility was notified of the Immediate Jeopardy (IJ) at 4:35 PM on [DATE]. The facility submitted their first abatement plan of correction (POC) at [DATE] at 5:29 PM. The state agency requested changes and the second abatement POC was submitted [DATE] at 6:01 PM. The abatement POC was accepted by the state agency at 6:05 PM on [DATE]. After observation of the implementation of the abatement POC, the IJ was abated on [DATE] at 10:20 AM. The IJ started on [DATE] and ended on [DATE]. The facility's approved abatement POC consisted of the following: Correction action for area of concern-Resident #65 was found unresponsive on [DATE]. A note was entered into PCC stating the resident was unresponsive, however, the resident was not sent out to the hospital and instead remained in the facility. Resident #65 passed away on [DATE]. All residents of the facility have the potential to be affected. Upon notification of the Immediate Jeopardy, the Director of Nursing (DON)/designee immediately reinforced expectations with all licensed nursing staff that any resident found unresponsive represents a medical emergency requiring immediate action in accordance with resident advance directives. Staff were instructed that documenting a note alone is not sufficient and that immediate notification of the medical provider and DON is required, along with activation of emergency medical services when a resident is unresponsive or experiencing a significant decline. Re-education was immediately provided by the Director of Nursing (DON)/designee to all licensed nursing staff regarding recognition of a change in condition, including what constitutes a resident being unresponsive. Education included clear instruction that unresponsiveness includes inability to arouse, altered level of consciousness, abnormal respirations, or inability to respond appropriately, and that these findings require immediate escalation. Education further emphasized the requirement to notify the medical provider and DON immediately and to initiate emergency transfer when clinically indicated in accordance with resident advance directives. A post-test was administered to validate understanding. Licensed nurses not present during this education were re-educated prior to working their next scheduled shift. New licensed nurses will receive this education during orientation. The Director of Nursing (DON)/designee initiated an audit process of all residents experiencing a change in condition or clinical decline to ensure timely assessment, notification of the medical provider and DON, and appropriate intervention, including hospital transfer when indicated in accordance with resident advance directives. The audit process also includes review to ensure residents and families are engaged in discussions regarding expectations and decisions during emergency situations when a resident shows signs of decline. The Director of Nursing (DON)/designee will monitor all changes in condition beginning immediately to ensure proper recognition,</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 515104	Facility ID: If continuation sheet Page 1 of 2

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>timely notification of the medical provider and DON, and appropriate emergency response actions are taken. Monitoring will occur daily for two weeks, including weekends and holidays, then five times per week for four weeks, then three times per week for four weeks, and then randomly thereafter. Results of monitoring will be reviewed by the Director of Nursing/designee and reported to the Quality Improvement Committee (QIC) for oversight, follow-up, and additional education as needed to ensure sustained compliance. Findings included: Resident #65 A Physician Orders for Scope of Treatment (POST) form completed by the directions specified by the [NAME] Virginia Center for End-of-Life Care in conjunction with the [NAME] Virginia Health Care Decisions Act (16-30-1) was completed with the signature of Resident #65. CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation, and cardioversion. Full interventions, Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care. Resident #65's Minimum Data Set (MDS) Five (5) Day admission with an Assessment Reference Date (ARD) of [DATE] noted the resident had a score of Brief Interview for Mental Status (BIMS) of 15. A BIMS score of 15 indicates that the resident is cognitively intact. Continued review found that physician determination of capacity was completed on [DATE].-- Demonstrates Capacity to make decisions was marked. A review of Resident #65's care plan revealed: Focus: Activate Resident's advanced directive as indicated as FULL CODE- attempt resuscitation, including mechanical ventilation, defibrillation, and cardio-version. Full treatments- PROVIDE A FEEDING THROUGH NEW OR EXISTING SURGICALLY-PLACED TUBES on her POST ORDER. Created on: [DATE]. Goal: Resident wishes as expressed in Advance Directive will be followed as FULL CODE- Created on: [DATE]. Continued review of Resident #65s Medical record found a Progress note from the Physician Assistant (PA) on [DATE] Stated that on [DATE] Resident #65 declined in condition and the staff was concerned that the resident was still a full code. Resident has Decision Making Capacity. PA spoke to the resident on [DATE] about her prognosis and offered Hospice and comfort measures, The resident declined and wanted to stay Full Code with heroic efforts to sustain her life. Subsequent review of [DATE] Medication was held due to decline in condition. On [DATE]t 11:54 AM a PA progress note stating patient seen per facility request for evaluation of decline. Patient with decreased participation with therapy. Increased weakness. She has poor oral intake. Resident has been complaining of fatigue. Facility noted low blood pressure and resident has been refusing medications. She does have wound on coccyx which now has an odorXXX[DATE] at 4:06 PM Subsequent review from stating Resident #65 remains on a steady decline in condition. Unresponsive to sternal rub and other physical stimuli, with irregular increased pulse 124, and difficulty getting breath. Physician tried to call her son two (2) to three (3) times to attempt to change Resident 65s Post form to a status of Do not Resituate (DNR). The facility was unable to reach her son at this time. They continued to monitor and document changes. On [DATE] Progress note verified Family notified staff of Resident #65 being unresponsive. Licensed Practical Nurse (LPN) started chest compressions and AED placed. EMS arrived and took over chest compressions and emergency medications. Time of death called at 10:14 AM. On [DATE] at 11:10 AM a Progress note: Resident has ceased to breathe. During an interview on [DATE] at 1:35 PM the Director of Nursing (DON) and Assistant Director of Nursing (ADON) stated they called her SON for direction on [DATE]. The DON The DON did state that she was aware that the POST was full code and full interventions. During Interview On [DATE] at 2:15 DON and ADON stated they were unable to find any other information from that date. They continued to say that she could not make decisions on [DATE] (date of passing) so that's why they called the son. The DON stated that they did not follow Resident #65's Directive.</p>		