| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 515104 | A. Building<br>B. Wing | 01/21/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Madison, The | 161 Bakers Ridge Road<br>Morgantown, WV 26508 |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| F 0684<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>**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 to 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 6:01PM. 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, 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<br>(continued on next page) |

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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| F 0684<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | 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 0n [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. |

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| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interview, the facility failed to provide a safe, clean, comfortable, and homelike environment for resident rooms/bathrooms on the 100 hall.This was a random opportunity for discovery. Rooms: 101, 102, 103, and 104. Facility census: 52.Findings included:a) Observations:Upon survey entrance walkthrough on 01/19/26 at 1:30 PM, the following issues were observed:room [ROOM NUMBER]:-Bathroom brownish smears behind toilet handrail dark red smeared substance on toilet hand rail -brown substance smeared behind toilet hand rail room [ROOM NUMBER]:-Room: Sticky yellowish substance on the wall behind resident's bed-Bathroom: observed dusty residue build up on base of empty hand sanitizer dispenser Room103:-bathroom observed smeared brownish substance on wall behind toilet handrails and on the wall under the soap dispenser-blackish substance around toilet base Room104:-bathroom observed cobwebs and built up of hair and dusty residue under the sink.-black substance build-up around baseboards and toilet baseOn 01/20/26 at 9:40AM, during a second facility walkthrough to resident room #'s 101, 102, 103, and 104, it was observed the issues had not been resolved. b) Staff Interviews: On 01/20/26 at 12:50 PM, during a brief walk through of the facility was completed with Corporate RN who acknowledged the issues in resident rooms and bathrooms, and stated she would bring it to the attention of the Administrator. On 01/20/26 at 2:35 PM the facility Administrator acknowledged the issues in the resident rooms and bathrooms and stated she would have them taken care of. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation, interview and policy review, the facility failed to properly store food in accordance with professional standards of practice. This failed practice had the potential to affect more than a limited number of residents who are served food from the kitchen. Facility census: 52 Findings included:a) On 01/19/26 at 11:45AM, during Initial Brief Tour of Kitchen, opened boxes of food unclosed and left open to air was observed in the freezer. This was true for:frozen sausage links, frozen biscuit dough. and frozen pizza dough. b)The Utensils were not placed in the utensil drawer in all of the same direction but were observed to be scattered in different directions.c) A bottle of onion spice on the shelf above the stove was left open to air.On 01/20/26 at 1:00 PM a review facility policy labeled HCSG Policy 019, Food Storage: Cold Foods. Procedures, number 5 stated All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination.d) Tray Line Prep Observation:On 01/19/2026 at approximately 11:40AM, while preparing resident trays, Employee #72 was observed touching the inside of a plate with her bare hands and touching cabinet doors without washing her hands or changing her gloves and Employee #76 was observed to leave tray line prep and move a full tray cart out to the hall and return to tray line without washing his hands or changing his gloves.e) Staff Interviews:-In an interview with Employee #72 on 01/19/26 at 11:45AM, she acknowledged she didn't wash her hands after touching the cabinet doors and that she had touched the inside of a plate with her bare hands. -In an interview with Employee #76 on 01/19/26 at 11:48Am, he stated he did forget to wash his hands and change his gloves before returning to the tray line-During an interview with The Kitchen Manager On 01/19/26 at approximately 11:55AM, He acknowledged the unsealed boxes of sausage links, pizza dough, and biscuit dough in the freezer left open to air, the incorrect storage of the utensil drawer, spice box lid left open to air on the shelf in the kitchen, and observations of absence of hand sanitation on the tray line with employee #'s 74, and 76.-During an interview with the corporate Kitchen Manager on 01/20/26 at approximately 11:15AM, he stated he was aware of the 2 opened boxes of dough,1 opened box of sausage link left open to air in the freezer, the open spice box, and the observations of employee #'s 74, and 76 absence of hand sanitation on the tray line. |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>Based on observation and interview the facility failed to ensure the resident environment over which it had control was as free from accident hazards as possible in regards to bed safety. This was a random opportunity for discovery. Resident identifier: #28. Facility census: 52. Findings included:a) Resident #28During an initial tour of the facility an observation, completed on 01/18/26 at 12:26 PM, revealed Resident #28 was lying on a bariatric mattress (a heavy-duty, wider hospital-grade mattress) that was placed on a standard bed frame. Approximately 12 inches were hanging over the frame, creating an unsupported area for the resident which had potential to rise to the resident sustaining an injury from a fall off the bed. During an interview on 01/18/26 at 12:45 PM, the Director of Nursing verified the mattress was hanging over the frame of the bed and stated that it should not be larger than the frame. The DON stated that she would get the Maintenance Director to assess the issue.On 01/21/2026 at 10:35 AM, the Maintenance Assistant stated that he replaced the bariatric mattress, because it was too big for the frame. |

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| F 0732<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Post nurse staffing information every day.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interview, the facility failed to ensure the daily nursing staff form posted was accurate and complete. The daily census was not included on the posting for three (3) of four (4) days observed. Facility census: 52.Findings included:Upon entrance to the facility on [DATE] at approximately 11:15 AM, the daily nursing staff form was observed to be incomplete for January 17, 2026, January 18, 2026, and January 19, 2026. The daily census was not included on the posting for these days. During an interview on 01/18/26 at approximately 11:45 AM, the Director of Nursing (DON) concurred the nurse staff posting forms had not been accurately completed. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>Based on observation and staff interview, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections with regards to unsanitary practices. This failed practice was a random opportunity of discovery. Resident identifier: #10 Facility census: 52.Findings Included:a) Dining Room ObservationOn 01/19/26 at approximately 12:15PM, during dining room observations, it was observed that Employee #23 failed to properly sanitize her hands between assisting with one resident's wheelchair and then assist in feeding Resident #10 without washing her hands and changing her gloves.b) Staff Interviews-On 01/19/26 at 12:45PM in an interview with Employee #23, she acknowledged she did not use properly sanitizer her hands before returning to feed Resident #10.-During an interview with the Corporate Kitchen Manager on 01/20/26 at approximately 11:15 AM, he stated he was aware of the lack of hand sanitization in the dining room on 01/19/26. |