

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>50551</p> <p>Based on resident interview and observation, the facility failed to promote dignity by not serving residents who reside in the same room their meals at the same time. Resident identifier: #20. Facility census: 64.</p> <p>Findings included:</p> <p>a) Resident #20</p> <p>On 02/18/25 at 12:35 PM, Resident #20 and roommate were observed in their rooms during the lunch meal. Resident #20's roommate had been served a meal and was eating. Resident #20 was being visited by her husband.</p> <p>On 2/18/2025 at 1:05 PM Resident #20's husband was opening resident's food tray in her room. He reported that she was never served a tray, and he had to ask staff to get her one. He stated that the meatball sandwich served had mushy bread and was too hot as if it had been microwaved. Resident # 20 reported that she was just going to eat the meatballs out of the inside of the sandwich. Resident #20's husband reported that he asked why his wife was not served her meal at the same time as her roommate and replied they did not know.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50795</p> <p>Based on interviews and record reviews, the facility failed to inform the resident of the reason they were receiving hospice care. This was true for one (1) of eight (8) residents interviewed. Resident identifier: 40. Facility census: 64.</p> <p>Findings include:</p> <p>a) Resident #40</p> <p>During an interview, on 02/25/25, at approximately 1:10 PM, Resident #40 stated that hospice nurses visited him regularly. When asked why he was receiving hospice care, he expressed that he did not know what hospice was. He mentioned that he believed the hospice nurses visited everyone at the facility. The resident further stated that he was unaware of the specific hospice services being provided to him, saying, The staff bring me my medications and meals; otherwise, I take care of everything by myself.</p> <p>A record review conducted on 02/25/25, at 1:55 PM revealed that the resident had been admitted to the facility on [DATE]. He had been discharged from the hospital after an acute hospitalization for sepsis due to a urinary tract infection.</p> <p>The physician's admitting note dated 11/08/24 stated the resident had an acute hospitalization from [DATE] - 11/08/24 for concerns of sepsis secondary to a urinary tract infection. following:</p> <p>The overall recommendation was that the patient lacked decision-making capacity and likely had advancing dementia. Hospice was consulted as an in-patient as well, and family was agreeable for discharge to a long-term care facility on hospice due to severe dementia. He was deemed stable for discharge on 11/8/2024. This was the date he was admitted to the facility.</p> <p>Further record review revealed that hospice documents were signed by resident's Medical Power of Attorney (MPOA) on 11/08/24. The admitting diagnosis for hospice was documented as coronary artery disease (CAD).</p> <p>A Brief Interview for Mental Status (BIMS) evaluation was conducted on 02/10/25 at 2:52 PM by the Director of Social Services (DSS) 7. The results state the following:</p> <p>N Adv - BIMS Summary score: 15.0</p> <p>An interview with the DSS #7 on 02/18/25 at approximately 11:55 AM revealed that Resident #40's cognition is intact.</p> <p>During an interview with Administrator #10 on 02/25/25, at approximately 1:35 PM, it was noted that the resident was unaware he was on hospice care and did not understand the meaning of hospice. In response, the Administrator mentioned that the hospice nurses typically do a good job of explaining their services to the residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with the DON, on 02/25/25 at approximately 2:05 PM, upon being asked why Resident #40 was on hospice, she stated that she would have to check resident's record. After checking the record, the DON stated that Resident #40 was on hospice because of a diagnosis of Coronary Artery Disease. Upon being informed that the resident did not understand why he was receiving hospice services, DON stated that the hospice nurses were usually very good at explaining their services to the resident.</p> <p>A review of the resident's Care Plan on 02/25/25 at approximately 12:00 PM revealed the following:</p> <p>A review of the hospice record on 02/24/25, at approximately 1:30 PM, revealed no documentation that hospice services were explained to the resident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>50795</p> <p>Based on record review and interview, the facility did not notify or include the resident in the planning of their care. This included the right to be involved in the planning process, the right to request meetings, and the right to ask for revisions to their care plan. Resident identifier: #40. Facility census: 64.</p> <p>Findings include:</p> <p>a) Resident #40</p> <p>During an interview, on 02/18/25 at approximately 11:18 AM, the resident stated he wanted to have his status re-evaluated. He stated his physician had documented that he did not have the capacity to make medical decisions. The resident stated he had requested a meeting with the facility staff.</p> <p>During an interview with the Director of Social Services (DSS) #7 on 02/18/25, at approximately 11:55 AM, she was notified that Resident #40 wanted his capacity evaluated. DSS #7 stated it was a difficult situation because Resident #40's Brief Interview for Mental Status conducted on 02/10/25 had revealed Resident #40's cognition was intact. However, the resident's physician still had some reservations about the resident's ability to care for himself.</p> <p>Record review on 02/19/25 at approximately 12:45 PM revealed the interdisciplinary team had conducted a Care Plan meeting with the resident's MPOA on 02/19/25 at 11:37 AM. The facility had not notified, or invited, the resident to the care plan meeting.</p> <p>A review of the resident's Care Plan on 02/19/25 at approximately 1:00 PM revealed the following the resident would be involved in the care planning process.</p> <p>During an interview with DSS #7 on 02/19/25 at approximately 1:30 PM, she confirmed she had not notified the resident of the care plan meeting. SW stated that the person who usually sent out the notifications was no longer at the facility, and the resident had not been notified.</p> <p>During an interview with Physician #81 on 02/24/25 at approximately 11:00 PM, this surveyor notified the physician that Resident #40 was requesting a capacity evaluation to be conducted by another physician. Physician #81 was agreeable to the request and stated that he would notify the facility to schedule a consultation for the resident at the VA hospital.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>50795</p> <p>Based on the interview and record review, the facility failed to assess the resident's potential for independent ambulation, and failed to provide him with the assistance necessary to accomplish his choices. The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. Resident identifier: #22. Facility Census: 64.</p> <p>Findings include:</p> <p>a) Resident #22</p> <p>During an interview on 02/19/25 at approximately 11:11 AM, the resident stated he wanted to ambulate. He further stated that he had attempted to ambulate by walking behind his wheelchair, but staff stop him and ask him to sit in his wheelchair. Resident further stated if there was any reason why he was not allowed to ambulate by himself, he would like to be evaluated by occupational therapy.</p> <p>Record review on 02/19/25 at approximately 12:15 PM, revealed the resident had been on hospice since 11/11/24. Hospice was renewed on 02/01/24 with a diagnosis of Atherosclerotic Cardiovascular Disease (ASCVD)</p> <p>Further record review on 02/19/25 at approximately 12:15 PM revealed the following notes:</p> <p>A care plan note on 02/05/25 stated it was important for the resident to have the opportunity to engage in daily routines. The resident would have opportunities to make decisions/choices related to and for self-directed involvement in meaningful activities. An update to the care plan revealed the resident was classified as independent with no restrictions on 02/11/25, as revealed the following note:</p> <p>However, the resident stated that he was still restricted when attempting to ambulate by himself.</p> <p>During an interview with the Director of Nursing (DON) #27 on 02/19/25 at approximately 1:11 PM, DON stated that the resident had no restrictions.</p> <p>During an interview with the Director of Occupational Therapy (DOT) #52 on 02/19/25, she stated residents on hospice were not normally referred to the therapy department for services. However, DOT #52 stated that since the resident was requesting therapy, she would evaluate the resident for services.</p> <p>On 02/24/25, at approximately 9:45 AM, DOT #52 confirmed she had evaluated resident #22 and submitted a request for approval of services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give residents a notice of rights, rules, services and charges.</p> <p>50801</p> <p>Based on review of the resident council minutes, resident council meeting, and staff interview, the facility failed to inform residents both orally and in writing in a language that the residents understood of their rights and all rules and regulations governing resident conduct and responsibilities on a yearly basis. Resident identifiers: #9, #18, #22, #26, #31, #38, #40, #48, and #51. Census: 64.</p> <p>Findings included:</p> <p>a) On 02/19/25 at 10:38 AM, a review of the past 12 months of Resident Council meeting minutes was completed. Resident rights were not listed in the discussions during the Resident Council meeting minutes.</p> <p>During a Resident Council meeting, on 02/20/25 at 11:00 AM, the residents stated resident rights were not talked about during previous meetings. They could not remember staff discussing them in any fashion since the day of admission.</p> <p>During an interview on 02/20/25 at 11:55 AM, the Director of Social Services (DoSS) the DoSS stated, other than upon admission, she had not discussed resident rights with the residents since she started this facility as a social worker and was not aware of it being done prior to her employment.</p> <p>d) During an interview on 02/20/2024 at 12:00 PM, the Director of Nursing (DON) acknowledged she had worked in the facility for multiple years and did not remember staff members discussing rights with the residents.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>50801</p> <p>Based on the resident council meeting, observation, and staff interviews, the facility failed to post notice of the availability of the most recent survey results in areas of the facility that were prominent and accessible to the public. This was a random opportunity for discovery. Facility census: 64.</p> <p>Findings included:</p> <p>a) During the resident council meeting on 02/19/2024 at 11:00 AM, the residents stated they were unaware they had the right to see the most recent state survey results and did not know where the results were in the building.</p> <p>During a facility walk-through on 02/20/25 at 12:30 PM, it was observed that the facility did not post signage regarding the availability of the most recent survey results.</p> <p>During an interview on 02/20/25 at approximately 12:38 PM, the former Interim Administrator (FIA) acknowledged the absence of a posted notice regarding the availability of the most recent survey results for residents and/or visitors to review.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>50801</p> <p>Based on record review and staff interview, the facility failed to provide the required Skilled Nursing Facility Advanced Beneficiary Notice of Non-Coverage (SNF ABN) form to two (2) of two (2) residents reviewed during the annual survey process.</p> <p>Additionally, the facility failed to provide the required Notice of Medicare Non-Coverage (NOMNC) letter to one (1) of two (2) residents reviewed during the annual survey process.</p> <p>This failure placed residents at risk of not being informed of their rights prior to the end of Medicare Part A covered services. Resident identifiers: #218, #317, and #318. Facility census: 64.</p> <p>Findings Included:</p> <p>a) SNF ABN</p> <p>On 02/19/25 at 2:15 PM, a review was completed regarding the beneficiary protection notification liability notices given for two (2) residents who remained at the facility.</p> <ul style="list-style-type: none"> - Resident #218 began Medicare Part A skilled services on 09/05/24. The last covered day of Part A service was 10/16/24. There was no evidence that a SNF ABN form was provided. - Resident #317 began Medicare Part A skilled services on 10/17/24. The last covered day of Part A service was 10/22/24. There was no evidence that a SNF ABN form was provided. <p>In an interview on 02/19/25 at 2:55 PM, the Interim Administrator confirmed the facility could not provide evidence a SNF ABN form was given to residents # 218 and # 317 who had remained in the facility.</p> <p>b) NOMNC</p> <p>On 02/19/25 at 2:15 PM, a review was completed regarding the beneficiary protection notification liability notices given for the following resident:</p> <ul style="list-style-type: none"> - Resident #318 began Medicare Part A skilled services on 01/17/22. The last covered day of Part A service was 02/05/25. There was no evidence that a NOMNC form was provided. <p>In an interview on 02/20/25 at approximately 10:30 AM, the Interim Administrator stated the facility was unable to provide verification the NOMNC form was given to Resident #318.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>50801</p> <p>Based on observation and staff interview, the facility failed to provide a safe, clean, comfortable, and homelike environment. Resident #1's room was not in good repair. This was true for one (1) of 32 residents reviewed during the long term care survey process. Room identifier: 210-A. Resident identifier: #1. Facility census: 64.</p> <p>Findings included:</p> <p>a) Resident #1</p> <p>During an observation, on 02/18/25 at 3:43 PM, Resident #1's wall was observed on the right side with multiple drywall patches.</p> <p>One (1) large patch was approximately the size of a basketball. Three (3) smaller patches were also on the wall beside residents bed.</p> <p>When glancing at the right corner of the wall, it was observed that there was a crack measuring approximately 6 to 8 in length. Additionally, the right wall, when entering residents room, had nine (9) square drywall patches which were approximately 3 x 3 inches in size.</p> <p>This particular wall had a collection of resident's artwork, pictures, and personal items on display. Resident #1 enjoyed showing Surveyor her possessions and discussing each one with great pride.</p> <p>b) On 02/19/25 at 2:26 PM, the Director of Nursing (DON) stated painting and caulking was needed in the corner of the room and that she would also add the need to paint over the drywall patches to the maintenance work order system.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>50801</p> <p>Based on resident interview, observation, and staff interview, the facility failed to notify residents individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business. This was a random opportunity for discovery. Resident identifiers: #9, #18, #22, #26, #31, #32, #38, #40, #48, and #51. Facility census: 64.</p> <p>Findings included:</p> <p>a) During a resident council meeting, on 02/19/25 at 11:00 AM, the residents stated they knew they were able to file a grievance with the social worker, but did not know how or where to file an anonymous grievance or complaint.</p> <p>During a facility walk-through with the Administrator, on 02/20/25 at approximately 12:30 PM, the Administrator acknowledged there were no grievance forms available nor were there any posted signs stating residents were able to file a grievance anonymously.</p> <p>b) On 02/20/25 at approximately 12:30 PM, During an interview/walk through with the facility Administrator, She acknowledged there weren't any posted signs where residents were able to file a grievance anonymously.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>43340</p> <p>Based on record review and staff interview, the facility failed to ensure residents were free from resident-to-resident abuse. This was true for six (6) of six (6) facility reported incidents reviewed. Resident identifiers: #54, #30, #216, #48, #218, #32, and #12. Facility census: 64.</p> <p>Findings included:</p> <p>a) A record review, completed 02/19/25 at 6:30 PM, revealed there was a resident-to-resident altercation on 11/27/24 at 12:00 PM. The facility reportable and investigation revealed that staff observed Resident #54 pushing Resident #30 in his wheelchair down the hallway. Resident #54 aggressively shoved the wheelchair forward causing Resident #30 to fall to the floor. Resident #30 had an abrasion on his head and some skin tears on his right hand.</p> <p>A record review, completed on 02/19/25 at 7:15 PM, revealed there was a resident-to-resident altercation on 12/01/24 at 4:15 PM. The facility reportable and investigation revealed that staff were notified by the family of Resident #216 that Resident #54 was yelling at them and becoming hostile while they were trying to visit. Resident #54 began making verbal threats when staff attempted to redirect.</p> <p>A record review, completed on 02/19/25 at 8:04 PM, revealed there was a resident-to-resident altercation on 12/10/24 at 4:30 PM. The facility reportable and investigation revealed staff reported that Resident #54 was trying to hit Resident #48. Resident #48 reported Resident #54 threatened to kill him. Resident #48 reported he blocked the hits with his arm. Resident #48 had red marks on his arm where Resident #54 grabbed him and hit him. The two residents were separated. Resident #48 was assessed for emotional/physical injury. The resident had red marks on his arm but did not require medical intervention. Resident #48 denied any emotional harm.</p> <p>A record review, completed on 02/20/25 at 4:38 PM, revealed there was a resident-to-resident altercation on 12/26/24 at 4:30 PM. The facility reportable and investigation revealed staff reported the nurse on duty heard staff telling Resident #54 to stop hitting. When the nurse walked into the hall, Resident #48 was asked about what happened and he stated that Resident #54 was already upset and came up to him and hit him on the right shoulder. The residents were separated, and Resident #48 was assessed for injuries. The resident's shoulder was red from the blow but did not require medical attention. Resident #48 denied any emotional harm.</p> <p>A record review, completed on 02/20/25 at 5:07 PM, revealed there was a resident-to-resident altercation on 12/28/24 at 1:19 PM. The facility reportable and investigation revealed staff reported Resident #54 was in the dining room for the communal lunch program. There were approximately 6-7 resident remaining in the dining room at the time of the incident. The Activities Assistant was about 20 feet away from Resident #54 when Resident #218 returned to the dining room. Resident #54 got up and walked over to Resident #218 and kicked him in the right shin. The Activities Assistant immediately removed the victim from the dining room and asked for Nurse Aide assistance with Resident #54 and he was redirected.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #218 was assessed for injuries and no injuries were noted. Both residents were started on a change in condition to continue to monitor.</p> <p>A record review, completed on 02/24/25 at 7:27 PM, revealed there was a resident-to-resident altercation on 02/11/24 at 6:35 PM. The facility reportable and investigation revealed staff reported Resident #54 hit Resident #32 on the head while in the hallway. The residents were immediately separated. A head-to-toe assessment was completed on Resident #32. He denied pain or injury.</p> <p>Resident #54 then went further up the hallway and started to hit Resident #12, but his son intervened and prevented it from happening. Resident #54 was redirected by staff.</p> <p>During an interview on 02/24/25 at 3:45 PM, the former Interim Administrator (FIA) acknowledged Resident #54 had experienced numerous resident-to-resident altercations which had been substantiated by the facility as either verbal or physical abuse.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>43340</p> <p>Based on record review and staff interview, the facility failed to ensure allegations of resident-to-resident abuse were reported within two (2) hours to the appropriate state agencies. The failure to make a timely report was true for one (1) of nine (9) sampled resident-to-resident altercations involving abuse that were reviewed during the Long-Term Care Survey Process as well as complaint investigations. Resident identifiers: #54, #216. Facility census: 64.</p> <p>Findings included:</p> <p>a) A record review, completed on 02/19/25 at 7:15 PM, revealed there was a resident-to-resident altercation on 12/01/24 at 4:15 PM involving Resident #54 and Resident #216. The record reflected the facility notified the Office of Health Facility Licensure and Certification (OHFLAC) on 12/01/24 at 4:46 PM. However, the facility did not notify Adult Protective Services (APS) until two (2) days later, on 12/03/24 at 10:36 AM.</p> <p>During an interview on 02/24/25 at 3:45 PM, the former Interim Administrator acknowledged there was no evidence APS had been notified within the mandated two (2) hour window and that it appeared it had been sent two (2) days after the incident. The former Interim Administrator (FIA), This happened over a weekend. When I noticed I couldn't find the original confirmation, I resent it.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>43340</p> <p>Based on record review and staff interview, the facility failed to complete their self-identified corrective action which was intended to protect residents following an investigation into a resident-to-resident physical altercation that was verified as abuse. The facility failed to oversee the complete implementation of staff being retrained on the facility's 1:1 Supervision policy. This failed practice had the potential to affect more than a limited number of residents in the building. Facility Census: 64</p> <p>Findings included:</p> <p>a) Resident #54</p> <p>A record review, completed on 02/20/25 at 5:07 PM, revealed there was a physical resident-to-resident altercation on 12/28/24 at 1:19 PM. The facility reportable and investigation revealed staff reported Resident #54 was in the dining room for the communal lunch program. There were approximately 6-7 resident remaining in the dining room at the time of the incident. The Activities Assistant was about 20 feet away from Resident #54 when Resident #218 returned to the dining room. Resident #54 got up and walked over to Resident #218 and kicked him in the right shin. The Activities Assistant immediately removed the victim from the dining room and asked for Nurse Aide (NA) assistance with Resident #54 and he was redirected.</p> <p>Resident #54 had been placed on 1:1 observation due to a previously reported incident on 12/26/24 with a different resident. Throughout their investigation process, the facility identified the need to retrain staff on the 1:1 Supervision policy because there had been a communication breakdown when the assigned NA had gone on break. Resident #54 ended up in the dining room without 1:1 supervision for the 12/28/24 resident-to-resident incident.</p> <p>Review of the facilities credible evidence for training staff revealed the following staff members had not been retrained on the 1:1 Supervision policy:</p> <ul style="list-style-type: none"> -Nurse Aide (NA) #17 -Registered Nurse (RN) #27 -NA #16 -NA #29 -NA #9 -NA #6 -RN #36 -MDS Nurse #25 <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 - Some</p>	<p>-Director of Social Services</p> <p>-RN #51</p> <p>-NA#60</p> <p>-LPN #59</p> <p>-NA #42</p> <p>-NA #56</p> <p>-RN #71</p> <p>-NA #55</p> <p>During an interview on 02/24/25 at 3:45 PM, the former Interim Administrator (FIA) stated the facility shared what they had found regarding the staff re-education. The FIA stated there had been a binder that had evidence of all staff receiving the training, but it could not be found. It was acknowledged that the above-mentioned staff had not received the re-training regarding the facility's 1:1 Supervision policy and they had all been assigned 1:1 Supervision of Resident #54 since the 12/28/24 incident.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45173</p> <p>Based on record review and staff interview, the facility failed to develop and/or implement a comprehensive care plan regarding Resident #219's activities preferences, weights, and dental issues, Resident #220 anticoagulation therapy, Resident #42's behavior and side effect monitoring of medications as well as activities, Resident #8's leave of absence and Resident #54's physical behavior. This is true for (5) five of 32 residents reviewed during the survey process. Resident identifiers: #219, #220, #42, #8 and #54. and Facility census: 64.</p> <p>Findings include:</p> <p>a) Resident #219</p> <p>On 02/19/25 at 10:00 AM, a record review was completed for Resident #219. The review found the care plan was not developed under the risk for limited engagement related to diagnosis of major depression, prostate cancer, anemia, morbid obesity. (Typed as written.) The following interventions under this focus area were:</p> <p>--I like to participate in (blank) with groups of people.</p> <p>--I am of (blank) faith and would like to participate in religious services/practices such as (blank)</p> <p>--I would benefit from accommodations for visual impairments by using audio books/books on tape, some to read to them, large print materials, magnifier/telescope glasses, and/or others (blank)</p> <p>On 02/19/25 at 3:07 PM, the Administrator was notified and confirmed the care plan had not been completed under this focus area.</p> <p>The record review found the resident was noted with significant weight loss. Under the focus area of Resident is at nutritional risk: related to rectal cancer and altered skin integrity. The intervention weigh monthly and alert dietician and physician of any significant loss or gain, was not implemented due to no weight being noted for 09/2024 in the record.</p> <p>On 02/25/25 at approximately 1:00 PM, the Regulatory Compliance Advisor #76 was notified and confirmed there was no documented weight for 09/2024.</p> <p>The review found the care plan had not been developed regarding dental issues. The resident was admitted to the facility on [DATE]. The clinical admission was completed on 07/11/24 under section EENT (Eye, Ear, Nose, Throat) group acknowledged the resident was edentulous.</p> <p>A progress note dated 09/18/24 during a regulatory visit with the facility physician stated, He says that he met with a VA (Veteran's Administration) representative earlier today about getting dentures .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 02/25/25 at 11:48 AM, the Director of Nursing (DON) acknowledged no routine dental care was scheduled or provided during the resident's stay at the facility.</p> <p>b) Resident #220</p> <p>On 02/19/25 at 11:30 AM, a record review was completed. The review found the care plan had not been developed regarding anticoagulation therapy. The goal was written as, Resident will not exhibit sign/symptoms of bleeding x (times) (blank) days.</p> <p>on 02/19/25 at 3:07 PM, the Administrator was notified and confirmed the care plan had not been completed.</p> <p>c) Resident #42</p> <p>On 02/25/25 at 10:10 AM, a record review was completed. The review found the care plan had not been developed regarding monitoring of side effects and behaviors for a resident receiving psychotropic medications. The resident was currently prescribed Depakote, Trazodone, Ativan and Zolofl.</p> <p>On 02/25/25 at 3:05 PM, the DON was notified and confirmed the side effect and behavior monitoring was not on the care plan.</p> <p>43340</p> <p>d) Resident #54</p> <p>Resident-to-Resident Physical Abuse Involving Resident #54 and Resident #30</p> <p>A record review, completed 02/19/25 at 6:30 PM, revealed there was a resident-to-resident altercation on 11/27/24 at 12:00 PM. The facility reportable and investigation revealed that staff observed Resident #54 pushing Resident #30 in his wheelchair down the hallway. Resident #54 aggressively shoved the wheelchair forward causing Resident #30 to fall to the floor. Resident #30 had an abrasion on his head and some skin tears on his right hand.</p> <p>A record review, completed on 02/19/25 at 8:04 PM, revealed there was a resident-to-resident altercation on 12/10/24 at 4:30 PM. The facility reportable and investigation revealed staff reported that Resident #54 was trying to hit Resident #48. Resident #48 reported Resident #54 threatened to kill him. Resident #48 reported he blocked the hits with his arm. Resident #48 had red marks on his arm where Resident #54 grabbed him and hit him. The two residents were separated. Resident #48 was assessed for emotional/physical injury. The resident had red marks on his arm but did not require medical intervention. Resident #48 denied any emotional harm.</p> <p>A record review, completed on 02/20/25 at 4:38 PM, revealed there was a resident-to-resident altercation on 12/26/24 at 4:30 PM. The facility reportable and investigation revealed staff reported the nurse on duty heard staff telling Resident #54 to stop hitting. When the nurse walked into the hall, Resident #48 was asked about what happened and he stated that Resident #54 was already upset and came up to him and hit him on the right shoulder. The residents were separated, and Resident #48 was assessed for injuries. The resident's shoulder was red from the blow but did not require medical attention. Resident #48 denied any emotional harm.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review, completed on 02/20/25 at 5:07 PM, revealed there was a resident-to-resident altercation on 12/28/24 at 1:19 PM. The facility reportable and investigation revealed staff reported Resident #54 was in the dining room for the communal lunch program. There were approximately 6-7 resident remaining in the dining room at the time of the incident. The Activities Assistant was about 20 feet away from Resident #54 when Resident #218 returned to the dining room. Resident #54 got up and walked over to Resident #218 and kicked him in the right shin. The Activities Assistant immediately removed the victim from the dining room and asked for Nurse Aide assistance with Resident #54 and he was redirected.</p> <p>Resident #218 was assessed for injuries and no injuries were noted. Both residents were started on a change in condition to continue to monitor.</p> <p>A record review, completed on 02/24/25 at 7:27 PM, revealed there was a resident-to-resident altercation on 02/11/24 at 6:35 PM. The facility reportable and investigation revealed staff reported Resident #54 hit Resident #32 on the head while in the hallway. The residents were immediately separated. A head-to-toe assessment was completed on Resident #32. He denied pain or injury.</p> <p>Resident #54 then went further up the hallway and started to hit Resident #12, but his son intervened and prevented it from happening. Resident #54 was redirected by staff.</p> <p>Review of Resident #54's care plan, completed on 02/24/25 at 2:00 PM, revealed that the care plan did not reflect resident's history of physically aggressive behaviors.</p> <p>During an interview on 02/24/25 at 3:40 PM, the Corporate Clinical Advisor #80 confirmed that Resident #54's care plan did not include the fact that resident had a history of being physically aggressive with other residents.</p> <p>50551</p> <p>e) Resident #8.</p> <p>On 02/25/25 at 01:55 PM, Resident #8 was observed entering the facility through the side door with a bag of snacks while using his electric wheelchair. Resident #8 reported that he leaves the facility when he wants to and has to sign in and out with the nurses. He stated he often uses his wheelchair to travel the approximate half a mile to the gas station to get snacks.</p> <p>On 02/25/25 at 2:00 an Interview with Director of Nursing (DON) #27 revealed that resident has a sign in/sign out sheet at the nurses station. She acknowledged that is was not in his care plan to address leaving the facility on his wheelchair. She reported that she did not know where he went when he left the facility. When asked about the missing signatures and times on the sign in/sign out sheet, DON replied that nursing must have forgotten to fill those in when Resident #8 returned.</p> <p>On 02/25/25 at approximately 2:15 PM a review of resident's records included:</p> <p>-Review of sign in/sign out sheet labeled Release of Responsibility for leave of Absence revealed the following dates for this year.</p> <p>1/7/25 Resident #8 signed out at 10:00 with no sign in signature or time.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1/8/25 Resident #8 signed out at 9:04 with no sign in signature.</p> <p>1/8/25 Resident #8 signed out at 4:45 PM with no sign in signature or time for return.</p> <p>1/14/25 was dated with time of 7:23 AM with no in or out signature.</p> <p>1/18/25 Resident #8 at 5:15 signed out and signature to sign in 5:25 PM.</p> <p>1/20/25 at 7:38 Resident #8 signed out and no signature or time to sign back in.</p> <p>2/6/25 at 14:20 Resident #8 signed out with no sign in signature or time to of return.</p> <p>2/25/25 at 12:54 Resident #8 signed out with no return signature or time</p> <p>- Review of Capacity Statement revealed that he has capacity to make his own decisions.</p> <p>-Review of of care plan did not include leaves of absence taken by resident.</p> <p>-Review of physician orders revealed Resident #8 may leave center unaccompanied: utilizing transportation method of their choice, arranged by center, and private vehicle dated 12/27/2024.</p> <p>42120</p> <p>f) Resident #42</p> <p>Observation of resident #42 throughout the long-term survey found that he stayed in bed all the time.</p> <p>A review of Resident #42's care plan revealed that it was not Person centered.</p> <p>Focus:</p> <p>(Name) exhibits or is at risk for limited and/or meaningful engagement related to:</p> <p>Cognitive loss/dementia.</p> <p>Created on: 01/04/2025</p> <p>Goal:</p> <p>Resident with cognitive impairment will consistently respond and attend to stimuli as evidenced by reaching, grasping, turning in direction of the stimulus, vocalizing, gazing at stimulus, positional changes during sensory programs. Created on: 01/04/2025.</p> <p>Interventions:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>--Provide resident/patient with opportunities for choice during care/activities to provide a sense of control. Created on: 01/04/2025.</p> <p>--Present opportunities for resident/patient to interact with other residents/patients to share unique skills or knowledge. Created on: 01/04/2025.</p> <p>--Establish a relationship with resident/patient using one-to-one interventions, informal conversations and/or small groups to foster resident/patient trust and an environment where resident/patient feels comfortable expressing interests and participating in activity. Created on: 01/04/2025</p> <p>--Encourage family/friend's support and involvement in facility-based activities and Opportunities. Created on: 01/04/2025</p> <p>During an interview on 02/25/25 at 10:10 AM the Activities Director stated that Resident #42 needed one-on-one activities because he doesn't come out of his room.</p> <p>During an Interview on 02/25/25 @ 3:13 PM the Regulatory Compliance Advisor (RCA) verified the care plan did not reflect individualized care planning.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>45173</p> <p>Based on record review and staff interview, the facility failed to revise the care plan regarding the amount of assistance needed for activities of daily living (ADLs) for Resident #45. This was true for one (1) of five (5) residents reviewed under the care area of activities. Resident identifier: #45. Facility Census: 64.</p> <p>Findings include:</p> <p>a) Resident #45</p> <p>On 02/20/25 at 11:03 AM, a record review was completed for Resident #45. The record review found under the care plan focus area of risk for decreased ability to perform ADLs (activities of daily living) in bathing, dressing .related to limited mobility.</p> <p>The intervention listed was, provide with partial/moderate assist for bathing as needed. However, the Minimum Data Set (MDS) quarterly dated 01/02/25 listed the resident needed substantial/maximal assistance for bathing.</p> <p>An interview was held with the Director of Nursing (DON) on 02/20/25 at 2:10 PM. The DON stated, the care plan is incorrect .the MDS is correct. regarding assistance needed for bathing.</p> <p>50795</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50795</p> <p>Based on interview and record review, the facility failed to assess the resident's potential for independent ambulation, and to ensure that appropriate treatments and services could be provided to maximize the resident's functional abilities. Resident Identifier: #22. Facility Census: 64.</p> <p>Findings Include:</p> <p>a) Resident #22</p> <p>During an interview on 02/19/25 at approximately 11:11 AM, the resident stated that he wanted to ambulate. He further stated that he has attempted to ambulate by walking behind his wheelchair, but staff stop him and ask him to sit in his wheelchair. Resident further stated that if there was any reason why he was not allowed to ambulate by himself, He would like to be evaluated by occupational therapy.</p> <p>Record review on 02/19/25 at approximately 12:15 PM, revealed resident has been on hospice since 11/11/24. Renewed on 02/01/24 with a diagnosis of Atherosclerotic Cardiovascular Disease (ASCVD)</p> <p>Further record review on 02/19/25 at approximately 12:15 PM revealed the following notes:</p> <p>A nursing note on 01/14/25 at 1:05 AM:</p> <p>A Lift Transfer Evaluation was completed today. Suggested Turning/Repositioning Needs: requires at least 2 staff with Repositioning Device. Suggested Lift/Transfer Needs: Total Lift Divided Leg Sling. Indicate Sling Size and Color: blue split leg.</p> <p>On 1/15/25 a note by Physician #81:</p> <p>Date of Service: 2025-01-15</p> <p>Visit Type: History physical</p> <p>Details: Chief complaint:</p> <p>Weakness</p> <p>Deconditioning</p> <p>ADL Deficits</p> <p>COVID-19</p> <p>History of present illness:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>[Resident] is a [AGE] year-old male after an acute hospitalization who presents to the Rosewood Center in [NAME], [NAME] Virginia, JW [NAME] Memorial Hospital in Morgantown, [NAME] Virginia, from 1/11/2025 through 1/14/2025 due to COVID-19 viremia. Due to the residents' underlying dementia, most of the HPI has been derived from collateral nursing staff, family, and chart review. Resident originally presented to [NAME] as his caregiver and spouse are infected with COVID-19 and unable to care for him at this time. He is currently on hospice with the care of his family at home. hospitalization is grossly unremarkable. Deemed stable for discharge on 1/14/2025, he discharged to the Rosewood Center in [NAME], [NAME] Virginia for respite care until his caregivers are able to resume hospice care at home.</p> <p>Care plan notes on 02/05/25 which stated the following:</p> <p>FOCUS</p> <p>While in the facility [Resident] states that it is important that he has the opportunity to engage in daily routines that are meaningful relative to their preferences.</p> <p>Date Initiated: 01/18/2025</p> <p>Created on: 01/18/2025</p> <p>Created by: Recreation Director #23</p> <p>Revision on: 01/18/2025</p> <p>Revision by: Recreation Director #23</p> <p>Resident/Patient requires assistance/is dependent for ADL care in bathing, grooming, personal hygiene, dressing, eating, bed mobility, transfer, locomotion,</p> <p>toileting related to: Limited mobility</p> <p>Date Initiated: 02/05/2025</p> <p>Created on: 02/05/2025</p> <p>Revision on: 02/11/2025</p> <p>Revision by: RN #33</p> <p>GOAL:</p> <p>Resident will have opportunities to make decisions/choices related to/for self-directed involvement in meaningful activities</p> <p>Date Initiated: 01/18/2025</p> <p>Created on: 01/18/2025</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Created by: Recreation Director #23</p> <p>Target Date: 04/20/2025</p> <p>Residents/Patients ADL care needs will be anticipated and met throughout the next review period.</p> <p>Date Initiated: 02/05/2025</p> <p>Created on: 02/05/2025</p> <p>Created by: RN #71</p> <p>Target Date: 04/20/2025</p> <p>An update to the care plan revealed that resident was classified as independent with no restrictions on 02/11/25, as revealed in the following note:</p> <p>LIFT STATUS: Independent with no device</p> <p>Date Initiated: 02/11/2025</p> <p>Created on: 02/11/2025</p> <p>Created by: RN #33</p> <p>The resident stated that he was still restricted when attempting to ambulate by himself, but no services have been offered to facilitate his independence.</p> <p>During an interview with the Director of Nursing (DON) on 02/19/25 at approximately 1:11 PM, DON stated that the resident has no restrictions.</p> <p>During an interview with the Director of Occupational Therapy (DOT) #52 on 02/19/25, she stated that residents on hospice were not normally referred to the therapy department for services. However, DOT #52 stated that since the resident was requesting therapy, she would evaluate the resident for services.</p> <p>On 02/24/25, at approximately 9:45 AM, DOT #52 confirmed that she had evaluated resident #22 and submitted a request for approval of services.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45173</p> <p>Based on observation, record review and staff interview, the facility failed to provide activities of daily living for a dependent resident (Resident #45). This was true for one (1) of five (5) residents reviewed under the care area of activities of daily living. Resident identifier: #45. Facility Census: 64.</p> <p>Findings include:</p> <p>a) Resident #45</p> <p>On 02/18/25 at 12:00 PM, an initial interview was held with Resident #45. Upon entering the resident's room, a foul smell of body odor was noted. A review of the quarterly Minimum Data Set, dated dated [DATE] indicated the resident required substantial/maximal assistance needed for bathing. On 02/20/25 at 11:03 AM, a review of bathing under the tasks tab from 01/01/25 through 02/20/25 was completed. The review found the resident went multiple days without any form of bathing. The following list indicates the timeframe:</p> <ul style="list-style-type: none"> --01/02/25 shower --01/06/25 bed bath (four days) --01/09/25 shower (three days) --01/13/25 bed bath (four days) --01/23/25 shower (ten days) --01/27/25 shower (four days) --01/28/25 shower (one day) --02/08/25 shower (eleven days) --02/10/25 bed bath (two days) --02/14/25 shower (four days) --02/15/25 shower (one day) --02/20/25 no documentation (five days) <p>The review found there were no refusals by the resident noted. On 02/20/25 at 11:15 AM, the resident was in the activities room. The resident continued to appear disheveled.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/20/25 at 2:10 PM, the Director of Nursing (DON) was notified and confirmed the resident did not have any further documentation regarding ADLs during this timeframe.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>45173</p> <p>Based on record review and staff interview the facility failed to ensure they provided care to facility residents based on their comprehensive assessment and that residents received treatment and care in accordance with professional standards, a comprehensive care plan and the resident's choices for three (3) of 32 residents.</p> <p>The facility failed to follow physician's orders regarding medication administration, weight orders, and medical appointments for Resident #129, correct diagnosis for an antipsychotic medication for Resident #42 and Resident #7's choice to be placed in bed. Resident identifiers: #219, #42 and #7. Facility Census: 64.</p> <p>Findings Include:</p> <p>a) Resident #219</p> <p>On 02/25/25 at 10:48 AM, a record review was completed regarding medication administration and treatments. The review of the 07/24 through 10/24 documentation found multiple wholes on the medication and treatment administration records for 08/24. The following medications/treatments were not administered as ordered:</p> <p>--Fingerstick blood glucose twice daily for diabetes mellitus--08/07/24 6:00 AM</p> <p>--Normal saline 0.9% 10 ml (milliliter) flush for PICC (peripheral inserted central catheter) line maintenance--08/08/24 day shift</p> <p>--Synthroid 150 mcg (microgram) daily for hypothyroidism--08/07/24 6:00 AM</p> <p>--Sodium Bicarbonate 650 mg (milligram) one tablet three times daily supplement--08/07/24 6:00 AM</p> <p>--Volaren External Gel 1% apply to top of feet every 6 (six) hours for foot pain-- 08/07/24 6:00 AM</p> <p>The following treatments were not completed as ordered:</p> <p>--Perform indwelling catheter care every shift--08/07/24 evening shift</p> <p>--Miconazole powder apply to groin and skin folds every shift for yeast--08/07/24 evening shift</p> <p>--Cleanse buttocks with soap and water, apply dry gauze, cover with ABD pad--08/07/24 evening shift</p> <p>--Cleanse right buttock puncture sites with drains with soap and water, dry surrounding skin, apply dry incontinent pad under resident, every shift for drain site care--08/07/24 evening shift</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>--Cleanse left inner groin with soap and water, light pack with wet to dry dressing, cover with ABD pad every shift for surgical wound--08/07/24 evening shift</p> <p>On 02/25/25 at approximately 2:00 PM, the Director of Nursing (DON) confirmed the physician's orders for medication administration and treatments were not followed as ordered.</p> <p>On 02/24/25 09:28 AM, a record review was completed regarding nutrition. The review found a physician's order dated 07/11/24 to weigh monthly. The physician's order to weigh monthly was not followed; no documentation of a weight for 09/2024 was found.</p> <p>On 02/25/25 at approximately 1:30 PM, the Regulatory Compliance Advisor #76 confirmed there was no documentation of a weight for 09/2024.</p> <p>On 02/25/25 at 10:48 AM, a record review was completed for Resident #219. The review found the physician's orders for outside appointments were not followed. The rescheduled outside appointments did not have a new physician's order nor a progress note with a reason the outside medical appointments were not kept. The following list the physician's orders of the appointments and when the resident actually attended the appointment:</p> <p>--07/25/24 10:00 AM for laboratory tests and a nephrology appointment (changed to 08/12/24 with no documented reason)</p> <p>--08/14/24 10:00 AM for the wound clinic (canceled no documented reason)</p> <p>--09/05/24 9:30 AM for an oncology appointment (changed to 10/03/24 with no documented reason)</p> <p>--09/06/24 7:15 AM for PET scan (changed to 09/17/24 with no documented reason)</p> <p>On 02/25/25 at 9:38 AM, the DON was interviewed. The DON stated, The transportation was contracted with (Name of Ambulance company). Sometimes they couldn't transport, sometimes the resident rescheduled himself .we couldn't transport the resident in the facility van because he was a large man. Sometimes if (Name of Ambulance company) had an emergency they wouldn't transport .I can't tell you what happened on each appointment.</p> <p>b) Resident #42</p> <p>On 02/25/25 at 10:00 AM, a record review was completed for Resident #42 regarding unnecessary medications. At this time, the monthly pharmacy reviews and recommendations found multiple recommendations to add the appropriate diagnosis to the antipsychotic medication Seroquel.</p> <p>The 04/03/24, 08/30/24, 10/14/24, 10/28/24 and 12/19/24 monthly review listed the same recommendations. The correct diagnosis (dementia with behaviors) listed by the pharmacist was noted on the 12/19/24 review. The physician's order diagnosis was listed as anxiety and behaviors.</p> <p>On 02/25/26 at 11:48 AM, the DON acknowledged the correct diagnosis was not added. The DON stated, Maybe because he went in and out of the facility and it was correct one time and all the others it was incorrect.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>50795</p> <p>c) Resident #7</p> <p>During a brief interview on 02/18/25 at approximately 1:53 PM, the resident was observed in his bed, watching TV. The resident was on oxygen therapy, and a covered Foley catheter bag was observed hooked to the foot of the resident's bed. Resident stated that he is unable to transfer by himself. He stated that he does not participate in activities due to this reason. He prefers to spend his time watching TV or talking to his family.</p> <p>A review of the resident's care plan revealed he required a mechanical lift.</p> <p>The resident was again observed on 02/19/25 at approximately 8:55 AM sitting in a recliner by his bed. The resident asked RN #74, who was administering medications to his roommate, if he could be moved back into his bed. RN #74 stated that she would notify the nursing assistants to move him back.</p> <p>At approximately 10:35 AM, Resident #7 was observed, still in his recliner. Upon being asked whether anyone had come around to move him to his bed, the resident stated that he was still waiting. Upon being questioned as to why the resident had not been moved, RN #74 stated that it was possibly because the nursing assistants knew that Resident #7 was scheduled for therapy at 11:30 AM,</p> <p>During an interview with the Director of Nursing (DON) on 02/19/25 at approximately 10:55 AM, it was brought to the DON's attention that Resident #7 had requested to be moved from his recliner back to his bed approximately two (2) hours ago. Upon being notified that the resident was still in his recliner at 10:55 AM, waiting to be moved the DON confirmed that the resident should have been transferred to his bed when he requested it.</p> <p>Further observation at approximately 11:18 AM revealed the resident in his bed, watching TV.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>50795</p> <p>Based on observation, record review, and interviews, the facility failed to provide hearing, and vision care for two (2) residents. Resident Identifiers: #40, #219. Facility Census: 64.</p> <p>Findings include:</p> <p>a) Resident #40</p> <p>During an interview, on 02/18/25 at approximately 11:05 PM, Resident #40 stated that he was having difficulty hearing. Resident #40 was observed wearing hearing aids. The resident stated that his hearing aids were not working well, and that he had mentioned it to staff. He stated that the staff was aware that his hearing aids were faulty, and they spoke loudly to ensure they were heard.</p> <p>RN # 74 on 02/18/25 at approximately 12:02 PM confirmed the resident wore hearing aids but was unable to hear well. She stated that at times, his hearing was better.</p> <p>A review of the resident's Care Plan revealed he would benefit from hearing aids due to hearing loss. This plan was created on 11/10/24.</p> <p>On 02/18/25 at approximately 2:16 PM, the Director of Nursing (DON) was made aware that the resident was having difficulty hearing. DON stated that she would schedule the resident for an evaluation of his hearing aids at the VA hospital.</p> <p>NHA Regulatory Compliance Advisor #76 on 02/24/25 at 1:15 PM confirmed the resident has been scheduled at the VA for 03/04/25</p> <p>45173</p> <p>b) Resident #219</p> <p>On 02/25/25 at 9:15 AM, a record review for Resident #219 was completed. The review found the following progress note dated 08/21/24 at 11:06 PM stated, resident states his glasses have come up missing, will continue to look for them and pass on to oncoming shift for them to pass on also. will ask laundry also.</p> <p>An additional progress note dated 08/23/24 at 12:01 AM stated, Resident still has not found his glasses, will pass on to oncoming shift to keep looking and to ask housekeeping and laundry . The review, also, found no vision services were provided or scheduled for the resident.</p> <p>An interview was held with the Interim Administrator (IA) #10 on 02/25/25 at approximately 1:30 PM. IA #10 stated, We don't have a grievance/concern regarding lost glasses .I didn't know about the lost glasses.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>50801</p> <p>Based on observation, record review, and staff interview, the facility failed to ensure an environment that was free from accident hazards over which the facility had control. This was true for one (1) of 32 residents reviewed in the annual Long-Term Care Survey Process. Resident identifier: #1. Facility census: 64.</p> <p>Findings included:</p> <p>a) Resident #1</p> <p>Observation in Resident #1's room, on 02/18/2025 at 11:30 AM, found an opened box containing a 2.5 fluid oz. bottle of maximum strength Aspercreme with Lidocaine in Resident #1's bathroom. Resident #1 stated, The Nurse told me it would help my back pain.</p> <p>A subsequent record review revealed there was no physician order stating that Resident #1 could administer her own medication. Nor was there a physician order for the Aspercreme with Lidocaine which had been in the resident's possession.</p> <p>Review of the MSDS revealed the following information:</p> <ul style="list-style-type: none"> -This product is not meant for oral consumption or for ophthalmic use. -Inhalation: May cause irritation of nose and throat -Ingestion: May be harmful if swallowed -Skin Contact: May cause slight irritation. -Eye Contact: Will cause irritation to the eyes <p>During an interview, on 02/19/25 at 2:26 PM, the DON verified the Aspercreme with Lidocaine was in resident's room with no supporting physician orders and stated it should be removed from the resident's room.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>50801</p> <p>Based on record review and staff interview, the facility failed to ensure that pain management was provided in a manner consistent with professional standards of practice. This was true for one (1) of two (2) residents reviewed under the pain pathway during the Long-Term Care Survey Process. Resident identifier: #19. Facility census: 64.</p> <p>Findings included:</p> <p>a) Resident #19</p> <p>A record review, completed on 02/19/25 at 1:49 PM, revealed the following order for Resident #19:</p> <p>-Norco Oral Tablet 10-325 MG (Hydrocodone-Acetaminophen) *Controlled Drug*</p> <p>Give 1 tablet by mouth every 6 hours as needed for Pain scale 5-10.</p> <p>Review of the Medication Administration Record for December 2024 revealed the following details:</p> <p>-On December 4, 2024, on the afternoon shift Resident #19's pain level was rated as 0. Norco was administered.</p> <p>-On December 6, 2024, on the day shift Resident #19's pain level was rated as 0. Norco was administered.</p> <p>-On December 16, 2024, on the day shift Resident #19's pain level was rated as 2. Norco was administered.</p> <p>-On December 19, 2024, on the day shift Resident #19's pain level was rated as 3. Norco was administered.</p> <p>During an interview on 02/19/25 at 3:20 PM, the Director of Nursing (DON) stated that Norco should not have been given outside the parameters of the physician's order.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>45173</p> <p>Based on record review and staff interview, the facility failed to ensure care and services, in addition to professional standards to address the needs of a trauma/post-traumatic stress disorder (PTSD) survivor for Resident #27. This is true for one (1) of four (4) residents reviewed under the care area of mood and behavior. Resident identifier: #27. Facility Census: 64.</p> <p>Findings include:</p> <p>a) Resident #27</p> <p>On 02/18/25 at 12:30 PM, an initial interview was attempted with Resident #27. The resident appeared to be sleeping. An observation was made of the mirror at the shared sink in the resident's room being covered with paper. At this time, the roommate, Resident #43 stated, They did that for him .he thinks people are coming through the mirror and the window after him. Multiple attempts were made to interview the resident. The final attempt was made on 02/19/25 at approximately 9:30 AM. The resident was non-interviewable with garbled speech.</p> <p>On 02/19/25 at 12:14 PM, an interview was held with the Director of Rehabilitation Services (DORS) #52. DORS #52 was present in the room to offer physical therapy to the resident. DORS #52 stated, The resident has PTSD and thinks someone is coming after him (mirror covered at shared sink) and sometimes the windows too.</p> <p>On 02/19/25 at 12:25 PM, the following focus area was found on the care plan, (First Name of resident) exhibits or is at risk for distressed/fluctuating mood symptoms related to: Sadness/depression caused by changes affecting relationships/personal loss/ functional changes, hx. (history of PTSD).</p> <p>On 02/19/25 at 1:00 PM, an interview was held with the Corporate Registered Nurse (CRN) #79. CRN #79 stated, We couldn't find any information on PTSD in the record.</p> <p>On 02/20/25 at 8:52 AM, the Administrator confirmed there was nothing documented in the record regarding a diagnosis of PTSD. Therefore, the resident was care planned for the diagnosis of PTSD and had symptoms but there was no documentation to confirm the diagnosis. The resident was not receiving any type of services or counseling for PTSD and the behaviors per the medical record.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>42120</p> <p>The facility failed to ensure the daily nursing posting was completed accurately for three (3) days throughout the long-term care survey process. This was a random opportunity for discovery. Facility census: 63.</p> <p>Findings included:</p> <p>a) An observation on 02/18/25 and 02/19/25 of the facility posted staffing data, found the required resident census was not documented. Also, the posting was printed on 02/12/25 with no changes to the scheduled staff levels.</p> <p>A review of posted staffing data found on 07/07/24, 8/18/24, 9/22/24, 12/21/24, 12/22/24, 01/24/25 and 01/25/25, the posting was printed prior to the date of posting with no changes to the scheduled staff levels.</p> <p>During an interview on 02/22/25 at 10:08 AM the Interim Administrator verified the census was not documented and the staffing levels were not updated to reflect accurate levels.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45173</p> <p>Based on record review and staff interview, the facility failed to ensure routine dental care was provided for Resident #219. This was true for one (1) of one (1) residents reviewed under the care area of dental services. Resident Identifier: #219. Facility Census: 64.</p> <p>Findings include:</p> <p>a) Resident #219</p> <p>On 02/24/25 at 7:20 PM, a record review was completed for Resident #219. The review found the resident was admitted to the facility on [DATE]. The clinical admission was completed on 07/11/24 under section EENT (Eye, Ear, Nose, Throat) group which documented the resident was edentulous.</p> <p>A progress note dated 09/18/24 during a regulatory visit with the facility physician stated, He says that he met with a VA (Veteran's Administration) representative earlier today about getting dentures .</p> <p>On 02/25/25 at 11:48 AM, the Director of Nursing (DON) acknowledged there were no appointments scheduled regarding the resident's dental issues.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>50551</p> <p>Based on observation, record review and staff and resident interview, the facility failed to ensure they followed the recipe for the meal served. This had the potential to affect more than isolated number of residents. Facility census: 64.</p> <p>Findings included:</p> <p>a) Observation of food served on 02/20/25 at 12:35 revealed tuna melt served was an open faced piece of bread with toasted tuna and a slice of cheese.</p> <p>A review of recipe for Tuna Melt Sandwich Corporate Recipe # 4560 on 02/20/25 at approximately 12:43 PM included the following:</p> <p>Ingredients-</p> <p>Fish, tuna, chunk light, in water, can or pouch</p> <p>Mayonnaise, Heavy, Bulk</p> <p>Bread, White, Sliced</p> <p>Tomato, Red, Ripe, Fresh</p> <p>Cheese, American, Sliced</p> <p>Procedure-</p> <ol style="list-style-type: none"> 1. Combine tuna and mayonnaise. 2. Slice tomato into 6-8 slice. 3. Preheat oven to 350 degrees Fahrenheit. Arrange bread in a single layer on a sheet pan sprayed with food release. 4. Spread a #12 (twelve) scoop of tuna mixture on each slice of bread. Top with (2) two tomato slice and (1) one cheese slice. 5. Place assembled melts in oven until cheese is fully melted. <p>- During an interview with DM #68 on 2/20/25 at 12:45 PM, DM reported that they did not put the tomato on the tuna melts because they ran out.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>50551</p> <p>Based on observation and interviews the facility failed to provide food that was appetizing and appealing to residents. This issue had the potential to affect more than an isolated number of residents. Resident identifiers: #55 and #20. Facility census: 64.</p> <p>Findings included:</p> <p>a) Resident #20</p> <p>On 02/18/25 at 1:05 PM Resident #20 was eating lunch and reported that the sandwich was mushy and microwaved. Observation by the surveyor revealed the food was unappealing. The bread was observed as mushy upon being served.</p> <p>b) Resident #55</p> <p>On 02/18/25 at 02:29 PM Resident #55's daughter reported the food had been served and reported the food had been horrible. The daughter said, We wasn't even sure what some of it was.</p> <p>On 2/20/25 at 12:20 PM the kitchen supplied a test food tray of the following:</p> <p>Tuna Melt</p> <p>French Fries</p> <p>Mandarin oranges</p> <p>or</p> <p>Chicken Tenders</p> <p>French Fries</p> <p>Mandarin Oranges</p> <p>The survey team observed the Tuna Melt to be unappealing, appearing dry missing the tomato as stated in the facility's recipe.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>50551</p> <p>Based on staff and resident interview and resident council meeting interview, the facility failed to offer bedtime snacks to all residents. Resident identifiers: #51 and #35. Facility census: 64.</p> <p>Findings included:</p> <p>a) Resident #51</p> <p>On 02/18/25 03:20 PM during an interview with Resident #51, she reported residents are not offered evening snacks but staff will get them one if they ask for it.</p> <p>On 02/18/25 3:30 PM during an interview with resident #35, she reported that residents are not offered evening snacks unless they have them ordered.</p> <p>Observation of nutrition room at nurses station on 02/18/25 at approximately 1:30 PM revealed the following food items available to all residents:</p> <ul style="list-style-type: none"> -One loaf of bread -four single serving bags of potato chips -an unopened box of fudge round lunch cakes. -Coffee -A pitcher of Kool-Aid - Individually wrapped condiments. <p>During Resident Council meeting held on 02/20/25 at 11:00 AM the council expressed concern that bedtime snack is not offered - residents stated snacks have to be asked for not offered.</p> <p>An interview with Nurse Aide (NA) #21 was held on 02/24/25 at 1:00 PM. NA #21 reported that the kitchen brings snacks for residents who are ordered by the physician and staff will pass them out. She stated that there are snacks available to all other residents if they ask for them.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	
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>42120</p> <p>Based on observation and staff interviews, the facility failed to wear hair covers in accordance with professional standards for food service safety. This has the ability to affect all residents that get their nutrition from the kitchen. Facility census: 63.</p> <p>Findings Included:</p> <p>a) Kitchen</p> <p>An observation on 02/19/25 at about 3:35 PM found the Cook/Aide #53 preparing resident drinks without a beard covering.</p> <p>During an interview 02/19/25 at about 3:35 PM, Cook/Aide #53 verified a beard net should be in place. At this time, he put a beard net on.</p> <p>50551</p> <p>b)The facility failed to wear hair nets during meal preparation.</p> <p>During observation of food preparation on 02/18/25 at 11:12 AM Kitchen aide #200 was observed with her hair not fully contained in her hair net. This was brought to the attention of the District Manager #68 who acknowledged and directed KA #200 to readjust her hair net.</p> <p>c) The kitchen failed to properly store and dispose of food in the walk-in refrigerator.</p> <p>During initial kitchen visit on 02/18/25 at 11:42 AM observed a large vat of prepared tea sitting in the floor of the walk in refrigerator. It was acknowledged by DM who immediately picked it up. A bag of diced potatoes with a use by date of 02/16/25 was also stored in the refrigerator and two pitchers of prepared kool-aid with a use by date of 02/17/25, these were disposed of by the DM.</p> <p>d) The kitchen failed to properly use gloves while preparing food on 02/18/25 at 11:55 AM. DM #68 was observed taking off her gloves and throwing them on the counter where food was being prepared. DM #68 acknowledged the proper practice would be to place the gloves in the trash when they are taken off.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>50551</p> <p>Based on observation and staff interview, the facility failed to properly contain kitchen waste in kitchen waste receptacles. This practice had the potential to affect more than an isolated number of residents. Facility census: 64.</p> <p>Findings included:</p> <p>a) Initial tour and observation of the kitchen area on 02/18/25 at 11:50 AM, revealed a large kitchen trash can overflowing with lid unable to fit and trash spilling into the kitchen floor. The surveyor observed the trash can at the hand washing sink. This can had trash spilling out of the top of container and on the floor.</p> <p>b) An interview was held on 02/18/25 at 11:55 AM with District Manager (DM) #68 who acknowledged the trash should have been contained and emptied from the receptacle.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>45173</p> <p>Based on record review, the facility failed to provide an accurate and complete record regarding anticoagulation therapy for Resident #220. This was true for one (1) of one (1) residents reviewed under the care area of anticoagulation. Resident Identifier: #220. Facility Census: 64.</p> <p>Findings Include:</p> <p>a) Resident #220</p> <p>On 02/19/25 at 2:20 PM, a record review was completed for Resident #220. The review found a physician's order dated 02/18/25 for Warfarin (Coumadin) 3mg (milligrams) by mouth in the evening. The physician's order did not list a diagnosis for the use of Warfarin.</p> <p>On 02/19/25 at 3:15 PM, the Administrator confirmed the physician's order did not include a diagnosis for the use of the medication.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>50801</p> <p>Based on observation, resident and staff interviews, the facility failed to incorporate an effective pest control program. This has the potential to affect all residents residing in the facility. Facility census: 63.</p> <p>Findings included:</p> <p>a) A review of an exterminator report dated 11/19/24 revealed findings of cockroaches in the kitchen area.</p> <p>During an interview with the Maintenance Director (MD) on 02/19/25 at about 3:20 PM the MD revealed no exterminator had serviced the facility since 11/19/24. The MD stated the maintenance department has been trying to exterminate the roaches with boric acid in the remodeled walls.</p> <p>During an interview the Account Manager (AM) #39 on 02/19/25 at about 3:40 PM AM #39 stated he observed roaches in the kitchen area two (2) days prior.</p> <p>A pest control company serviced the facility on 02/20/25 and returned on 02/26/25 for weekly treatments.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42120</p> <p>Based on observations and staff interviews, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment. This practice affected one (1) of three (3) residents reviewed for urinary catheters. Resident identifier #59. Facility census: 63.</p> <p>Findings included:</p> <p>a) Resident #59</p> <p>An observation on 02/18/25 at 12:03 PM found, Resident #59 In a low bed with the catheter bag laying directly on the floor.</p> <p>A second observation on 02/18/25 at 2:12 PM found, Resident #59 in a low bed with the catheter bag laying directly on the floor.</p> <p>A third observation on 02/18/25 at 3:23 PM found, Resident #59 In a low bed with the catheter bag laying directly on the floor. No receptacle/barrier was in the room.</p> <p>During an interview with Licensed Practical Nurse (LPN) #74, on 02/18/25 at 3:28 PM, verified the catheter bag was on the floor. LPN #74 stated that a catheter bag should never touch the floor. At this time, LPN #74 sent a nurse aide to retrieve a receptacle to place the catheter bag in.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42120</p> <p>Based on observation and staff interview, the facility failed to ensure a safe and homelike environment regarding packaged terminal air conditioner (PTAC). This has the potential to affect all residents living in the facility. Room Numbers: #104, #210, #118, #123, #124. Facility census: 63.</p> <p>Findings include:</p> <p>a) An observation in room [ROOM NUMBER], on 02/24/25 at 12:35 PM, revealed lent, dirt and debris in the packaged terminal air conditioner (PTAC) units. When the filter was removed from the unit, it was observed to be old, torn and covered with thick lint.</p> <p>A continued sample review of rooms #210, #200, #118, #123 and #124 found the PTAC unit filters were old, torn and covered with thick lint.</p> <p>During an interview, on 02/25/25 at 1:12 PM, the Maintenance Director confirmed the PTAC units had not been cleaned or had the filter changed. He also stated they had not been following a cleaning schedule for cleaning PTAC units.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Rosewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Rose Street Grafton, WV 26354	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>42120</p> <p>Based on observation, resident and staff interviews, the facility failed to incorporate an effective pest control program. This had the potential to affect all residents residing in the facility. Facility census: 63.</p> <p>Findings included:</p> <p>a) A review of the exterminator report dated 11/19/24 revealed findings of cockroaches in the kitchen area.</p> <p>An interview with the Maintenance Director (MD) on 02/19/25 at about 3:20 PM revealed no exterminator had serviced the facility since 11/19/24. MD stated the maintenance department had been trying to exterminate the roaches with boric acid in the remodeled walls.</p> <p>During an interview with Account Manager (AM) #39 on 02/19/25 at about 3:40 PM AM #39 stated that he observed roaches in the kitchen area two (2) days prior.</p> <p>A pest control company serviced the facility on 02/20/25 and returned on 02/26/25 for weekly treatments.</p> <p>During the 02/26/25 treatment period an interview was conducted with the exterminator. He confirmed there were issues with roaches in the kitchen and service hall areas.</p>