STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515107	A. Building B. Wing	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
United Transitional Care Center	327 Medical Park Drive Bridgeport, WV 26330

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 0675 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor each resident's preferences, choices, values and beliefs. Based on observations, record review and staff interviews, the facility failed to ensure residents were given the choice to eat their meals in a communal setting rather than in their room all the time. This was a random opportunity for discovery during the Long-Term Care Survey. This deficiency can affect more than an isolated number of residents. Resident identifier: #24, #25, #72, #76, #86, and #24. Facility Census: 28 a) Findings included: Observations made during lunch on 08/05/25 revealed the residents were all eating their meal in their room. Further observations revealed an area on the unit marked as an activity room. On the blueprint (facility layout) that was submitted during construction of the unit this room was marked dining/activities. However, observation on 08/05/25 of the sign outside the door to this room revealed the sign said Activities. On 08/06/25 a review of a policy titled Meal Passage and Nutritional Intake revised on 02/2025 revealed the following statement, In order to encourage a homelike atmosphere and to promote a social interaction between our Residents, we will offer to assist them to the day room for meals if desired. During an interview on 08/05/25 the administrator stated this space was for dual purposes and could be used if needed. Interviews on 08/05/25 with Resident #25 revealed this resident did not know they had a dining area. Resident #75 said no dining options had been explained except eating in their room. Resident #76 said they had no idea there was an option to eat in a dining room. Resident #72 said they had no idea there was anywhere to eat except in their room. Resident #24 said they had never been given the option to eat anywhere except in their room. Resident #86 did not know there was a dining or activity room on the unit. On 08/06/25 an interview with Licensed Practical Nurse (LPN) #7 revealed the facility staff did not offer the option to the residents to eat in a dining room but if the resident would ask, they would accommodate them. LPN #8 also stated they do not offer this as an option but would accommodate the resident's if they asked. Clinical Supervisor (CS) #54 said residents were given the option to use the dining room if they ask, or if their family asks but this was not something that was offered to them upfront.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. Based on interview and record review, the facility failed to provide ongoing resident-centered group activity programming that met the expressed interests of residents, including a variety of facility-sponsored activities and weekend group activities. This failed practice had the potential to affect more than an isloated number of residents in the facility. Resident identifier: #84. Facility Census: 28.Findings included:a) A review of the admission Minimum Data Set (MDS) for Residents #84, #24, #76, #25, #83, #82, #86, #85, #78, #75, #74, #4, and #72 completed on 08/05/25 at approximately 10:00 AM, revealed each had marked it was very important for them to do things with groups of people. A review of the facility's posted activity calendars for April, May, June, July, and August 2025 revealed the only scheduled group activity was Activities in the Dayroom on Thursdays at 2:00 PM. No group activities were scheduled on weekends during this review period. On 08/05/25 at 8:20 AM, Resident #84 stated the facility handed out puzzles and she watched TV, but she did not think group activities were offered. When asked if she would attend if they were offered, she replied, Yeah, if I felt like it. Residents #76, #25, #78, #75, #74, #4, and #72 stated there was an activity room/dayroom but they did not think it was used for group activities. They reported most activities offered to them occurred in their rooms (crosswords, puzzles, church on TV). During an interview on 08/05/25 at 12:00 PM, the Activity Director (AD) stated she provided activities of the residents' choice in the dayroom on Thursdays and went room-to-room during the week offering snacks and word search puzzles. She confirmed there was no activity staff coverage on weekends. When asked how many activity staff the facility employed, the AD stated, Just me.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure food items were stored and discarded in accordance with facility policy to prevent the potential for foodborne illness. This deficient practice was observed for one of the food items in the kitchen and had the potential to affect all residents who consume food prepared by the facility. Facility Census: 28Findings include:On 08/04/2025 at 12:27 PM, during the initial tour of the kitchen, a tray of biscuits was observed on a rack with a discard date of 08/03/2025.Review of the facility policy titled Food Dating (Effective Date 4/08; Revised 09/24) revealed, in part: Date items for the last day to be used. Disposal should be that night after dinner or early the next morning before breakfast.During an interview on 08/04/2025 at 12:30 PM with the Dietary Manager (DM) the DM stated, Yes, they should have been thrown out this morning or last night.