STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515110	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thomas Hospitals Skilled Nursing Unit	333 Laidley Street Charleston, WV 25322

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review, staff interviews, and observation, the facility failed to develop and implement person-centered, comprehensive care plans that included individualized activities for 9 of 16 residents reviewed (Residents #30, #29, #6, #1, #32, #27, #37, #38, and #23). This failure resulted in residents, including those with low BIMS scores and those who remained in their rooms, lacking documented activity interventions tailored to their needs and preferences. Resident Identifier: #30, #29, #6, #1, #32, #27, #38, and #23 Facility Census: 16a) On 07/30/2025 at 12:00 PM, a review of 16 resident records revealed that nine (9) lacked individualized activity care plans or interventions, despite cognitive or physical limitations requiring modified or room-based activities.Resident #30 had a low BIMS score and remained in their room and had no documented activity plan or evidence of room-based engagement effort.On 07/30/25 at 12:30 PM, during an interview with the Activities Director (AD) revealed she was unaware of how to create or update activity care plans in the facility's current electronic medical records system. She stated: I don't have an option to create care plans in this system that I know of. If there is, I have not been shown yet. I have been out due to health issues.On 07/30/25 at 3:00 PM, the Director of Nursing (DON) acknowledged she was not aware that residents were not care planned for activities, stating: All residents should be care planned for activities. I will get with the AD now.

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

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

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F 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 interviews, observations, and record reviews, the facility failed to ensure residents maintained the highest practicable mental and psychosocial well-being. The facility did not provide individualized activities and meaningful engagement for residents who remain in their rooms, failing to implement sensory stimulation or one-on-one interventions. In addiiton they failed to offer weekend activity programming for all residents. Facility Census: 16. a) On 07/30/25 The facility reported that it does not provide outings or opportunities for community involvement.On 07/31/25 The facility was unable to provide specific programming for one-on-one or sensory stimulation residents who are either unable or unwilling to leave their rooms.During record review on 07/30/25 at 12:00 PM a review of 16 resident care plans for activities revealed nine (9)lacked individualized activity care plans/interventions, particularly for residents who remain in their rooms or have low BIMS scores.An Interview on 07/30/25 with the Activities Director (AD) revealed that she was unaware of how to create or update activity care plans in the current new system. She stated, I don't have an option to create care plans in this system that I know of. If there is, I have not been shown yet. I have been out due to health issues.On 07/30/25 at 3:00 PM an Interview with the Director of Nursing (DON) revealed that she was unaware of the lack of activity care plans and stated, All residents should be care planned for activities, I will get with the AD now. Further Record review on 07/30/25 Review of facility activity calendars for May, June, and July showed no weekend activities were offered during those months.Various observations during the survey process revealed residents with a low Brief Interview for Mental Status (BIMS) score were noted to remain in their room without any documented one-on-one engagement or sensory-based activity plan.

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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 record review, interviews, and observations, the facility failed to provide an ongoing activities program that met the individual needs, interests, and abilities of residents in accordance with their comprehensive assessments and care plans. Specifically, the facility failed to offer room-based or sensory stimulation activities for residents who did not leave their rooms, failed to develop individualized care plans for activities for most sampled residents, and did not offer weekend activities. These systemic failures had the potential to negatively impact the residents' quality of life and psychosocial well-being. Facility census: 16.a) During the survey on 07/30/25, the following concerns were identified:Facility staff reported that there were no community outings or external engagement opportunities offered to residents.Staff stated they did not provide one-on-one or sensory stimulation activities for residents who are room-bound or chose not to leave their rooms.14 of 16 resident care plans reviewed showed no individualized activities interventions for residents, especially those with low BIMS (Brief Interview for Mental Status) scores or cognitive decline.The interview with the Activities Director (AD) revealed she did not know how to create or update activity care plans in the current system. She stated: I don't have an option to create care plans in this system that I know of. If there is, I haven't been shown yet. I've been out due to health issues.The interview with the Director of Nursing (DON) revealed she was unaware of the absence of activity care plans. She acknowledged all residents should be care planned for activities.Review of the facility's activity calendars for May, June, and July showed no weekend activities were provided during those months.Observation and record review confirmed that residents with low BIMS scores who remained in their rooms had no documented individualized activity interventions, and staff were unable to describe any in-person, sensory, or alternate engagement methods being used.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, and staff interviews, the facility failed to date and safely store open and prepared food items in multiple refrigeration units; maintain cleanliness of kitchen equipment and surfaces; and implement effective systems to prevent contamination or spoilage of food, including food that may be consumed by residents. These practices created a risk of foodborne illness. Facility Census: 16.On 07/30/2025 at 11:48 AM, the following was observed in the kitchen areas:Walk-In Cooler:A canister of chopped garlic was observed with no open or discard date.Walk-In Freezer:A bag of chicken tenders was stored outside of the original box, open and without a date.An open box of fish filets was observed without an open date and not sealed, exposing contents to possible contamination.Reach-In Cooler:The following perishable food items were observed undated and unsealed:OnionsCheeseLettuceSliced tomatoesSalad mixDishwashing Area:The floor under the dishwasher was visibly soiled with build-up.Racks and surrounding walls were observed to be unclean, indicating a lack of proper sanitation in an area critical to cleaning and storing eating utensils.Kitchen Equipment:Deep fryers were found to have grease accumulation behind the vats. The oil appeared dark and foamed at the edges, indicating potential overuse or contamination.The front of the fryer was coated in dried grease.Exhaust hoods above cooking equipment were visibly covered in grease.All ovens, reach-in coolers, and prep stations had build-up on the metal surfaces and visible debris and grease under the units.Reach-In Freezer:The following frozen food items were found open and without dates:Five (5) bags of French friesPre-made frozen omeletsFrozen biscuitsFrozen carrots, which were brown and discolored, indicating possible spoilageDuring the tour of the Kitchen the Dietary Manager (DM) was present and confirmed all findings as we completed the tour of the kitchen.