STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on Observation, staff and resident interview the facility failed to provide a homelike environment for resident # 78. Resident ' s privacy curtain had several stains. This was true for on (1) of five (5) residents reviewed for environment. Facility Census 107. Findings included: a) An observation on 05/21/25 at 10:30 AM, Resident #78 ' s privacy curtain had several large, red stains and a brown stain. Resident ' s roommate, resident #69 stated that the curtain had been stained for at least a couple of days. b) During an interview with Nurse Aide (NA) #28 acknowledged that the curtain was stained and in need of cleaning. She reported that when they notice the stains they will notify housekeeping who will change and clean the curtains.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on record review, staff interview the facility failed to keep resident free from verbal abuse. This was true for one (1) of eleven (11) instances of alleged verbal abuse reviewed during this investigation. Facility census 107. Findings included: a) A review of Facility Reported Incident dated 5/13/25 revealed that Resident # 54 reported that laundry staff #124 was argumentative with her and rude and in regard to her laundry. The allegation was verified and the laundry service was notified that the facility did not wish for him to work at this facility. b) During an interview with with Director of Nursing on 05/20/25 at approximately 2:15 PM, it was acknowledged that the abuse did happen and that the staff member #124 was no longer employed at this facility and that all staff had since been re-educated by reviewing the facilities Freedom from Abuse and Neglect Policy, Identifying types of abuse and reporting. c) During a review facility ' s policy titled Abuse, Neglect and Exploitation, page one Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on record review and staff interview, the facility failed to ensure Resident #108 was free of chemical restraints. This was true for one (1) of six (6) residents reviewed under the care area of abuse. Resident Identifier: #108. Facility Census: 107. Findings Include: a1) Resident #108 On 05/19/25 at 12:30 PM, a record review was completed for Resident #108. The review found the resident had a physician's order for Ativan 0.5mg (milligram) by mouth every 12 hours as needed (PRN) on 05/18/24. The physician's order did not have a time limit. The monthly pharmacy review was completed on 05/23/24 with the recommendation to either discontinue the PRN Ativan or reorder with a specific number of days. The review was signed by the physician on 06/12/24. However, the physician's order was not changed until 07/06/24. At the time of the change, the PRN Ativan was ordered for 60 days. The review, also, found unacceptable reasons for two (2) doses of a PRN psychotropic medication. The first dose of PRN Ativan given on 06/12/24 noted the reason as Res (resident) refuses to stay in bed repeatedly attempting to get up without assistance. When in w/c (wheel chair) Res. attempts to transfer and ambulate unassisted as well. The second dose of PRN Ativan given on 06/26/24 at 10:19 PM was noted as Res. continuously attempting to get up unassisted. On 05/20/25 at 11:15 AM, the Director of Nursing (DON) was notified regarding the PRN Ativan. The DON stated, the monthly pharmacy recommendation was reviewed by the physician on 06/12/24. I'm not sure why the physician's order was not updated until 07/06/24. The regulation regarding chemical restraints states, When a medication is indicated to treat a medical symptom, the facility must: use the least restrictive alternative for the least amount of time; provide ongoing re-evaluation of the need for the medication; and not use the medication for discipline or convenience. a2) Behaviors and Non-Pharmacologic Interventions On 05/19/24 at 12:30 PM, a record review was completed for Resident #108. The review found the resident was administered 29 doses of PRN Ativan from 05/29/24 through 07/06/24 without any type of behaviors or non-pharmacologic interventions listed. The documentation listed increased agitation (from the physician's order) as the only behavior. The dates of the administration are as follows: --05/24/24 at 8:49 AM --05/28/24 at 9:44 PM --05/29/24 at 10:19 AM --06/01/24 at 1:25 PM --06/02/24 at 1:30 AM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--06/03/24 at 10:40 PM --06/04/24 at 10:22 PM --06/06/24 at at 1:47 PM --06/07/24 at 3:12 AM --06/07/24 at 9:27 PM --06/10/24 at 7:31 PM --06/11/24 at 8:13 PM --06/15/24 at 7:33 PM --06/20/24 at 9:50 AM --06/21/24 at 12:19 PM --06/22/24 at 12:00 AM --06/22/24 at 12:26 PM --06/23/24 at 10:24 AM --06/24/24 at 1:49 PM --06/25/24 at 6:19 PM --06/26/24 at 6:45 AM --06/28/24 at 9:30 PM --07/01/24 at 8:57 AM --07/01/24 at 9:00 PM --07/02/24 at 1:30 PM --07/03/24 at 2:11 AM --07/04/24 at 2:00 AM --07/05/24 at 10:09 AM --07/06/24 at 12:06 PM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 05/20/25 at 2:00 PM, the DON was notified regarding the PRN Ativan. The DON stated, it was wrong not to list the behaviors or the interventions .we have changed how we document .education was given to the nurses in January, 2025.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on record review and staff interview the facility failed to report an alleged incident of abuse to the appropriate agency. This is true for one (1) of six (6) residents reviewed. Facility Census 107. Findings included: a) During a review of hospital discharge plan dated for 2/18/25 that had updated into resident's electronic medical record, resident #78 reported facility staff had waterboarded her for 36 hours and threw her on the floor. She also reported she was subjected to weekly hour-long cold showers and which staff score water in her face and in her ear. b) Upon interview with Director of Nursing, Corporate Nurse, and Administrator, on 05/21/25 at approximately 12:44 AM, they acknowledged that it should have been reported and that it was not addressed after receiving the discharge information from the hospital. c) Interview with resident on 05/20/25 at approximately 3:30 PM who reported that she told unidentified staff she could not stand to be here in this facility anymore, that she can't take it and reported that unidentified staff called her a bitch and stated why don't you just die. The resident reported that she does not remember the exact date but knows that it is during night shift. d) Review of facility's policy titled Abuse, Neglect, and Exploitation, page four (4) VII. Reporting/Response Section A. number 1. Reporting of all alleged violations to the Administration, state agent, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specific timeframes; a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on record review and staff interview the facility failed to complete an investigation and five-day follow-up for an alleged incident. This is true for one (1) of six (6) instances of alleged verbal abuse that was investigated during this survey. Facility Census 107. Findings included: a) Rreview of incident report dated 03/26/24 for Resident #110 alleging that resident's daughter heard while on the phone with the alleged victim, a staff member being argumentative with the victim, revealed there was no investigation and no five day follow-up attached. b) An interview with Director of Nursing (DON) on 05/19/25 at 1:44 PM who reported that the social worker is looking for five-day follow-up and investigation. c) During an interview with Regional [NAME] President of Clinical Services on 5/20/25 at approximately 12:45 PM, who reported we do not have a five-day follow-up for this incident. d) Review of the facility's Abuse, Neglect and Exploitation policy on page four (4), section V. Investigation of Alleged Abuse, Neglect and Exploitation stated the following: B. Written procedures for investigations include: 6. Providing complete and thorough documentation of the investigation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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 and staff interview, the facility failed to develop/implement the care plan for Resident #108 regarding non pharmacological interventions, restricted limb precautions for Resident #109, #15 and #91. This was true for four (4) of 13 residents reviewed during the survey process. Resident Identifiers: #108, #109, #15, and #91. Census: 107. Findings Include: a) Resident #108 On 05/19/25 at 12:30 PM, a record review was completed for Resident #108. The review found the resident did have a physician's order for Ativan 0.5mg (milligram) by mouth every 12 hours as needed (PRN). The care plan was reviewed and an intervention under the focus area of altered psychosocial needs r/t (related to) behaviors of resisting care, physical aggression and agitation exacerbated after family visits of provide non pharmacological interventions such as redirect with activity, offer food/fluid, offer reassurance/conversation, 1:1 (one on one). However, the review, also found the resident was administered 29 doses of PRN Ativan which did not include specific behaviors or non pharmacological interventions. The dates are as follows: --05/24/24 at 8:49 AM --05/28/24 at 9:44 PM --05/29/24 at 10:19 AM --06/01/24 at 1:25 PM --06/02/24 at 1:30 AM --06/03/24 at 10:40 PM --06/04/24 at 10:22 PM --06/06/24 at at 1:47 PM --06/07/24 at 3:12 AM --06/07/24 at 9:27 PM --06/10/24 at 7:31 PM --06/11/24 at 8:13 PM --06/15/24 at 7:33 PM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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	--06/20/24 at 9:50 AM --06/21/24 at 12:19 PM --06/22/24 at 12:00 AM --06/22/24 at 12:26 PM --06/23/24 at 10:24 AM --06/24/24 at 1:49 PM --06/25/24 at 6:19 PM --06/26/24 at 6:45 AM --06/28/24 at 9:30 PM --07/01/24 at 8:57 AM --07/01/24 at 9:00 PM --07/02/24 at 1:30 PM --07/03/24 at 2:11 AM --07/04/24 at 2:00 AM --07/05/24 at 10:09 AM --07/06/24 at 12:06 PM On 05/20/25 at 2:00 PM, the Director of Nursing (DON) was notified regarding the PRN Ativan not having any specific behaviors or non pharmacological interventions listed. The DON stated, it was wrong not to list the behaviors or the interventions .we have changed how we document .education was given to the nurses in January 2025. implement care plan regarding the invention of do not draw blood or take b/p in left arm d/t fistula. b) Resident #109 On 05/19/24 at 9:30 AM, a record review was completed for Resident #109. The review found a physician's order dated 06/22/23 of do not take B/P (blood pressure on left arm and an additional physician's order dated 06/22/23 of location of dialysis fistula: left upper arm. Upon further review, the care plan was not implemented under the focus area of (Name of Resident) receives hemodialysis r/t ESRD (end stage renal disease). The intervention of do not draw blood or take B/P in left arm d/t fistula. The following dates indicate the blood pressure was taken in the left arm: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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	--06/22/23 at 3:03 PM --06/23/23 at 3:44 AM --06/23/23 at 8:38 PM --06/24/23 at 10:42 PM --06/26/23 at 12:30 AM --06/26/23 at 2:59 PM --06/27/23 at 3:25 PM --06/30/23 at 12:51 AM --07/01/23 at 3:48 AM --07/02/23 at 1:29 PM --07/05/23 at 1:38 AM --07/05/23 at 2:07 PM --07/06/23 at 3:13 AM --07/06/23 at 11:55 AM --07/10/23 at 11:02 PM --07/14/23 at 10:03 PM --07/18/23 at 11:25 PM --07/19/23 at 3:30 PM --07/20/23 at 1:15 AM --07/21/23 at 4:07 AM --07/23/23 at 11:04 PM --07/31/23 at 9:56 AM --08/06/23 at 2:57 AM --08/06/23 at 11:33 PM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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	--08/10/23 at 11:31 PM --08/11/23 at 10:55 PM --08/23/23 at 1:21 PM --09/17/23 at 10:02 AM --10/23/23 at 1:54 PM --10/25/23 at 12:17 AM --10/26/23 at 9:55 AM --10/27/23 at 4:18 PM --10/27/23 at 7:38 PM --10/29/23 at 9:49 AM --11/03/23 3:18 AM --11/04/23 at 12:55 AM --11/05/23 at 8:54 AM --11/08/23 at 12:09 AM --11/09/23 at 2:55 AM --11/10/23 at 12:29 PM --11/27/23 at 10:54 AM On 05/22/24 at 10:00 AM, the DON was notified and confirmed the care plan was not implemented regarding the restricted limb. c) Resident #15 On 05/19/25 at 10:30 AM, a record review was completed for Resident #15. The review found a physician's order dated 12/31/24 Do not take B/P on right arm every shift. The care plan under the focus area of the resident has renal insufficiency r/t d/x (diagnosis) of end stage renal disease and receives dialysis 3x (three times) weekly did list the interventions of Do not take B/P on right arm every shift and location of dialysis shunt is left arm. The documentation under the vitals tab did indicate the B/P was taken on the right arm on the following dates: --01/01/25 at 1:30 AM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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	--01/08/25 at 8:08 PM --02/10/25 at 8:11 AM --02/17/25 at 8:53 PM --02/22/25 at 9:26 PM --02/24/25 at 8:08 AM --03/03/25 at 9:11 AM --03/10/25 at 9:28 AM --03/11/25 at 9:17 AM --03/15/25 at 8:43 AM --03/18/25 at 9:35 PM --03/19/25 at 8:06 AM --03/20/25 at 9:52 AM --03/20/25 at 8:17 PM --03/24/25 at 8:05 AM --03/24/25 at 9:38 PM --03/25/25 at 8:37 AM --03/25/25 at 9:39 AM --04/07/25 at 8:03 AM --04/14/25 at 8:07 AM --04/21/25 at 8:32 AM On 05/22/24 at 10:00 AM, the DON was notified and confirmed the care plan was not implemented regarding the restricted limb. d) Resident #91 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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	On 05/19/25 at 11:00 AM, a record review was completed for Resident #91. The review did not find a physician's order to not take the blood pressure in the restricted limb. The review, also, found the care plan had not developed an intervention of under the focus area of the resident has renal insufficiency r/t d/x of end stage renal disease and receives dialysis 3x weekly to not take B/P in the left arm d/t a dialysis shunt. On the following dates the blood pressure was taken in the restricted limb: --04/19/25 at 1:55 AM --04/20/25 at 11:56 PM --04/22/25 at 6:03 AM --04/24/25 at 1:11 AM --04/25/25 at 1:31 AM --04/25/25 at 11:11 PM --04/27/25 at 12:42 AM --05/01/25 at 2:35 AM --05/07/25 at 7:12 AM --05/08/25 at 1:14 AM --05/08/25 at 5:16 PM --05/11/25 at 1:05 AM --05/13/25 at 2:27 AM --05/14/25 at 12:42 AM --05/15/25 at 6:45 AM --05/15/25 at 11:02 PM --05/18/25 at 4:17 AM On 05/22/24 at 10:00 AM, the DON was notified and confirmed the care plan was not developed regarding the restricted limb.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on record review and staff interview, the facility failed to follow physician's orders regarding restricted limb precautions for Resident #109, #15 and #91. This was true for four (3) of 13 residents reviewed during the survey process. Resident Identifiers: #109, #15, and #91. Census: 107. Findings Include: a) Resident #109 On 05/19/24 at 9:30 AM, a record review was completed for Resident #109. The review found a physician's order dated 06/22/23 of do not take B/P (blood pressure on left arm and an additional physician's order dated 06/22/23 of location of dialysis fistula: left upper arm. Upon further review, the physician's order was not followed. The following dates indicate the blood pressure was taken in the left arm: --06/22/23 at 3:03 PM --06/23/23 at 3:44 AM --06/23/23 at 8:38 PM --06/24/23 at 10:42 PM --06/26/23 at 12:30 AM --06/26/23 at 2:59 PM --06/27/23 at 3:25 PM --06/30/23 at 12:51 AM --07/01/23 at 3:48 AM --07/02/23 at 1:29 PM --07/05/23 at 1:38 AM --07/05/23 at 2:07 PM --07/06/23 at 3:13 AM --07/06/23 at 11:55 AM --07/10/23 at 11:02 PM --07/14/23 at 10:03 PM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--07/18/23 at 11:25 PM --07/19/23 at 3:30 PM --07/20/23 at 1:15 AM --07/21/23 at 4:07 AM --07/23/23 at 11:04 PM --07/31/23 at 9:56 AM --08/06/23 at 2:57 AM --08/06/23 at 11:33 PM --08/10/23 at 11:31 PM --08/11/23 at 10:55 PM --08/23/23 at 1:21 PM --09/17/23 at 10:02 AM --10/23/23 at 1:54 PM --10/25/23 at 12:17 AM --10/26/23 at 9:55 AM --10/27/23 at 4:18 PM --10/27/23 at 7:38 PM --10/29/23 at 9:49 AM --11/03/23 3:18 AM --11/04/23 at 12:55 AM --11/05/23 at 8:54 AM --11/08/23 at 12:09 AM --11/09/23 at 2:55 AM --11/10/23 at 12:29 PM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--11/27/23 at 10:54 AM On 05/22/24 at 10:00 AM, the DON was notified and confirmed the physician's order was not followed regarding the restricted limb. b) Resident #15 On 05/19/25 at 10:30 AM, a record review was completed for Resident #15. The review found a physician's order dated 12/31/24 Do not take B/P on right arm every shift. The documentation under the vitals tab did indicate the B/P was taken on the right arm on the following dates: --01/01/25 at 1:30 AM --01/08/25 at 8:08 PM --02/10/25 at 8:11 AM --02/17/25 at 8:53 PM --02/22/25 at 9:26 PM --02/24/25 at 8:08 AM --03/03/25 at 9:11 AM --03/10/25 at 9:28 AM --03/11/25 at 9:17 AM --03/15/25 at 8:43 AM --03/18/25 at 9:35 PM --03/19/25 at 8:06 AM --03/20/25 at 9:52 AM --03/20/25 at 8:17 PM --03/24/25 at 8:05 AM --03/24/25 at 9:38 PM --03/25/25 at 8:37 AM --03/25/25 at 9:39 AM --04/07/25 at 8:03 AM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--04/14/25 at 8:07 AM --04/21/25 at 8:32 AM On 05/22/24 at 10:00 AM, the DON was notified and confirmed the physician's order was not followed regarding the restricted limb. c) Resident #91 On 05/19/25 at 11:00 AM, a record review was completed for Resident #91. The review did not find a physician's order to not take the blood pressure in the restricted limb. On the following dates the blood pressure was taken in the restricted limb: --04/19/25 at 1:55 AM --04/20/25 at 11:56 PM --04/22/25 at 6:03 AM --04/24/25 at 1:11 AM --04/25/25 at 1:31 AM --04/25/25 at 11:11 PM --04/27/25 at 12:42 AM --05/01/25 at 2:35 AM --05/07/25 at 7:12 AM --05/08/25 at 1:14 AM --05/08/25 at 5:16 PM --05/11/25 at 1:05 AM --05/13/25 at 2:27 AM --05/14/25 at 12:42 AM --05/15/25 at 6:45 AM --05/15/25 at 11:02 PM --05/18/25 at 4:17 AM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 05/22/24 at 10:00 AM, the DON was notified and confirmed there was no physician's order regarding the restricted limb.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on record review and staff interview, the facility failed to maintain professional standards of care for residents receiving dialysis. This was true for one (1) of four (4) residents reviewed under the care area of dialysis. Resident Identifier: #91. Facility Census: 107. Findings Include: a) Resident #91 On 05/19/25 at 11:00 AM, a record review was completed for Resident #91. The review did not find a physician's order to not take the blood pressure in the restricted limb. However, a physician's order dated 04/17/25 stated, dialysis: check thrill and bruit to fistula on left arm every shift. On the following dates the blood pressure was taken in the restricted limb: --04/19/25 at 1:55 AM --04/20/25 at 11:56 PM --04/22/25 at 6:03 AM --04/24/25 at 1:11 AM --04/25/25 at 1:31 AM --04/25/25 at 11:11 PM --04/27/25 at 12:42 AM --05/01/25 at 2:35 AM --05/07/25 at 7:12 AM --05/08/25 at 1:14 AM --05/08/25 at 5:16 PM --05/11/25 at 1:05 AM --05/13/25 at 2:27 AM --05/14/25 at 12:42 AM --05/15/25 at 6:45 AM --05/15/25 at 11:02 PM --05/18/25 at 4:17 AM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/22/24 at 10:00 AM, the DON was notified and confirmed there was no physician's order regarding the restricted limb.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515118	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glasgow Hills of Journey	120 Melrose Drive, Box 350 Glasgow, WV 25086

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and staff interview, the facility failed to provide an accurate and complete record for Resident #109's skin assessment. This was true for one (1) of three (3) residents reviewed during the survey. Resident Identifier: #109. Facility Census: 107. Findings Include: a) Resident #109 On 05/20/25 at 2:00 PM, a record review was completed for Resident #109. The review of the physician's orders, care plan, weekly skin assessment and progress notes did not indicate the resident had any skin concerns. However, the facility provided a document entitled, Nursing Assistant Skin Inspection and Shower sheet dated 11/11/23 that indicated the resident did have a skin concern on the bilateral areas of the buttocks. On 05/20/25 at 3:30 PM, an interview was held with the Director of Nursing (DON) and the Corporate Registered Nurse (RN) #125 regarding the documentation of the skin issue. The DON and the Corporate RN #125 reviewed the entire medical record regarding any skin issues. The only skin issue documented was a skin tear on the right hand. The DON and the Corporate RN stated, there is no documentation in the record to indicate the resident had any skin concerns other than the skin tear on the right hand .we feel this was documented in error on the wrong resident .all weekly skin observations prior to and after the date of 11/11/23 have no indication of any skin concerns .there was a physician's order dated 06/22/23, apply protective skin ointment with incontinent episodes.