

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2025
NAME OF PROVIDER OR SUPPLIER River Oaks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Parkway Drive Clarksburg, WV 26301	

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 - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** F689Based upon Observations and Interviews the facility FAILED to ensure an environment that remains free from accident hazards as evidenced by A) Day room (end of hall room) of [NAME] court - Sani wipes (purple top) cleaners left on top of vending machines. B) Internet cafe/storage area with multiple equipment beds, lifts, pumps, chairs, and broken picture frame with sharp edges on counter. The area is open to residents and poses multiple hazards. C) Wiring exposed in a wall box without a cover outside RM [ROOM NUMBER]. This was a random opportunity of discovery with the ability to affect more than one person. Census 116 Findings include:A) In the day room at the end of hall room of [NAME] court there were Sani wipes (purple top) cleaners left on top of vending machines. Interview with employee #105 stated that no they should not be left on top of the machines, even if most residents are in wc and cant reach them. B) In the Internet cafe storage area was open to residents with multiple equipment beds, lifts, pumps, chairs, and broken picture frame with sharp edges on the counter which posed multiple hazards. Interview RN #58 - No that room is open and available to all residents and also used for training staff. C) There was wiring exposed in wall box with out a cover outside RM [ROOM NUMBER]. An interview with HSW #213 stated that the wires have been there a while, they are repainting the hallway.</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
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(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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** F880Based upon Observations and Interviews the facility FAILED to have a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. This is evidenced by A) Two open soda cans on a PPE cart outside a residents room. B) Three lift pads left on top of a clean linen cart; and C) PPE/EBP signs on multiple doors with out identifying the resident to whom the precaution applies to. These were all random opportunities for discovery, with the ability to affect more than a single person. Census: 116A) The PPE cart outside RM [ROOM NUMBER] had two soda cans sitting on it. (zero sugar shasta)B) Outside RM [ROOM NUMBER] there were three lift pads on top of the linen cart exposed and not covered. An interview w/employee #105 stated that they definitely should not be on top of that cart, they should be at least inside under the cover. Ill make sure they are taken care of.C) There were PPE/PBE signs throughout the building that are not marked with whom the precautions go to. An interview with #213 stated that they just assume both residents are covered by the sign and not sure how they (the facility) marks them honestly. Another Interview with the DON stated that there should be a 1 or a 2 and sometimes a blue dot on them and she will let the IP person know they need to be addressed.</p>		