

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  03/17/2026
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations and staff interviews, the facility failed to provide a safe, clean, comfortable, and homelike environment for one (1) of two (2) resident showers rooms located in the [NAME] Fort Hall. Facility Census: 113. Findings Included:a) On 03/16/26 at approximately 1:20 PM, Surveyor observed a damaged area of the wall in the central shower room on [NAME] Fort (300-400 Hall) that was covered up with black tape.b) On 03/16/26 at approximately 1:20 PM, Surveyor observed stained/discolored tile grout located in the shower stall of the central shower room on [NAME] Fort (300-400 Hall).c) On 03/16/26 at approximately 1:25 PM., an interview with the facility's Director of Plant Maintenance verified these findings. These findings were also acknowledged by the facility's Administrator at approximately 1:25 PM, and upon the exit conference on 03/17/26 at approximately 3:45 PM.</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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