STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and staff and resident interviews, the facility failed to ensure safe water temperatures throughout the building and in areas accessible to residents. This failed practice placed an unlimited number of residents currently residing in the facility at risk for possible harm, including scalds, burns, severe injury, and even death. The state agency determined this was an Immediate Jeopardy (IJ) situation, and Immediate action was required to prevent serious injury, scalding, burns, harm, or even death to residents at the facility. In addition, the facility failed to implement appropriate safety precautions for residents at risk of falls. Locations: room [ROOM NUMBER], South Shower Room, Dining Room sink, and Resident #4's room. Facility Census: 109. Findings Includea) room [ROOM NUMBER]On 11/18/25 at approximately 9:04 AM, the water temperature in Room# 116 was noted to be too hot to touch. A request was made to the Maintenance Director for a temperature check, and the following readings were obtained:room [ROOM NUMBER]: The sink water temperature at 9:04 AM was 119.8 degrees Fahrenheit.At 9:11 AM, a follow-up check at the sink in room [ROOM NUMBER] revealed a water temperature of 124.6 degrees Fahrenheit. b) South Shower RoomDuring an inspection of the South shower room, accompanied by Nurse Aide NA #25 at approximately 9:00 AM, on 11/18/25, a whirlpool bath was observed in the South shower room (100 and 200 Hallway). NA #25 stated that she was usually responsible for giving residents baths. NA #25 further stated that she was careful to set the water temperature in the tub. She said that she adjusted the temperature based on the resident's request. It was observed that the knob controlling the water had to be turned counterclockwise to adjust the temperature from hot to cold. When questioned, NA #25 stated that it was the way it had been installed. Further interview revealed that other NA's too bathed residents in the bath. NA #25 further stated that she did not use the temperature gauge on the whirlpool bath to adjust the temperature because the gauge was faulty. She stated that she usually checked the water temperature with her hand while filling the bath. NA #25 stated that she frequently had to instruct the other NA's not to set the temperature too high.NA, observing that temperature checks were being performed in residents' rooms, stated that on 11/17/25, she noticed that the water temperatures in the 200 hallways were very hot.During an interview with the Maintenance Director (MD) on 11/18/25 at approximately 9:41 AM, the MD explained that the facility's hot water was supplied by three (3) hot water heaters. The 100 and 200 hallways were supplied by one water heater; a second water heater supplied the 200 and 300 hallways; and the third water heater provided the kitchen and laundry. The MD stated that the mixing valve connected to the hot water heater servicing the 100 and 200 Hallways had been installed ?backwards', and that it was difficult for him to obtain an accurate reading. He had to climb over the water pipes and get behind the water heater to read the mixing valve setting. The MD stated that the mixing valve had been installed recently. He further stated that it was ?finicky' and he has had difficulty adjusting the water temperatures.Upon inspection, the mixing valve was found to be installed with the back of the valve facing forward. The valve readout faced toward the wall behind the water heater. Visualization of the mixing valve setting showed that the water temperature had been set in the red zone, between 110 and 120 degrees F.During an inspection of the (continued on next page)

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
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	main dining room, at approximately 10:25 AM on 11/18/25, the water temperature at the hand-washing sink was noted to be too hot to touch. Upon requesting a temperature check, the water temperature reading obtained was 127 degrees Fahrenheit. The Administrator was notified, and the hot water supply to the sink was turned off.The MD stated that the water heater that supplied the kitchen and laundry was set at approximately 160 degrees F. He further noted that the water supply to the sink in the dining room, and the staff, and visitors bathroom in the lobby of the facility, were connected to the kitchen hot water supply.Further inspection on 11/18/25 at 10:55 AM revealed that the whirlpool bath in the North shower room was non-operational. Interview with NA #25 revealed that it had not been used for at least the last two months. Staff confirmed that residents were transported to the South shower room for baths. At 11:08 AM the water temperature at the sink in the North shower room was noted to have a temperature of 121 degrees Fahrenheit. The facility turned off the hot water to the sinks in the resident's rooms on the 300 and 400 hallways, and began monitoring temperatures hourly.During an interview with Resident #8, (whose Brief Interview for Mental Status (BIMS) was 15), at 11:00 AM on 11/18/25, resident stated that she has been at the facility for over two years, and she stated that she had observed the maintenance staff frequently adjusting the water temperatures.The facility was notified of the IJ on 11/18/25 at 1:14 PM. The State Office approved the facility's Plan of Correction (POC) at 4:35 PM on 11/18/25. The facility's approved POC consisted of the following:On 11/18/25 at 1:14 PM, the facility implemented the following actions: [Typed as Written] Immediate Action: Facility shut off hot water to the dining room sink and reception area bathroom. The water was adjusted at the mixing valve for the entire facility and rechecked on the 100, 200, and North side bath area. However, instead of this issue, the facility stopped showers/baths until the water temperature was verified. Until water temperatures are stabilized, the facility is not utilizing hot water in resident areas and have provided wipes for hand hygiene. We locked out/tagged out the whirlpool bath on North side at this time due to a water line issue. (Name) plumbing is currently in route to the facility to address all the above-mentioned issues.The facility immediately issued education to the Maintenance Director on the water management plan.The facility immediately issued education to all staff to notify maintenance and the administrator of any noticeable extremes in temperature of water and water line/faucet issues.Auditing: The facility will check every sink every hour for water temperatures until DSO is at the building and they can address the issue. After the issue is resolved with DSO, the facility will continue to monitor and report to the ED water temperature logs every hour for 24 hours. Every 4 hours for 3 days, and then daily for 30 days. The facility will conduct daily routine water temperature checks and provide the results to the administrator 5 times a week for 4 weeks, and monthly, times 2 months. Results will be reported during QAPI meetings.On 11/19/25 at approximately 10:55 AM, the facility requested an amendment to the POC after the plumbing company- (Name of Plumbing Company), notified them that the mixing valve could not be repaired. The amended POC was submitted to the State Office at 12:00 PM on 11/19/25. The State Office approved the amended POC at 12:07 PM on 11/19/25. The amended POC stated the following: [Typed as Written]On 11/18/25, (Name of Plumbing Company) entered the facility to assess a mixing valve issue. This issue is found to only affect the 100 and 200 halls of the building. This could not be resolved at this time as parts need to be ordered. The parts are being located, ordered, and express shipped to the appropriate place. Installation will follow as soon as parts are available.We have continued to monitor per the initial POC every sink, every hour, until we are able to discuss with the survey team. The following is the amended Plan of Correction for F 689.The facility will shut off hot water to halls 100 and 200 at 12:07 PM on 11/19/25. Water temperatures will continue to be monitored every sink, every hour for 2 hours, in 300 and 400 halls, to ensure stabilization of temperatures before returning to patient care. Kitchen and laundry, along with halls 300 and 400, are not affected by the above-mentioned mixing valve issue. Once stabilization of temperatures is made and hot water is resumed on 300 and 400 halls, the facility will then continue to monitor water temps in halls 300 and 400 twice daily in at least two rooms per hall randomly and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	report to maintenance and administrator until the mixing valve for the other side of the building can be restored. The laundry and kitchen temps will continue as usual.Upon completion of the repair for mixing valve for halls 100 and 200, the water temperature will be checked on halls 100 and 200 in at least 2 rooms per hall randomly every 4 hours for 3 days, then daily for 30 days. Then the facility will carry out routine water temperature checks on 100 and 200 halls daily and provide the administrator 5 times a week for 4 weeks, and monthly for 2 months. Results will be reported during QAPI meetings.Observation and interview on 11/20/25 at 9:40 AM revealed that all hot water to the 100 and 200 wings had been turned off. Residents had been notified of the hot water system issue and were offered bed baths until it was resolved.After observation, staff interview, review of facility documentation, and record review, the State Office was notified of the findings and the implementation of the POC. The survey team was instructed to abate the IJ at 11:57 AM on 11/20/25. On 11/24/25 at approximately 9:30 AM, during a review of the facility's continuing Plan of Correction (POC) on temperatures, the facility provided temperature logs for the 300 and 400 hallways that showed fluctuations between 100- and 132-degrees F. The facility stated that they had immediately turned off the hot water at the sinks for all resident rooms. The administrator noted that the plumbing company had been notified and was in route again. The administrator further stated that the facility had continued to monitor water temperatures in the residents' rooms every hour throughout the night. They had done so by turning on the hot water at each sink, checking the temperature, and then turning it off. The administrator stated that they were requesting approval from the State Aency to immediately turn off the hot water supply. The residents were being notified, and the staff were being educated that residents were to be given bed baths until further notice.The State Aency was notified and confirmed the facility should shut off the hot water to 300 and 400 halls until repairs are completed.The facility provided the following POC [Typed as Written] Currently, residents are being offered/provided bed baths via bath-in-a-bag. The facility may follow the manufacturer's recommendations for heating these wipes in a microwave before use with patients to ensure patient comfort.On 11/25/25 at approximately 9:32 AM, the facility provided a statement [Typed as Written] Currently, the hot water mixing valve for halls 100 and 200 have been fixed. Water temperatures appear stable and have been opened for resident use. The whirlpool bath for the South side will remain locked and tagged out. Some parts are needed for this unit. The whirlpool on the North side will remain locked/tagged out as it needs parts separate from this concern.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. Based on interview, observation, and record review, the facility failed to honor resident choices for baths/showers. This was true for three (3) of four (4) residents. Resident identifiers: #71, #73, and #95. Facility Census: 109. Findings Includea) Resident #71During an interview on 11/19/25 at approximately 11.13 AM, the resident stated that her last tub bath had been on 10/30/25. The resident also said that on 11/02/25, the Nurse Aide had asked her whether she wanted a bed bath or a bath in the tub. Resident #71 stated that she had requested a whirlpool bath. The resident stated that the Nurse Aide (NA) left her room and did not return. Resident #71 stated that she had filed a grievance.Record review revealed a grievance form dated 11/03/25 in which Resident #71 complained about not receiving a bath on 11/02/25. The grievance form noted the following: [Typed as Written] [Resident] was asked on her bath day, 11/02/25, if she wanted a bed bath or a bath in the tub. She told the CNA that she wanted a bath in the whirlpool. CNA didn't come back to bathe her. Task sheet is marked Not applicable.The resolution was noted as: Discussed shower preferences with resident. Shower offered/given 11/04/25During an interview with the Administrator on 11/19/25 at 12:45 PM, the Administrator confirmed that the resident's preferences had not been honored and that the resident had not been given a bath on 11/02/25. The administrator also acknowledged that facility staff failed to thoroughly investigate and implement protocols to ensure that the resident's choices were honored going forward. The Administrator also stated that the facility staff did not accurately document the interventions implemented. b) Resident #73During an interview on 11/19/25 at 11:30 AM, the resident stated that she had not received a shower or bath since 10/21/25.Record review on 11/19/25 at approximately 11:45 AM revealed a grievance form submitted by Resident #73 dated 11/03/25 regarding baths/showers.The grievance form noted the following: [Typed as Written] Has not been offered a bath/shower since 10/21/25.The actions taken by the facility are listed below: Discussed shower preferences with resident. Shower offered/given 11/04/25.During an interview with the Administrator on 11/19/25 at 12:45 PM, the Administrator confirmed that the resident's preferences had not been honored, and that the resident had not been given a bath on 11/02/25. The administrator also acknowledged that facility staff failed to thoroughly investigate and implement protocols to ensure that the resident's choices were honored going forward. The Administrator also stated that the facility staff did not accurately document the interventions implemented. c) Resident #95During an interview with Resident #95 on 11/19/25 at approximately 11:36 AM, the resident stated that she had not received a bath on her scheduled bath day - 11/03/25. Resident #95 had submitted a grievance to the facility.Record review on 11/19/25 at approximately 11:57 AM revealed that Resident #95 had submitted a grievance on 11/03/25. The grievance form stated the following:[Resident] was not offered a bath on her scheduled day of 11/03/25. The task sheet for today was checked Activity not attempted due to medical conditions or safety concerns.The actions taken by the facility are listed as: Discussed shower preferences with resident. Shower offered/given 11/04/25Further record review on 11/19/25 of the physician's notes and nursing notes revealed no notes or documentation of any medical or safety concerns for Resident #95.During an interview with the Administrator on 11/19/25 at 12:45 PM, the Administrator confirmed that the resident's preferences had not been honored, and that the resident had not been given a bath on 11/02/25. The administrator also acknowledged that facility staff failed to thoroughly investigate and implement protocols to ensure that residents' choices were honored going forward. The Administrator also stated that the facility staff did not accurately document the interventions implemented.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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, resident interview, and staff interview, the facility failed to follow physician's orders regarding wound care for Resident #123, administer medications for Resident #90, #106, #107, and accuchecks for Resident #80, #61, #87, #51 and #102. This was true for nine (8) of 42 residents reviewed during the survey process. Resient Identifiers: #90, #106, #107, #80, #61, #87, #51, and #102.b) Resident #90 -During an interview on 11/17/25 at 3:49 PM with Resident #90, reported his evening medications were sometimes late. -Review of facility policy and form titled Liberalized Med Pass times, it was revealed that the facility utilized liberalized medication pass times listed as follows: Early AM, 4:00 AM- 7:00 AM AM, 6:00 AM - 11:00 AM Afternoon, 12:00 PM - 3:00 PM PM, 4:00 PM - 7:00 PM HS, 8:00 PM- 11:00 PM -On 11/24/25 a 30 day period of Resident #90's medication administration was reviewed and revealed the following medications were administered after the prescribed time: Eliquis Oral Tablet 5MG, give 5 MG by mouth two times a day. Scheduled 10/30/25 at 9:00 PM, given 10/31/25 at 3:45 AM. Tamsulosin HCl Capsule 0.4 MG, give 2 (two) capsules by mouth at bedtime. Scheduled 10/30/25 at 9:00 PM, given 10/30/25 at 3:45 AM. Mirtazapine Tablet 7.5 MG, give 1 (one) tablet by mouth at bedtime. Scheduled 10/30/25 at 9:00 PM, given at 10/30/25 at 3:45 AM. Mirtazapine Tablet 7.5 MG, give one table by mouth at bedtime. Scheduled 11/04/25 at 9:00 PM and given at 11/04/25 11:18 PM. Tamsulosin HCL Capsule 0.4, give 1 (one) capsule by mouth at bedtime. Scheduled 11/04/25 09:00 PM, Given 11:18 PM. Eliquis Oral Tablet 5MG, Give 5 MG by mouth two times a day. Scheduled 11/04/25 at 9:00 PM, given at 11/04/25 at 11:18 PM. Amiodarone HCl Tablet 200 MG, give 1 (one) tablet by mouth one time a day for abnormal heart rhythm. Scheduled for 11/06/25 at 07:00 AM, given 11/06/25 at 11:20 AM. Eliquis Oral Tablet 5 MG (Apixaban) Give 5 MG by mouth two (2) times a day. Scheduled for 11/06/25 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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	at 07:00AM, given 11/06/25 at 11:20 AM. Atorvastatin Calcium Oral Tablet 40 MG, give one (1) tablet by mouth one time a day. Scheduled 11/06/25 at 7:00AM, given 11/06/25 at 11:20 AM. Metoprolol Succinate ER Oral Tablet Extended Release 24-hour 50 mg, give 50mg by mouth one time a day. Scheduled 11/06/25 at 7:00 AM, given 11/06/25 at 11:20 AM. Detrol Oral Tablet 2MG, Give 2 MG by mouth one time a day. Scheduled 11/06/25 at 7:00 AM, given 11/06/25 at 11:20 AM. Detrol Oral Tablet 2MG, give 2 MG by mouth one time a day. Scheduled 11/20/25 at 7:00 AM, given 11/20/25 at 11:28 AM. Metoprolol Succinate ER Oral Tablet Extended Release 24-hour 50 MG, give 50 mg by mouth one time a day. Scheduled 11/20/25 at 7:00 AM, given 11/20/25 at 11:28 AM. Metformin HCl Oral Tablet 850 MG, give 850 MG by mouth one time a day. Scheduled 11/20/25 at 7:00 AM, given 11/20/25 at 11:28 AM. Eliquis Oral Tablet 5MG, Give 5 MG by mouth two times a day. Scheduled 11/20/25 at 7:00 AM, given 11/20/25 at 11:28 AM. Amiodarone HCl Tablet 200 MG, give 1 (one) tablet by mouth one time a day. Scheduled 11/20/25 at 7:00 AM, given 11/20/25 at 11:28 AM. Mirtazapine Tablet 7.5 MG give 1 (one) tablet by mouth at bedtime. Scheduled for 11/23/25 at 9:00 PM, given 11/23/25 at 11:22 PM. Eliquis Oral Tablet 5 MG, give 5 MG by mouth two times a day. Scheduled for 11/23/25 at 9:00 PM, given 11/23/25 at 11:22 PM. Tamsulosin HCl Capsule 0.4MG, give 2 (two) capsules by mouth at bedtime. Scheduled 11/23/25 at 9:00 PM, given 11:22 PM. c) Resident #106 During an interview with Resident #106 on 11/18/25 at 9:52 AM, resident reported he was given late medications on occasion. -On 11/24/25 a 30-day period of Resident #106's medication administration was reviewed and revealed the following medications were administered after the prescribed time: Buspirone HCl oral tablet 10 MG, give 10 mg by mouth three times a day. Scheduled 10/21/25 at 11:00 PM, given 10/21/25 at 5:02 PM. Zyprexa oral tablet 5 MG, give 5 MG by mouth at bedtime. Scheduled 10/30/25 at 9:00 PM, given at 10/31/25 at 3:12 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
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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	Famotidine oral tablet 20 MG, give 20 MG by mouth at bedtime. Scheduled 10/30/25 at 9:00 PM, given at 10/31/25 at 3:12 AM. Atorvastatin calcium oral tablet 20 MG, give 20 MG by mouth at bedtime. Scheduled 10/30/25 at 9:00 PM, given 10/31/25 at 3:12 AM. Buspirone HCl oral tablet 10 MG, give 10 MG by mouth three time a day. Scheduled 11/18/25 at 1:00 PM, given 11/18/25 at 4:08 PM. d) Resident #107 -During an interview conducted with resident on 11/17/25 at 2:38 PM, Resident #107 reported her medications were not given on time and at times not given to her at all in the past. -On 11/24/25 a 30-day period of Resident #106's medication administration was reviewed and revealed the following medications were administered after the prescribed time: Benzonatate capsule 100 MG, give 1 (one) capsule by mouth three times a day for cough for 14 days. Scheduled 10/21/25 at 1:00 PM, given 10/21/25 at 5:46 PM. Doxycycline Hyclate oral capsule 100 MG, give 1 (one) capsule by mouth two times a day for 10 days. Scheduled 11/02/25 at 7:00 AM, given at 11/02/25 at 12:13 PM. On 11/25/25 at approximately 12:25 PM, the Administrator acknowledged the late medications for Resident's # 90, #106 and #107. Findings Include: a) Resident #123 On 11/25/2025 at 12:07 PM, a record review was completed for Resident #123. The review was completed in reference to a complaint received on 03/20/24. The review found the following treatments were not completed on 03/03/24: --Cleanse right posterior lower leg venous ulcer with normal saline, apply silvadene periwound, xeroform to open areas to base of wound, place abd (abdominal) pads, wrap with kerlix and ace bandage from toes to knees every day shift. (Typed as written.) --Cleanse left lateral lower leg distal venous with normal saline, apply silvadene periwound, xeroform to open areas to base of wound, place abd pads, wrap with kerlix and ace bandage from toes to knee every day shift. (Typed as written.) --Cleanse left lateral lower leg proximal venous ulcer with normal saline, apply silvadene periwound, xeroform to open areas to base of wound, place abd pads, wrap with kerlix and ace bandage from toes to knees every day shift. (Typed as written.) --Cleanse right medial lower leg distal venous ulcer with normal saline, apply silvadene periwound, xeroform to open areas to base of wound, place abd pads, wrap with kerlix and ace bandage from toes to knees every day shift. (Typed as written.) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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	--Cleanse right medial lower leg proximal venous ulcer with normal saline, apply silvadene periwound, xeroform to open areas to base of wound, place abd pads, wrap with kerlix and ace bandage from toes to knees every day shift. (Typed as written.) --Silvadene External Cream 1% apply to bilateral lower extremity topically every day shift for venous ulcer. (Typed as written.) --Cleanse MASD (moisture-associated skin damage) to bilateral buttocks with normal saline and apply chamosyn with manuka honey BID (twice daily) until healed. On 11/25/25 at 12:48 PM, the Administrator confirmed the treatments were not completed on 03/03/24. e) Resident #80 On 11/19/2025 at 3:03 PM, a record review was completed for Resident #80. The review found a physician's order dated 06/27/2025, Accu checks once daily in the morning for Diabetes Mellites (DM). Upon further review the Accu checks were not completed per physicians order. The following dates were not completed, 06/27/25, 07/01/25 and 07/03/25. The Director Of Nursing (DON) was interviewed on 11/19/25 at 3:53 PM, who confirmed the Accu checks were not completed as ordered. f) Resident #61 On 11/24/25 at 12:05 PM, a record review for Resident # 61 revealed a physicians order that stated: Accu check QID (four times a day) with a start date of 06/24/25 and discontinue date of 07/02/25. Upon further review the Accu checks was not completed on 06/29/25. The physicians order was changed on 08/21/24 and the following Accu check were not completed on 02/24/25 at 6:00 AM. The DON confirmed that the physicians orders were not followed. g) Resident #87 On 11/24/25 at 12:15 PM, a record review for Resident # 87 revealed a physicians order that stated: Accu check BID (twice daily) with a start date of 09/23/23. Upon further review the Accu checks were not completed on 07/03/25 at 600 AM and on 02/24/25 at 600 AM. The DON confirmed that the physicians orders were not followed. h) Resident #51 On 11/25/2025 at 10:40 AM, a record review for Resident # 51 revealed a physicians order that stated: Accu check Q am (in the morning) with a start date of 08/12/24. Upon further review the Accu checks on 02/24/25, 04/09/25 and 04/19/25 were not administered. The DON confirmed that the physicians orders were not followed. i) Resident #102 On 11/25/2025 at 11:10 AM, a record review for Resident #102 revealed a physicians order that stated: Accu check one time a day every Mon, Wed, Fri with a start date of 09/13/24. Upon further review the Accu check on 02/24/25 was not administered. The DON confirmed that the physicians order was not followed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure that opened medications were discarded within the manufacturer-specified period. In addition, the facility failed to ensure that medications were stored at the manufacturer-specified temperatures. Medication Rooms: 100/200 Hallway, and 200/400 Hallway. Facility Census: 109. Findings Includea) Medication room [ROOM NUMBER]/200 HallwayDuring an inspection of the Medication Room on the 100/200 Hallway, accompanied by Licensed Practical Nurse (LPN) #291 on 11/20/2025 at 12:17 PM, it was noted there were three refrigerators in the medication room, one for medications, another for Insulin, and the third for vaccines. All refrigerators were kept locked. The refrigerator temperature logs were not available for view in the medication room. LPN #291 stated that the logs were in the Narcotic Medication binder on the medication cart. Upon request, on 11/20/25 at 10:01 AM, LPN #291 produced the refrigerator temperature logs for the medication room on the 100 and 200 hallways. The logs revealed the following: The Medication Refrigerator temperature log had not been completed for the day shift on:11/13/2511/17/2511/18/2511/19/25and11/20/25 The insulin storage refrigerator temperature log was not completed for the day shift on:11/12/2511/17/2511/18/2511/19/25and11/20/25 The vaccine storage refrigerator temperature log was not completed for:11/17/2511/18/2511/19/25and 11/20/25 b) Medication room [ROOM NUMBER]/400 HallwayDuring an inspection of the Medication room on the 300 and 400 hallways on 11/20/25 at approximately 10:11 AM, accompanied by LPN #84, three refrigerators. A medication refrigerator, a vaccine refrigerator, and an insulin refrigerator were observed in the medication room. The temperatures in the refrigerators read 41-, 42- and 42-degrees Fahrenheit respectivelyA review of the medication temperature logs for the 300 and 400 hallway medication rooms revealed the following:The temperature logs for the vaccine and insulin refrigerators had been completed.The medication refrigerator temperature log was not documented on:11/17/25and 11/20/25 LPN#84 confirmed that the log was not completed. In addition, during the inspection of the 300-400 medication room, an Ozempic injector for Resident #11 was observed stored in the medication refrigerator. The note on the box stated, Opened on 06/25/25. LPN #84 confirmed that the pen should have been discarded and immediately removed the pen from the refrigerator.Review of Resident #11's medications revealed an Ozempic pen dated 11/03/25 that was currently in use. The manufacturers' recommended guidelines state that an Ozempic pen can be used for up to 56 days after its first use, whether you store it in the refrigerator or at room temperature. After 56 days, the pen must be discarded, even if medication remains in it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation of food temperatures and resident interview the facility failed to provide residents with palatable food at an appetizing temperature. This is true for Resident's #35 and #107. Facility Census 109. Findings included: a) On 11/18/25 at 3:24 PM during an interview with Resident #35, he report that his food is not good and not hot when served. b) On 11/17/2025 at 2:37 PM during an interview with Resident #107 she reported the food is horrible, often out of anytime menu items when she does not like meals served. She has gone without food due to disliking the taste of everything served c) On 11/19/25 at 12:57 PM the last tray taken out of the cart was tested for food temperatures and the results were as follows: candied sweet potatoes -100 degrees Fahrenheit broccoli florets -114 degrees Fahrenheithoney glazed sliced ham -104 degrees Fahrenheiticed tea - 36 degrees Fahrenheit d) 11/26/25 Review of document titled Food: Quality and Palatability states: Food will be prepared by methods that conserve nutritive value and appearance. Food will be palatable, attractive and served at a safe and appetizing temperature.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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 - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to provide an accurate and complete medical record for Resident #55's capacity and Physician's Order for Scope of Treatment (POST) form, Resident #9's transfer form and a progress note listing an incorrect medical diagnosis, a transfer form for Resident #4, and a psychotropic medication evaluation for Resident #5. This was true for four (4) of 42 residents reviewed during the survey process. Resident Identifiers: #55, #9, #4, and #5. Facility Census: 109.Findings Include:a) Resident #55On 11/24/25 at 11:00 AM, a record review was completed for Resident #55. The review found a physician determination of capacity dated 08/04/25 indicating the resident did have capacity to make medical decisions. However, a review of the Minimum Data Set, dated [DATE] section C indicated the resident had a Brief Interview for Mental Status (BIMS) score of -00- (zero) indicating severe cognitive impairment. On 11/24/25 at 2:00 PM, the Administrator was asked, Does the resident have capacity to make medical decisions with a BIMS of -00- ? The Administrator stated, No, the resident does not have capacity to make medical decisions .there is an issue with the capacity forms .it happened when the residents had an emergency evacuation back in August (2025), the other facility did their own paperwork. At this time, the Administrator confirmed the capacity form was incorrect and the facility physician had completed a new form dated 11/19/25, stating the resident demonstrates incapacity to make medical decisions.On 11/24/25 at 11:00 AM, a record review was completed for Resident #55. The review found in the electronic medical record (EMR) the resident was noted as a Do Not Rescusitate (DNR). However, a copy of the POST form was not scanned into the EMR. On 11/24/25 at 11:15 AM, a request was made for a copy of the POST form. The POST form had been completed via verbal consent on 11/19/25 and was not available in the EMR. On 11/24/25 at 11:45 AM, the Administrator stated, The POST form was misplaced when the resident returned from the emergency evacuation from the facility. We just obtained a new one from the Medical Power of Attorney (MPOA). It had not been scanned into the EMR. The Administrator confirmed the POST form was not readily available when the DNR notation was entered into the EMR.b) Resident #9On 11/19/25 at 12:00 PM, a record review was completed for Resident #9. The review found the resident had been sent to an acute care facility on 07/25/25 for abnormal vital signs. However, upon further review the vital signs (temperature, pulse, respirations, blood pressure and oxygen saturation) were left blank. The date on the transfer form was listed as 03/24/25.On 11/19/25 at 1:15 PM, the Administrator confirmed the transfer form was missing the vital signs and the transfer date was listed incorrectly.On 11/24/25 at 3:00 PM, a record review was completed for Resident #9. The review found a progress note dated 08/17/25 which listed the diagnosis of Human immunodeficiency virus (HIV). An additional review of the resident's noted diagnoses was completed; which, did not include HIV. On 11/24/25 at 3:30 PM, a interview was held with the Administrator. The Administrator was asked, Will you verify the diagnosis of HIV for this resident? The Administrator stated, I will get with the Nurse Practitioner and verify if this diagnosis is correct.On 11/25/25 at 8:30 AM, the Administrator provided an addendum dated 11/24/25 at 6:13 PM completed by the faciltiy physician. The addendum states, There was a dictation error on my note of 08/17/25 indicating that the patient has HIV, which is not the case. patient does not have HIV infection. (Typed as written.) At this time, the Administrator verified the diagnosis was incorrect for Resident #9.c) Resident #4On 11/19/25 at 11:00 AM, a record review was completed for Resident #4. The review found the resident was sent to an acute care facility on 11/11/25 for skin discoloration. However, the review found the date on the transfer form was listed as 09/01/25. On 11/19/25 at 11:30 AM, the Administrator confirmed the date on the transfer form was listed incorrectly.d) Resident #5On 11/25/25 at 10:00 AM, a record review was completed for Resident #5. The review found a Psychotropic Medication Evaluation dated 02/24/25. The evaluation did not indicate the targeted (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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 - Some	psychiatric or behavioral symptoms. Section 3 of the form was left blank, On 11/25/25 at 11:20 AM, the Administrator confirmed the targeted psychiatric or behavioral symptoms under section 3 was left blank.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and staff interview, the facility failed to maintain an infection control program while providing housekeeping services in room [ROOM NUMBER] and providing ADL care in room [ROOM NUMBER]. The staff failed to don PPE. Both rooms were under contact precautions. Additioanl issues were found through observation of inappropriate storage of a bath basin and fracture pan in room [ROOM NUMBER], and storage of a nebulizer mask for Resident #75. These were random opportunities for discovery. Room identifiers: #103, and #115. Resident Identifier: #75. Facility Census: 109.Findings Include:a) On 11/17/25 at 2:15 PM, the Administrator was asked for a copy of the door signage for contract precaution rooms. The contact precaution signage was provided by the Centers for Disease Control and Prevention (CDC) and was yellow with black and red lettering. It also, had two (2) red stop signs by the words contact precautions everyone must know. The following was listed on the sign: -Clean their hands, including entering and when leaving the room. -Providers and staff must also: -Put on gloves before room entry. Discard gloves before room exit. -Put on gown before room entry, Discard gown before room exit.-Do not wear the same gown and gloves for care of more than one person.-Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.b) room [ROOM NUMBER]On 11/17/25 at 2:01 PM, Housekeeping #289 was observed in room [ROOM NUMBER], which was under contact precautions, without donning personal protective equipment (PPE). At this time, Housekeeping #289 stated, I thought if they were out of the room, I didn't have to wear it.On 11/17/25 at 2:15 PM, the Administrator was notified and confirmed PPE should be worn in a room under contact precautions.c) room [ROOM NUMBER]On 11/18/25 at 1:00 PM, Nurse Aide (NA) #50 was observed providing activities of daily living (ADLs) to Resident #66. room [ROOM NUMBER] was under contact precautions and NA #50 did not don PPE prior to entering the room. Resident #66's roommate was noted with draining wounds. On 11/18/25 at 1:03 PM, NA #50 stated, I didn't think I had to wear it, if her roommate was out of the room.On 11/17/25 at 1:15 PM, the Administrator was notified and confirmed PPE should be worn in a room under contact precautions.d) room [ROOM NUMBER]On 11/17/25 at 2:06 PM, an interview was being held with Resident #43 and the resident's Medical Power of Attorney (MPOA). An observation was made of a fracture pan and bath basin in the bathroom on a shelf under the sink. The fracture pan and bath basin had no identifying information. of a fracture pan and bath basin, which had no identifying information, was on the shelf without a storage bag in place. At this time, Nurse Aide (NA) #42 was asked, Do you know who these belong to? Do you know if they are used? NA #42 stated, I don't know if they are used or not .I'll get rid of them.On 11/17/25 at 2:25 PM, the Administrator was notified and confirmed the fracture pan and bath basin should be labelled and stored in an appropriate storage bag.e) Resident #75On 11/17/25 at 2:14 PM, an initial interview was held with Resident #75. During the interview, an observation was made of a nebulizer mask laying on the nightstand. On 11/17/25 at 2:15 PM, Nurse Aide (NA) #102 stated, I will get a storage bag.On 11/17/25 at 2:20 PM, the Administrator was notified and confirmed the nebulizer mask should be stored in an appropriate storage bag.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation, Resident Council, and staff interview, the facility failed to post a notification of the availability of survey results and provide the survey results in an accessible location for review by residents and visitors. This was a random opportunity for discovery. Facility Census: 109.On 11/18/25 at 2:00 PM, during the Resident Council meeting, of the 14 residents that were attending the meeting, no one was able to verbalize where the survey results binder was located. On 11/18/25 at 3:00 PM, this Surveyor attempted to find the survey results binder without success. On 11/18/25 at 3:10 PM, an interview was held with Social Services designee (SSD) #36. SSD #36 stated, I do not know where it is, let me ask someone. On 11/18/25 at 3:15 PM, the SSD #36 entered the Administrator's office. At this time, the corporate RN entered the front lobby and asked Receptionist #65 the location of the survey results binder. The receptionist obtained the binder from behind the receptionist desk and gave it to the corporate RN. The corporate RN provided the survey binder. The Corporate RN was interviewed about the location of the binder. The Corporate RN stated, I got it from the receptionist. On 11/18/25 at 3:18 PM, Receptionist #65 confirmed the binder was kept behind the receptionist desk due to wandering residents. On 11/20/2025 at 10:53 AM, this Surveyor went to check on the location of the survey results binder. The binder was not visible in the lobby area. It was located at the receptionist's desk and was covered up with COVID supplies. On 11/20/2025 at 11:58 AM, the survey results binder was again covered with COVID supplies. On 11/20/2025 at 12:10 PM, the Administrator was shown the survey results binder was not easily visible and accessible for the residents. The Administrator moved it to a small table which was visible to anyone that entered the lobby. The Administrator stated, I will keep an eye on it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities Based on staff interview and documentation review, the facility failed to ensure one (1) residents Pre-admission Screening (PASAR) form contained her current diagnosis at the time of admission. This was true for Resident #5. Facility census: 109. a) Resident #5 On 11/18/25 a review of resident's Pre-admission Screening and Resident Review (PASRR) dated for 09/19/23, question #30 Current Diagnosis Answer (None). On 11/18/25 a review of a Diagnosis Report for Resident #5 revealed a diagnosis of Bipolar Disorder, Unspecified (F41.9) with and onset 8/31/23. On 11/20/25 at 8:45 AM during an interview with Administrator who reported a new PASRR had since been completed and was awaiting the physician's signature so it could be submitted. The facility had started an audit to correct and update all PASRRs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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 - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, record review and staff interview, the facility failed to develop a care plan for assistance with showers and implement a fall intervention for Resident #4, and develop a care plan regarding triggers for Post-Traumatic Stress Disorder (PTSD) for Resident #8. This was true for two (2) of 42 residents reviewed during the survey process. Resident identifiers: #4, and #8. Facility Census: 109. b) Resident #8 On 11/18/25 at 12:06 PM, an interview was conducted with Resident #8 who reported she had a diagnosis of Post Traumatic Stress Disorder (PTSD) and had recently had an incident of some concern in this area when the resident were all evacuated from the facility. This diagnosis was confirmed with her electronic chart. On 11/20/25 review of resident's care plan revealed there were no triggers listed as on resident's care plan under the care area of PTSD. On 11/20/25 at 11:15 AM, a second interview with Resident #8 revealed her triggers with interventions for PTSD included specific sounds and smells pertaining to rain, leaves, wet ground, homecoming, specific noises around fall. She reported she had initially seen Dr. (name) r on two occasions but he stopped coming so she lost trust in him. She would have been apt to see him more at the time but he failed to come back, She does not like to leave her room and due to feeling unsafe. When she was at home, she would check the obituaries and the paper for her perpetrator. On 11/20/25 at approximately 2:00 PM during an interview with Director of Nursing and Administrator they acknowledged Resident #8's care plan did not address her PTSD triggers. Findings Include: a1) Resident #4 On 11/19/25 at 7:35 PM, a record review was completed for Resident #4. The review found a care plan intervention indicating the resident was dependent for personal hygiene which indicates the helper does all effort and requires two (2) or more helpers to assist. Upon further review, the resident did not receive a shower or bed bath during the following dates: --09/01/25-09/12/25 11 days --09/19/25-09/26/25 7 days --10/10/25-10/21/25 11 days --10/31/25-11/04/25 5 days On 11/20/25 at 10:00 AM, the Adminstrator confirmed the care plan was not implemented was not implemented regarding the assistance needed for a dependent resident. a) Resident #4 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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 - Few	On 11/19/25 at 9:03 AM, a record review was completed regarding a fall with major injury for Resident #4. The review found a fall intervention of fall mat on the right side of the bed. On 11/20/25 at 9:03 AM, an observation was made in Resident #4's room. The observation found the fall mat was not in place at the resident's right side of the bed. On 11/19/25 at approximately 9:05 AM, Nurse Aide (NA) #102 confirmed the fall mat wasnot in place. On 11/19/25 at approximately 10:30 AM, the Administrator was notified and confirmed the fall mat should have been in place.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on record review and staff interview, the facility failed to ensure ADLs were provided to dependent resident. This is true for one (1) of two (2) residents reviewed under the care area of activities of daily living. Resident Identtifier: #4. Facility Census: 109.Findings Include:a) Resident #4On 11/19/25 at 7:35 PM, a record review was completed for Resident #4. The review found a dependent resident had not been provided assistance for showers. The resident did not receive a shower or bed bath during the following dates:--09/01/25-09/12/25 11 days--09/19/25-09/26/25 7 days--10/10/25-10/21/25 11 days--10/31/25-11/04/25 5 days On 11/20/25 at 10:00 AM, the Adminstrator confirmed the activities of daily living were not provided to a dependent resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that residents were provided with assistance for toileting and appropriate care to prevent potential urinary tract infections. This was true for two (2) of three (3) residents sampled. Resident Identifiers: #45 and #73. Facility Census: 109.Findings Include a) Resident #45During an interview on 11/18/25 at approximately 11:22 AM, the resident stated that she was incontinent and must wait for assistance when she needs to go to the bathroom, frequently ending up sitting in wet briefs for long periods of time. Resident #45 added that she had submitted a complaint to the facility on [DATE].A review of the complaint revealed the following note: [Typed as Written] Resident reported that she is tired of using the bathroom in her brief. She puts light on to go to the bathroom and they don't in time to take her!The facility stated that they had updated orders and care plan stating Resident is to be toileted Q 2 hrs.During the interview on 11/18/25 at 1:22 PM, the resident stated that the Nurse Aides (NAs) were checking her more frequently, but it was not every two (2) hours.Record review on 11/18/25 at 12:17 PM revealed that the resident had the capacity to make her own decisions. Resident #45 was diagnosed with:Syndrome of Inappropriate Secretion of Antidiuretic HormoneType 2 Diabetes Mellitus without complicationsHypertensive Heart DiseaseMuscle Weakness Record review of the resident's Care Plan and the physician's orders revealed no orders or updates to the Care Plan that addressed the frequency of toileting, as revealed by the following entries:HYGIENE: PARTIAL/MODERATE ASSIST-Helper does LESS THAN HALF the effortDate Initiated: 11/18/2025 TOILETING HYGIENE: PARTIAL/MODERATE ASSIST- Helper does LESS THAN HALF the effortDate Initiated: 11/18/2025A review of the Bladder Tracker Log on 11/19/25 at 1:20 PM revealed that the resident was not checked every two hours on the following dates and times:10/23/25 at 6:00 AM and then on 10/23/25 at 2:28 PM - 8 hours, 28 minutes.10/23/25 at 6:01 PM and then on 10/23/25 at 9:33 PM - 3.5 hrs10/23/25 at 10:46 PM and then on 10/24/25 at 7:44 AM - approximately 9 hours 10/24/25 at 4:00 PM and then on 10/24/25 at 8:40 PM10/24/25 at 10:35 PM and then on 10/25/25 at 3:24 AM10/25/25 at 6;24 AM and then on 10/25/25 at 1:48 PM10/26/25 at 0:19 AM and then on 10/26/25 at 6:39 AM 11/11/25 at 9:13 AM and then on 11/11/25 at 1:00 PM11/11/25 at 2:27 PM and then on 11/11/25 at 8:05 PM 11/14/25 at 6:06 AM and then on 11/14/25 at 2:30 PM11/14/25 at 3:56 PM and then on 11/14/25 at 10:35 PM 11/16/25 at 2:41 PM and then on 11/16/25 at 7:31 PM 11/18/25 at 9:34 AM and then on 11/18/25 at 2:10 PM11/19/25 at 9:57 AM and then on 11/19/25 at 2:38 PM11/19/25 at 6:10 PM and then on 11/19/25 at 10:38 PM b) Resident #73During an interview with Resident #73 on 11/17/25 at approximately 3:09 PM, the resident stated that the nursing staff did not provide care, and flush her nephrostomy catheters as scheduled, and ordered by her physician. The resident stated that her physician had ordered that her nephrostomy catheters were to be flushed three (3) times a day. She further stated that she frequently had to call the nurse to ask that the nephrostomy catheters be flushed. The resident further stated she had submitted a complaint on 11/03/25 to the facility regarding the failure of nurses to perform the required care. She stated that the Director of Nursing had spoken to her and provided her with log sheets to ensure that nurses flushed her nephrostomy catheters three times a day. The nurses were required to sign the log sheets after they provided care. Resident #73 displayed the log sheets that were on her bedside table. Resident #73 stated that she was frustrated that she had to ensure that the nurses flushed her nephrostomy catheters three times a day. The resident noted that the nurse on duty today had completed nephrostomy care as scheduled. However, she added that some of the other nurses had to be frequently reminded that it was time for nephrostomy care. The resident stated that she had requested that the facility train her to flush her own nephrostomy tubes because of her frustration with having to call and remind nursing staff to provide timely nephrostomy care. Record review (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	revealed the following diagnoses:Chronic Kidney Disease Stage 5Obstructive and reflux uropathyUnspecified HydronephrosisOther artificial openings of urinary tract statusMalignant neoplasm of bladderRetention of urineAnemia in chronic kidney disease Further record review revealed the physician's orders that stated:Enhanced barrier precautions related to the nephrostomy tube when dressing/bathing/showering/transferring/personal hygiene. Changing linens, toileting and peri-care, providing care to resident with history of or colonized multi-resistant drug organism.Nephro-tubes to drain to gravity to prevent clogging.- Every shiftAssess markings on the nephrostomy tube at the exit site to check for dislodgement Q shift. Notify practitioner if dislodgement is suspected - Every shiftFlush Bilateral Nephrostomy Tube with 5mL of sterile saline - Three times a dayCheck nephrostomy tube for kinks or obstructions - Every shiftAssess the tube exit site for redness, swelling, warmth, tenderness, and drainage to detect signs of infection and skin breakdown with each dressing change - Day shift- Every three days A review of the grievance form submitted by Resident #73 on 11/03/25 revealed the following statements: Has not been offered a bath/shower since 10/21.Nephro catheter/tubes not being emptied as ordered. Action taken: Discussed shower preferences with resident.Shower offered/given 11/04/25 Record review revealed that no investigation or action to resolve the resident's complaint regarding the facility staff's failure to follow the physician's orders was documented. During an interview with the Administrator and Regional Director of Clinical Operations (RDCO) #294, on 11/25/25 at 10:05 AM the Administrator and RDCO #294 confirmed that the facility had failed to document actions taken to address the resident's complaint.RDCO #294 further stated that the facility had hired new staff, and there were issues with accurate and timely documentation. She went on to state that the Administrator and DON were in the process of training and educating staff on the importance of timely and accurate documentation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515122	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keyser Healthcare Center	135 Southern Drive Keyser, WV 26726

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on record review and staff interview, the facility failed to ensure monthly pharmacy reviews were signed, dated or provided with a response to the pharmacisit recommendationby the facility physician. This was true for two (2) of five (5) residents reviewed under the care area of unnnecessary medications. Resident Identifiers: #5 and #12. Facility Census: 109.b) Resident #12 On 11/24/25 at 9:30 AM, a record review was completed for Resident #12. The review revealed the monthly pharmacy review for 05/25/25 was not signed by the physician and no response was recorded. The issue and recommendation read as follows: Resident was prescribed Divalproex and was due for a Valproic Acid level (ordered for every 6 (six) months). Please consider obtaining this level on the next convenient lab day. This note was completed by the consultant pharmacist. On 11/24/25 at 3:13 PM, interview with Regional Director revealed the facility did not have a signed copy of the lab recommendation. Findings Include: a) Resident #5 On 11/24/2025 at 8:54 PM, a record review was completed for Resident #5. The review found the monthly pharmacy review for 07/29/25 was not signed, dated or provided a response to the pharmacist's recommendations by the facility physician. The monthly pharmacy review dated 07/29/25 stated, Dear (Name of facility physician), this resident is currently receiving Clonazepam and Oxycodone, Black Box Warning: Combined use of opiate agonists with benzodiazepines may cause respiratory depression, hypotension, profound sedation, and death. Limit the use of opiate pain medications with benzodiazepines to only patients for whom alternative treatment options are inadequate. If concurrent use is necessary, use the lowest effective doses and minimum treatment durations needed to achieve the desired clinical effect. Please reassess concurrent use of these medications to ensure the benefits outweigh the risks. (Typed as written.) Signed by (Name of Consultant Pharmacist.) On 11/25/25 at 3:10 PM, the Director of Nursing (DON) stated, We don't have the signed copy.