

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2026
NAME OF PROVIDER OR SUPPLIER Wellsburg Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 70 Valley Haven Dr Wellsburg, WV 26070	
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 resident interviews, staff interviews and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections with regards to the resident's personal products and unsanitary practices. Resident identifiers: #7, #31, #18, and #52. Facility Census: 52. Findings Included: a) Resident #7: During a facility walkthrough and resident interviews on 06/08/26 at 12:59 PM, it was observed that Resident #7's wheelchair had rips and tears on the edge of the seat and a round hole on each corner of the back rest by the handles exposing the inner padding. b) room [ROOM NUMBER]: Residents #31 and #18: During a facility walk through and resident interviews, on 06/09/26 at around 10:15AM, It was observed that Resident #31's wheelchair was located at the end of her bed with a tear in the right side of the backrest, with the inner padding protruding outward. Also upon observation, the left footrest for her wheelchair, located on the counter next to the shared sink, had a tear approximately 1/2 inch long in the outer padding exposing the inner padding. Further investigation of room [ROOM NUMBER], found the guest chair near Resident #18's bed. The plastic covering on the end of the left arm rest, had an approximate 6 inch tear with 4 puncture holes, causing the plastic covering to hang loose off the sides, also exposing the inner padding. Also exposing the inner padding. c) Resident #52: During an interview with Resident #52, on 06/10/26 at around 2:05 PM, the surveyor observed that the back stabilizer pad on her electric wheelchair had 1/4-inch holes around the top edge, both corners of the shoulder pads, down the backrest, and in both corners of the seat pad. Infection Preventionist Interviews: On 06/08/26 at 1:10PM the infection preventionist confirmed the issues in Resident #7's wheelchair and stated she would have it replaced. On 06/10/26 at approximately 2:15 PM, during a facility walk through and interview with the Infection Preventionist, she confirmed that Resident #31's and #52's wheelchairs and #18's guest chair had rips, tears, and holes. She stated she would recheck all wheelchairs in the facility for repair and/or replacement.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 515123
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