STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515123	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellsburg Healthcare Center	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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50795 Based on observation and interview, the facility failed to provide a clean, comfortable, and homelike environment over which it had control, Specifically by not ensuring that a P-Tac unit was cleaned and maintained. This was true for one (1) of thirty-two (32) rooms surveyed during the long-term care survey process. This was a random opportunity for discovery. Room Identifier: room [ROOM NUMBER]. Facility Census: 52. Findings Included: a) room [ROOM NUMBER] During an observation of room [ROOM NUMBER] on 01/21/25 at approximately 1:45 PM, lint and debris were observed inside the vent grille of the P-Tac unit. A repeat inspection of the P-Tac unit on 01/22/25 at 1:35 PM revealed that it had still not been cleaned. On 01/23/25 at approximately 10:00 AM, the Director of Nursing (DON) #13 and Corporate Nurse (CN) # 71 were notified of the dirty P-Tac unit. They inspected it and stated that it would be cleaned immediately. At approximately 10:15 AM on 01/23/25, a maintenance worker was observed servicing the P-Tac unit.

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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F 0623

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.

43340

Based on medical record review and staff interview, the facility failed to ensure a written Notice of Transfer / Discharge which included the resident's right to submit an appeal and the name, address (mailing and email), and telephone number of the Office of the State Long-Term Care Ombudsman, was provided to residents/resident representatives for five (5) of five (5) residents reviewed for hospitalization s during the long-term care survey process. This had the potential to affect all residents being transferred or discharged . Resident identifiers: #20, #52, #12, #21 and #33. Facility census: 52

Findings included:

a1) Resident #20 - 07/05/24 hospitalization

A record review completed on 01/22/25 at 1:49 PM revealed that resident had been transferred to the hospital on 07/05/24. The Notice of Transfer/Discharge given to resident did not have a statement of the resident's right to appeal and the name, address (mailing and email), and the telephone number of the long-term care ombudsman.

a2) Resident #20 - 09/20/24 hospitalization

A record review completed on 01/22/25 at 1:49 PM revealed that resident had been transferred to the hospital on 09/20/24. The Notice of Transfer/Discharge given to resident did not have a statement of the resident's right to appeal and the name, address (mailing and email), and the telephone number of the long-term care ombudsman.

a3) Resident #20 - 12/04/24 hospitalization

A record review completed on 01/22/25 at 1:49 PM revealed that resident had been transferred to the hospital on 12/04/24. The Notice of Transfer/Discharge given to resident did not have a statement of the resident's right to appeal and the name, address (mailing and email), and the telephone number of the long-term care ombudsman.

a4) Resident #20 - 01/06/25 hospitalization

A record review completed on 01/22/25 at 1:49 PM revealed that resident had been transferred to the hospital on 01/06/25. The Notice of Transfer/Discharge given to resident did not have a statement of the resident's right to appeal and the name, address (mailing and email), and the telephone number of the long-term care ombudsman.

a5) Resident #20 - 01/10/25 hospitalization

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellsburg Healthcare Center	70 Valley Haven Dr Wellsburg, WV 26070

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A record review completed on 01/22/25 at 1:49 PM revealed that resident had been transferred to the hospital on 01/10/25. The Notice of Transfer/Discharge given to resident did not have a statement of the resident's right to appeal and the name, address (mailing and email), and the telephone number of the long-term care ombudsman. a6) Administrative Interview During an interview on 01/22/25 at 3:45 PM, the Administrator and the Director of Nursing (DON) acknowledged the facility's form did not include the resident's right to appeal and the Ombudsman's contact information. b1) Resident #52 - 01/05/25 hospitalization A record review completed on 01/22/25 at 6:37 PM revealed that resident had been transferred to the hospital on 01/05/25. The Notice of Transfer/Discharge given to resident did not have a statement of the resident's right to appeal and the name, address (mailing and email), and the telephone number of the long-term care ombudsman. b2) Administrative Interview During an interview on 01/22/25 at 3:45 PM, the Administrator and the Director of Nursing (DON) acknowledged the facility's form did not include the resident's right to appeal and the Ombudsman's contact information. c1) Resident #12 - 10/22/24 hospitalization A record review, completed on 01/22/25 at 1:26 PM revealed that resident had been transferred to the hospital on 10/22/24. The Notice of Transfer/Discharge given to resident did not have a statement of the resident's right to appeal and the name, address (mailing and email), and the telephone number of the long-term care ombudsman. c2) Resident #12 - 12/05/24 hospitalization A record review, completed on 01/22/25 at 1:26 PM revealed that resident had been transferred to the hospital on 12/05/24. The Notice of Transfer/Discharge given to resident did not have a statement of the resident's right to appeal and the name, address (mailing and email), and the telephone number of the long-term care ombudsman. c3) Administrative Interview During an interview on 01/22/25 at 3:45 PM, the Administrator and the Director of Nursing (DON) acknowledged the facility's form did not include the resident's right to appeal and the Ombudsman's contact information. d1) Resident #21 - 01/09/25 hospitalization (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellsburg Healthcare Center	70 Valley Haven Dr Wellsburg, WV 26070

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A record review completed on 01/22/25 at 7:10 PM revealed that resident had been transferred tp the hospital on 01/09/25. The Notice of Transfer/Discharge given to resident did not have a statement of the resident's right to appeal and the name, address (mailing and email), and the telephone number of the long-term care ombudsman. d2) Administrative Interview During an interview on 01/22/25 at 3:45 PM, the Administrator and the Director of Nursing (DON) acknowledged the facility's form did not include the resident's right to appeal and the Ombudsman's contact information. 45171 Findings include: e) Resident #33 1) On 12/19/24 Resident #33 was transferred to the local hospital emergency room for evaluation. Review of transfer documentation shows the following required documents were completed as required: Ombudsman notification, bed hold authorization and the E interact transfer form. Review of the Acute Transfer Letter was reviewed and found it did not provide a written notice of transfer/discharge to the resident/resident's representative which included the resident's right to file a grievance. This was confirmed on 01/22/25 3:45 PM with the Director of Nursing. 2) On 12/31/24 Resident #33 was transferred to the local hospital emergency room for evaluation. Review of transfer documentation shows the following required documents were completed as required: Ombudsman notification, bed hold authorization and the E interact transfer form. Review of the Acute Transfer Letter was reviewed and found it did not provide a written notice of transfer/discharge to the resident/resident's representative which included the resident's right to file a grievance. This was confirmed on 01/22/25 3:45 PM with the Director of Nursing.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellsburg Healthcare Center	70 Valley Haven Dr Wellsburg, WV 26070

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(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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43340 Based on record review and staff interview, the facility failed to maintain an accurate medical record for two (2) out of 21 records reviewed during the Long-Term Care Survey Process. Resident identifiers: #46 and #29. Facility census: 52 Findings included: a) Resident #46 During a record review, completed on [DATE] at 2:58 PM, the following discrepancy was found: -A Physician Orders for Scope of Treatment (POST) form, dated [DATE], listed Resident #46 as a Do Not Resuscitate (DNR) -A Physician Order, dated [DATE], read CPR (Cardiopulmonary Resuscitation). During an interview on [DATE] at 11:03 AM, the Director of Nursing (DON) was asked to explain how nursing staff were trained to determine a resident's code status. The DON demonstrated that staff would click on the Advance Directives hyperlink in the electronic medical record which would take them to the most recent POST form. The DON reported that the Resident #46 was considered a Do Not Resuscitate (DNR). The DON was then asked to pull up Resident #46's active physician order for code status. The DON acknowledged that the code status order entered on [DATE], read CPR. The DON stated that resident had been out to the hospital and had returned to the facility on [DATE]. She noted that LPN #33 had incorrectly entered the code status and immediately corrected the order. All three nursing staff who were responsible for entering orders were immediately re-educated and a whole house audit was completed to verify all code status orders were correct. [DATE] 11:21 AM DON provided information that the staff had been re-educated, there were no other identified issues, and all code status orders were correct in the building. 50795 b) Resident #29 On [DATE], at approximately 9:45 AM, a review of the immunization records for a random sample of residents was conducted. The records for Resident #29 included a completed Pneumonia vaccine consent/declination form. The facility indicated that the resident had declined the Pneumonia vaccine; however, the form lacked the resident's name. The documentation on the form stated, Verbal as per [NAME], and it had been signed by two witnesses. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Wellsburg Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 70 Valley Haven Dr Wellsburg, WV 26070	

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This discrepancy was brought to the attention of the Director of Nursing (DON) #13 and Administrator #15 at around 11:15 AM on [DATE]. They confirmed that the facility had failed to enter the resident's name on the form.