STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515130	A. Building B. Wing	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stone Pear Pavilion	125 Fox Lane Chester, WV 26034

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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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. 50795 Based on record review and resident interviews, the facility failed to ensure residents had the right to make choices about aspects of their life in the facility that are significant to the resident, including the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility. This was true for two (2) of five (5) residents reviewed for the category of choices, during the long-term care survey. Resident Identifiers: #25 and #40. Facility Census: 58. Findings Included: a) Resident #25 During an interview on 08/06/24 at 11:05 AM, Resident #25 revealed she would like to have three showers a week, but the facility only schedules her for showers on Tuesdays and Saturdays. She stated that she had mentioned her preference to the Nursing Assistants (NAs) on more than one occasion, but her requests had been ignored. Record review revealed a shower schedule for the facility's East Wing with Resident #25 scheduled for showers on Tuesdays and Saturdays in the AM. In an interview with NA #42 on 08/07/24 at 12:06 PM regarding showers, she emphasized the difficulty of getting the residents showered, highlighting the constraint of having only one shower room on each wing. LPN #30, on 08/07/24 at 12:33 PM, stated that she had informed Clinical Operations Specialist #6 that Resident #25 requested three showers per week. On 08/08/24 at 2:58 PM, Resident #25 approached this surveyor near the office, and Clinical Operations Specialist #6 was within hearing range. Resident #25 asked, Am I going to get my three showers from now on? The resident was reassured that the facility had been notified of her request. b) Resident #40 (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview with Resident #40 on 08/06/24 at 3:19 PM, she disclosed that she is Catholic. She mentioned that she wakes up around 4:30 AM every morning to watch church services on TV. She also stated that she says her rosary, and would like assistance getting out of bed and being cleaned by 7:00 AM. However, she mentioned that her requests had been ignored by the Nursing Assistant (NA). Additionally, she mentioned that a woman representing the State had visited her a few weeks ago, to whom she had also expressed her request, but nothing had come of it. Record review revealed a nursing note dated 8/6/2024 at 12:56 PM which stated: Resident is alert & oriented person place time intermittently confused forgetful On 08/06/24 at 04:11 PM, during an interview with LPN #60, she mentioned that Resident #40 is often confused, but can still respond to questions. The LPN also noted that the staff were uncertain about the resident's needs due to her frequent changes of mind.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 42120 . Based on observation and staff interview, the facility failed to provide a safe, sanitary, and homelike environment. This was a random opportunity for discovery. Room identifier: east and west shower rooms. Facility census: 58. Findings include: a) East Shower Room During an interview with Resident #1 on 08/06/24 at 12:46 PM she stated the shower room had mold on the floor and up the walls. She continued to say she did not like to put her feet down because they do not clean the shower room very well. An observation, on 08/06/23 1:33 PM, of the east shower found a black substance on the floor and up the walls, and a thick layer of lent and debris on the ceiling vents. During an interview on 08/06/24 at 2:15 PM the Environmental Services Supervisor confirmed the shower room floor, walls, and vents needed cleaned. She stated, It's hard to keep up on because of the moisture in the room, so they power wash the black substance off the floors and walls once a month. b) [NAME] wing shower room Inspection of the [NAME] wing shower room on 08/06/24 at 2:10 PM revealed a black substance between the tiles of the shower room walls. In addition, the air conditioning vent grills in the ceiling were coated with a thick, furry layer, of lint and debris. During an interview with the Environmental Services Supervisor #53 on 08/06/24 at 2:28 PM, she stated they power wash the walls, but confirmed the shower room walls, and air conditioning vents, were dirty and needed to be cleaned. 50795 b) [NAME] wing shower room Inspection of the [NAME] wing shower room on 08/06/24 02:10 PM revealed a black substance between the tiles of the shower room walls. In addition, the air conditioning vent grills in the ceiling were coated with a thick, furry layer, of lint and debris. During an interview with the Environmental Services Supervisor #53 on 08/06/24 at 2:28 PM, she stated they power wash the walls, but confirmed that the shower room walls, and air conditioning vents, were dirty and needed to be cleaned.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 42120 Based on interview, record review and policy review the facility failed to make prompt efforts to resolve a grievance and to keep the resident notified of progress toward resolution. This was true for one (1) of three (3) grievances reviewed during the Long-Term Care Survey Process (LTCSP). Resident identifier: #55. Facility census: #58. Findings Include: a) Policy Review Record review of the facility's policy titled, Grievance, revision dated 09/14/22, showed: -Upon receipt of an oral, written or anonymous grievance submitted by a Resident, the grievance official will take immediate action to prevent further potential violations of any residents' rights while alleged violation is being investigated, if indicated. -The Grievance Committee / Grievance official shall complete an investigation of the resident's grievance. This may include a review of facility processes, programs and policies, as well as interviews with staff, residents, and visitors, as indicated. And any other review deemed necessary by the Grievance Committee. -The facility will keep evidence of the resolution of all grievances for a period of three (3) years from the date the grievance decision is issued. b) Resident Council On 08/08/24 at 12:00 PM during an interview with Resident Council, they stated the facility did not respond to grievances or help with resolution. Continued interview revealed Resident #55 stating she had complained about her roommates Husband coming late at night and stays most of the night. She continued to say nothing was ever done. Subsequent interview with Resident Council members stating Resident #12 and her husband is loud during his visit and keep them awake. They stated they complain to the nurses at night, and no one ever says anything to them. During an interview with the Social Worker on 08/08/24 at 12:50 PM, she stated Resident #55 did come to her with a grievance about leaving the facility because she did not like having a semiprivate room. She continued to say Resident #55 told her at time, her roommate's husband comes in late at night and is in her room. The Social Worker stated she thought Resident #55 just wanted to move back to the community. She continued to say, she did not file a grievance about Resident #12's husband late visitation and being in the resident #55's room late at night.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 43340 Based on medical record review and staff interview, the facility failed to accurately complete a Minimum Data Set (MDS) assessment for one (1) of 19 residents reviewed during the Long-Term Care Survey process. The MDS for Resident #36 did not accurately reflect the resident had bilateral hearing amplifiers. Resident identifier: Resident #36. Facility Census: 58. Findings included: a) Resident #36 During an interview, on 08/06/24 at 1:15 PM, Resident #36 reported, she was hard of hearing and was dependent on bilateral hearing amplifiers to hear better. Resident #36 stated, the Social Worker had helped her purchase the hearing amplifiers. The Social Worker reported the resident had her bilateral hearing amplifiers since 05/16/24. A review of Resident #36's Medicare - 5 Day MDS, with an Assessment Reference Date (ARD) of 06/23/24, revealed Section B titled Hearing, Speech, and Vision, answered Question B0300 titled Hearing Aid as: No. During an interview on 08/08/24 at 11:12 AM, MDS LPN #57 acknowledged the MDS with ARD date of 06/23/24 had incorrectly coded NO to Question B0300 Hearing aid or other hearing appliance used? She stated the MDS would need modified to reflect the correct answer.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43340 Based on record review and staff interview, the facility failed to ensure that the resident's Pre-Admission Screening (PAS) reflected pre-admission diagnoses for one (1) of one (1) residents reviewed for the category of PASRR (Pre-Admission Screening and Record Review), during the Long-Term Care Survey process. Resident identifier: #58. Facility census: 58. Findings included: a) Resident #58 A record review, completed on 08/06/24 at 12:53 PM, revealed Resident #58 had been admitted to the facility on [DATE] with an admitting diagnosis of Major Depressive Disorder. The admitting Pre-Admission Screening and Resident Review (PASARR), dated 05/08/24, did not identify Resident #58 had a major depressive disorder on Section III, Question 30 of the PASRR. This PASRR indicated no Level II was required. A continued record review also revealed a there was never a new PAS completed to reveal resident's major depressive disorder diagnosis in order to address whether or not specialized services were needed. During an interview on 08/07/24 at 11:30 AM, the Social Worker acknowledged the admitting PAS failed to identify resident's major depressive disorder diagnosis. The Social Worker noted the facility had recently identified the need to review new resident admission PASRRs to be sure they were accurate and she had been working on monitoring those. The Social Worker then stated she would complete a new PASRR for Resident #58 to reflect his major depressive disorder diagnosis.

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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. 43340 Based on medical record review and staff interview, the facility failed to provide care and services in accordance with acceptable standards of practice. The facility failed to ensure the physician was notified when Resident #56's blood sugar levels were above 400. This affected one (1) of five (5) residents reviewed for unnecessary medications during the long-term care survey process. Additionally, the facility failed to have matching treatment orders when comparing the Physician Orders for Scope of Treatment (POST) form and written physician orders on the chart. This was true for one (1) of 19 residents reviewed in the Long-Term Care Survey Process. Resident identifiers: #56 and #3. Facility census: 58. Findings included: a) Resident #56 During a resident representative interview on 08/06/24 at 12:01 PM, it was discovered Resident #56 occasionally had high blood sugar levels. A record review, completed on 08/07/24 at 1:59 PM, revealed the following physician order: NovoLOG FlexPen Subcutaneous Solution Pen-injector 100 UNIT/ML. Inject subcutaneously before meals and at bedtime for Type II Diabetes Mellitus. Hold for blood glucose less than 150. Call MD (doctor) if BS (blood sugar) is above 400. Review of the April 2024, May 2024, June 2024 and July 2024 Medication Administration Records (MARs) indicated Resident #56's blood sugar level was over 400 the following nine (9) times without notification to his attending physician: -04/26/24 at 9:00 PM, Blood Sugar 412 -05/05/24 at 4:00 PM, Blood Sugar 438 -05/05/24 at 9:00 PM, Blood Sugar 529 -05/07/24 at 4:00 PM, Blood Sugar 421 -05/08/24 at 4:00 PM, Blood Sugar 456 -05/09/24 at 9:00 PM, Blood Sugar 479 -05/12/24 at 4:00 PM, Blood Sugar 462 -05/14/24 at 9:00 PM, Blood Sugar 409 (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-07/12/24 at 9:00 PM, Blood Sugar 447 During an interview on 08/07/24 at 4:00 PM, the Director of Nursing (DON) stated the facility was unable to locate evidence the physician was notified of the above-mentioned blood sugar levels. b) Resident #3 A record review, completed on 08/06/24 at 11:01 AM, revealed the following discrepancy: -The code status listed on the profile page of the electronic medical record stated: Full Code - Limited Additional Interventions-12/10/18 -The Physician Orders for Scope of Treatment (POST) form, signed 03/21/24, stated: FULL Code / FULL Treatment During an interview on 08/07/24 at 12:00 PM, the Director of Nursing (DON) reported the facility had failed to change Resident #3's code status to Full Code / Full Treatment following the 03/21/24 updated POST form being signed.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 50795 Based on observation and interview, the facility failed to identify and implement measures to reduce hazards and risks, and to ensure that the resident environment remained free of accident hazards. This failed practice had the potential to affect more than a limited number of residents who resided at the facility. This was a random opportunity for discovery. Facility census:58. Findings Included: a) On 08/06/24 at 1:24 PM, it was observed that two bathrooms in close proximity to the physical therapy room, and conference room/lounge, were unlocked and accessible to both staff and residents at any time. Upon further inspection, it was discovered that these bathrooms were not equipped with nurse call devices or emergency pull alarms. During an interview with Administrator #72 on 08/06/24 at 1:39 PM, he stated that Those bathrooms are not for residents. When asked what prevented residents from using those bathrooms, he could not provide a reason. However, he mentioned that if residents did use the bathrooms, they were equipped with grab bars for safety. He also mentioned that these bathrooms had passed multiple surveys without any questions raised by surveyors about their use.

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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. 42120 Based on interview and record review the facility failed to provide services to provide appropriate toileting schedule for one (1) of one (1) resident reviewed for the bowel and bladder care area during the long term care survey. Resident identifier #32. Facility census: 58. Findings include: a) Resident #32 During an interview 08/06/24 at 12:53 PM with Resident #32's sister, she stated, the staff don't take her to the bathroom when she needs to go. She continued to say her sister has accidents because they make her wait. A Medical record review found a physician order dated 9/6/22: Toilet upon rise, before meals and after meals at bedtime (HS) as needed if voiced. A continued review of Activities of Daily Living (ADL's) Toileting documentation showed Resident #32 was only toileted two (2) times a day. During an Interview on 08/08/24 at 11:00 AM, Minimum Data Set Coordinator #57 verified, the documentation of toileting did not follow the active physicians order.

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	515130	A. Building B. Wing	08/08/2024

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 50795 Based on interview and review of documents, facility failed to adequately assess and control resident's pain. This failed practice had the potential to cause harm to one (1) of two (2) residents reviewed for pain. Resident #13. Facility Census: 58. Findings included: a) Resident #13 During an interview with Resident #13 on 08/06/24 11:32 AM, Resident #13 stated that she had fractured her right ankle and previously a cast on her leg. She stated that the cast had been removed on 08/02/24 and a cam walker boot had been applied. Resident was seated in a wheelchair and stated that she was in pain. She rated her pain at a level of ten (10) on a scale of ten (10). LPN #60 stated that she was aware and administered Acetaminophen 650 MG as prescribed. When this surveyor performed a follow-up interview with the resident at 12:55 PM, the resident was in bed, and rated her pain as five (5) on a scale of ten (10). During an interview with LPN #60 she stated, she always rates her pain high. Document review revealed a physicians note dated 6/24/2024 at 3:03 PM which stated: I certify that all information contained in Resident's medical record is a true and accurate reflection of his / her care. A review of the care plan revealed a note that stated: Resident is at increased risk for pain r/t fractured (R) ankle, DM. Report to Nurse any change in usual activity attendance patterns or refusal to attend activities related to s/sx or c/o pain or discomfort. Date Initiated: 06/28/2024 Further review revealed a non-specific physicians order on 07/13/24 at 11:00 AM for Acetaminophen 8 Hour Oral Tablet Extended Release 650 MG, which stated: Give 650 mg by mouth every 8 hours as needed for temp over 100 or pain During an interview with the Clinical Operations Specialist #6, she stated that Resident #13's pain was managed by her Orthopedic Surgeon, and that her next appointment was scheduled for 09/16/24. Upon being asked about resident's current level of pain, and why the physician had not been notified of the resident's pain, and no order for pain relief had been obtained, she stated that she would contact the physician immediately. Record review revealed resident's rating of her pain on the following days: 07/13/24 - 4 07/15/24 - 5 07/17/24 - 5 (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	07/24/24 - 4 07/25/24 - 2 07/26/24 - 7 07/27/24 - 7 08/01/24 - 6 08/06/24 - 10 08/07/24 - 5 On 08/08/24 the Clinical Operations Specialist #6 notified this surveyor that the physician had been contacted and an order, that would address the resident's pain, would be entered into point click care.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 43340 Based on review of the staff schedules for Registered Nurse (RN) coverage and staff interview, the facility failed to ensure RN coverage eight (8) consecutive hours a day, seven (7) days a week. This had the potential to affect all residents at the facility. Facility census: 58. a) RN Coverage A review of the staffing schedules for RN coverage, completed on 08/08/24 at 12:30 PM, revealed ten (10) occasions when RN coverage did not occur eight (8) consecutive hours a day: 01/13/24 - RN Coverage was 7.00 hours 01/14/24 - RN Coverage was 7.00 hours 02/03/24 - RN Coverage was 6.00 hours 02/04/24 - RN Coverage was 6.00 hours 02/11/24 - RN Coverage was 6.00 hours 02/25/24 - RN Coverage was 0.00 hours 03/09/24 - RN Coverage was 7.00 hours 03/23/24 - RN Coverage was 6.25 hours 03/30/24 - RN Coverage was 6.75 hours 03/31/24 - RN Coverage was 7.00 hours During an interview on 08/08/24 at 2:50 PM, the Administrator reported the facility was unable to produce evidence of RN coverage for eight (8) consecutive hours on the above-mentioned dates.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42120 Based on observation and staff interview the facility failed to have a clean sanitized mobile utility food cart and debris under the kitchen prep tables, the stove and [NAME]. This had the potential to affect all residents that get their nutrition from the kitchen. Facility census. 58. Findings included: a) Kitchen tour During Initial tour on 08/06/24 at 9:44 AM found: 1- One (1) mobile utility cart with the toaster, having old food and other debris on all three (3) shelves. 2-old food and debris under prep tables, the stove and [NAME]. An Interview with the Dietary Manager during initial tour verified all issues noted. She stated that she was unaware of the issues, and she would fix the issues.

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	515130	A. Building B. Wing	08/08/2024

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F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 43340 Based on review of facility documentation and staff interview, the facility failed to have the required members attend the Quality Assessment and Assurance (QAA) meetings at least quarterly. The facility failed to ensure the Medical Director or designee attended the QAA meetings at least on a quarterly basis. This practice had the potential to affect more than a limited number of residents. Facility census: 58. Findings included: a) Quarterly QAA Meetings During an interview on 08/08/24 at 2:20 PM, the Director of Nursing and Administrator reported the the facility had QAA Meetings on a quarterly basis. Sign in sheets for QAA meetings were reviewed from August 2023 through August 2024. The sign in sheets for the meetings showed no attendance, by signature, of the Medical Director or designee for the quarter for January 2024 through March 2024. The DON reviewed for the minutes for the 01/24/24 QAA meeting and failed to find any evidence the Medical Director was present.