STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515140	A. Building B. Wing	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trinity Health Care of Logan	135 Bills Branch Road Logan, WV 25601

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on record review and staff interview, the facility failed to ensure the Preadmission Screening and Resident Review (PASSAR) accurately reflected each resident's diagnoses. This was true for four (4) of six (6) residents reviewed for the care area of PASSAR during the long-term care survey. Resident Identifiers: #9, #13, #23, and #51. Facility Census: 112 a) Resident #9 A review of Resident #9's medical record on 02/10/26 found the following relevant diagnoses Adjustment Disorder with depressed mood and schizoaffective disorder bipolar type. A review of the most recent PASSAR, dated 09/09/25, found the aforementioned diagnoses were not included on the PASSAR. An interview with the Director of Nursing (DON), at 10:00 AM on 02/10/26, confirmed the PASSAR did not accurately reflect the resident's current diagnoses. She stated the nurse who rounds with the doctor is doing these and it looks like she needs some more education. b) Resident #13 A review of Resident #13's medical record on 02/10/26 found the following relevant diagnoses Post Traumatic Stress Disorder, Major depressive disorder and generalized anxiety disorder. A review of Resident #13's most recent PASSAR, dated 12/19/25, found the aforementioned diagnoses were not included on the PASSAR. An interview with the DON, at 10:00 AM on 02/10/26, confirmed the PASSAR did not accurately reflect the resident's current diagnoses. She stated the nurse who rounds with the doctor is doing these and it looks like she needs some more education. c) Resident #23 A review of Resident #23's medical record on 02/10/26 found the following relevant diagnoses Schizoaffective Disorder, Bipolar unspecified psychosis and intellectual disabilities. A review of Resident #23's most recent PASSAR, dated 12/22/25, found the aforementioned diagnoses were not included on the PASSAR. An interview with the DON, at 10:00 am on 02/10/26. confirmed the PASSAR did not accurately reflect the resident's current diagnoses. She stated the nurse who rounds with the doctor is doing these and it looks like she needs some more education. (continued on next page)

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
	515140	A. Building B. Wing	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trinity Health Care of Logan	135 Bills Branch Road Logan, WV 25601

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	d) Resident #51 On 02/04/26 at 9:03 AM, a record review was completed for Resident #51. The review found the PASSAR dated 03/26/24 did not include the diagnosis of Generalized Anxiety Disorder (GAD). The diagnosis of GAD was present in the medical record since 06/14/23. On 02/05/26 at 10:00 AM, the DON was notified and confirmed the diagnosis was not listed on the PASSAR dated 03/26/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515140	A. Building B. Wing	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trinity Health Care of Logan	135 Bills Branch Road Logan, WV 25601

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 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** Based on observation, temperature measurements, and staff interview, the facility failed to ensure they held food for service at a safe temperature to prevent the spread of food borne illnesses. In addition, when the food was identified as having a temperature within the danger zone the facility failed to reheat to an appropriate temperature before serving the food. This failed practice had the potential to affect more than an isolated number of residents. Facility Census: 112. An observation of the noontime meal service, on 02/09/26 beginning at 11:17 AM, in the facility's kitchen found the following issues: 1. [NAME] Slaw Temperature The first temperature of the coleslaw was 45.9 degrees Fahrenheit (F). This temperature was obtained when it was taken from the cooler and was placed near the steam table on a cart in preparation of service. The coleslaw remained in this position, and a temperature was again obtained by facility staff at 12:01 PM. This temperature was 47 degrees F. The Certified Dietary Manager (CDM) was made aware of the temperatures. The coleslaw was never returned to the cooler to be brought down to 41 degrees or below in order to ensure it was safe to serve to prevent the spread of food borne illnesses. The staff began serving the meal directly after obtaining the last temperature of 47 degrees F. The facility proceeded with serving the coleslaw even though it was not held at a safe temperature. The coleslaw they served was not held at 41 or below. The CDM acknowledged cold food should be held at 41 degrees F or below and agreed the kitchen staff served the coleslaw anyway. 2. BBQ Pork Sandwiches Upon entering the kitchen at 11:17 AM, the BBQ pork sandwiches were already on the steam table being held for service. There were two (2) pans each with four (4) layers of sandwiches. The top two layers on each tray had temperatures which ranged from 116.9 degrees G to 122.7 degrees F. The staff placed one (1) pan of sandwiches back into the oven to reheat. They then removed the top two layers off the remaining pan and placed them in a pan also on the steam table. The temperatures of the sandwiches on the bottom two (2) layers were greater than 135 degrees F. The top two (2) layers they removed eventually raised in temperature and was temped at 142.3 degrees F. The sandwiches were then served to residents. An interview with the Dietary manager, after the meal service was complete, confirmed the BBQ sandwiches should not have been reheated on the steam table. She also agreed they should have been reheated to 165 degrees F. In addition, she agreed the coleslaw should have been held at a temperature of 41 degrees or below.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515140	A. Building B. Wing	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trinity Health Care of Logan	135 Bills Branch Road Logan, WV 25601

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on record review and staff interview, the facility failed to obtain consent for a psychotropic medication for Resident #2. This was true for one (1) of five (5) residents reviewed under the care area of unnecessary medications. Resident Identifier: #2. Facility Census: 112.Findings Include: a) Resident #2 On 02/09/26 at 8:44 PM, a record review was completed for Resident #2. The review found a physician's order for Klonopin 0.5 milligrams (mg) by mouth every day for anxiety that was started on 08/27/25. The facility did not obtain a consent for this psychotropic medication until 02/09/26. On 02/10/26 at 8:55 AM, the Director of Nursing (DON) confirmed the medication was administered without consent from the resident's legal representative.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515140	A. Building B. Wing	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trinity Health Care of Logan	135 Bills Branch Road Logan, WV 25601

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on record review and staff interview, the facility failed to ensure an updated Physician's Order for Scope of Treatment (POST) form was completed for Resident #50. This was true for one (1) of four (4) residents reviewed under the care area of Advanced Directives. Resident identifier: #50. Facility census: 112. Findings include: a) Resident #50 On 02/04/26 at approximately 2:00 pm a review of Resident #50's Physicians Order for Scope of Treatment (POST) form, dated 03/28/23, named the resident's husband as surrogate. The resident's daughter was made surrogate on 05/21/24 without a review and updated POST form. During an Interview with the Director of Nursing (DON), on 02/04/26 at approximately 2:35 PM, the DON confirmed the daughter was made surrogate on 05/21/24 after Resident #50's husband became incapacitated. The DON also confirmed the facility did not get a new POST form reviewed and completed at the time the resident's daughter became health care surrogate. Record review and interview with the Director of Nursing, on 02/09/26 at 1:36 PM, revealed the facility had obtained verbal consent from the daughter and a new POST form was obtained after surveyor intervention.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515140	A. Building B. Wing	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trinity Health Care of Logan	135 Bills Branch Road Logan, WV 25601

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observation, record review and staff interview, the facility failed to ensure medical records were kept private and confidential. This was a random opportunity for discovery. Facility Census: 112.Findings Include:a) Facility PolicyThe Director of Nursing (DON) provided a document entitled, HIPPA Education: Computer Screen Security. Under the heading of Computer Screen Security Requirements, the first bullet states, All workforce members must: Lock their computer screen whenever stepping away, even briefly.b) Hallway ComputerOn 02/03/26 at 3:00 PM, during a tour of the facility, a computer screen was left unlocked and open to view. No staff member was near the computer. On 02/03/26 at 3:05 PM, Nurse Aide (NA) #153 returned to the computer. At this time, NA #153 closed the computer. NA #153 stated, I never leave my computer up.On 02/03/26 at 4:00 PM, the Director of Nursing (DON) was notified and confirmed the computer screen should be locked whenever staff have stepped away.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515140	A. Building B. Wing	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trinity Health Care of Logan	135 Bills Branch Road Logan, WV 25601

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on record review and staff interview, the facility failed to report the results of all investigations to the appropriate state officials within five (5) working days of a Facility Reported Incident involving an unusual occurrence. Resident Identifier: #23 Facility Census: #112. Findings Include:a) Resident #23 (FRI #240863)On 02/03/26, a review of a Facility Report Incident involving Resident #23 showed an incident occurred on 09/15/24 at 4:00 AM and was reported to the Office of Health Facility Licensure and Certification (OHFLAC) on 09/16/24 at 8:00 AM.The unwitnessed incident involved Resident #23 removing the toilet seat from his toilet and crashing it into a mirror, breaking it. Staff responded to the resident's room after hearing the loud noise and provided safety for the resident. The resident had verbal behaviors towards the staff. The in-house physician was contacted with new orders for Haldol 15 mg X 1 via intramuscular (IM) and Benadryl 125 mg IM X 1 dose. The staff had the glass cleaned up and found and removed multiple sharp objects from the room as well as any other objects that could be used to injure himself or others. The 5-Day Follow-up was due on 09/21/24 (5 days after the incident was reported). On 09/25/24 at 1:00 PM there was a Nursing Home Program 5-Day Follow-up Investigation completed. However, there was no documentation of fax or email receipts that confirms the facility sent the 5 Day Follow up to OHFLAC. On 02/10/26 at 10:02 AM, it was confirmed with the Director of Nursing and Administrator that there was no documentation confirming the 5 Day Follow-up had been sent to OHFLAC.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515140	A. Building B. Wing	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trinity Health Care of Logan	135 Bills Branch Road Logan, WV 25601

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on record review and staff interview, the facility failed to revise a care plan for Resident #92 and Resident #51. This was true for two (2) of five (5) residents reviewed under the care area of abuse. Resident Identifier: #92 and #51. Facility Census: 112.Findings Include:a) Resident #92On 02/03/26 at 12:20 PM, a record review was completed for Resident #92. The review found the care plan had not been revised regarding eyes on resident for monitoring of behaviors. The resident has a history of multiple events with other residents.On 02/03/26 at 12:58 PM, the Director of Nursing (DON) was notified and confirmed this type of monitoring was in effect.b) Resident #51On 02/04/26 at 9:03 AM, a record review was completed for Resident #51. The review found the care plan had not been revised to include the diagnosis of Generalized Anxiety Disorder (GAD). The diagnosis of GAD was present in the medical record since 06/14/23. On 02/05/26 at 10:00 AM, the DON was notified and confirmed the diagnosis was not listed on the care plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515140	A. Building B. Wing	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trinity Health Care of Logan	135 Bills Branch Road Logan, WV 25601

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 observation and staff interview, the facility failed to provide activities of daily living (ADL) care for a dependent resident #45. This was true for one (1) of one (1) residents reviewed under the care area of ADLs. Resident Identifier: #45. Facility Census: 112Findings Include: a) Resident #45On 02/02/2026 at 2:07 PM, Resident #51 was yelling out. Upon entering the room, a strong urine smell was noted. Upon further observation, the resident was soiled and wet. Dried, brown rings were seen on the fitted sheet. On 02/02/26 at 2:12 PM, Licensed Practical Nurse (LPN) #53 stated, I don't know when she was changed last .we will get her cleaned up. On 02/02/26 at 3:15 PM, the Director of Nursing (DON) was notified and confirmed the resident should have been changed sooner. On 02/02/26 at approximately 3:30 PM, the DON notified this Surveyor that Resident #45 was clean, dry and odor-free.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515140	A. Building B. Wing	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trinity Health Care of Logan	135 Bills Branch Road Logan, WV 25601

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 - Few	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 staff interview, the facility failed to ensure all supplies used in the facility were stored in accordance with current accepted professional practices. This was true for one (1) of two (2) medication/supply storage rooms. The facility failed to ensure expired supplies were discarded and maintained within the acceptable expiration dates. This practice had the potential to affect a minimal number of residents. Facility Census: #112. Findings include:a) [NAME] Wing Medication/Storage roomOn [DATE] at 1:16 PM, during an observation of the medication/supply storage room on the [NAME] Wing with Licensed Practical Nurse (LPN) #18 found supplies were expired beyond manufacturer's instructions which were posted on each item.The following items were found to be expired according to the manufacturer's instructions:Amsino [NAME]: Six (6) [NAME] had expired on [DATE]Suction Catheter Kits: One (1) Suction Catheter Kit had expired on [DATE]Urinary Catheter Statlock: One (1) Statlock had expired on [DATE]Urinary Catheter Statlock: One (1) Statlock had expired on [DATE]Urinary Catheter Statlock: One (1) Statlock had expired on [DATE]Urinary Catheter Statlock: One (1) Statlock had expired on [DATE]Urine Test Kit: One (1) urine test kit had expired on [DATE] On [DATE] at 1:30 PM, LPN #18 agreed the stamped expiration dates on the items listed above were in the past and the items should have been discarded. This was also confirmed, on [DATE] at 1:45 PM, with the Director of Nursing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515140	A. Building B. Wing	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trinity Health Care of Logan	135 Bills Branch Road Logan, WV 25601

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 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and staff interview, the facility failed to ensure Resident #12 received liquid which was thick enough to meet his individual needs to prevent the risk of aspiration. This was a random opportunity for discovery and was true for Resident #12. Facility Census: 112. Findings Include:The facility failed to ensure Resident #12 was served liquid in a consistency which met his individual needs. He had an order for pudding thickened liquids and was given liquids which were not pudding thickened. Observations of Resident #12, during the noon time meal on 02/09/26 at 1:04 PM, found Licensed Practical Nurse (LPN) #144 was adding thickener to his orange Kool Aid. The Kool aid was in a 12-ounce cup and was just shy of being completely full. The surveyor entered the room at 1:04 pm and LPN #144 had already added three (3) .23 ounces of Hormel Thick and Easy thickening powder. The LPN continued stirring the drink for at least two (2) more minutes while the resident laid in the bed content. She, at that time, inserted the spoon into the drink and took it out. The liquid easily slid from the surface of the spoon in a dripping motion and did not hold its shape on the spoon. LPN #144 then looked at Resident #12 and asked him if he wanted to sit up and eat. She assisted the resident to a sitting position. As soon as Resident #12 was able to reach his over the bed table he grabbed the Kool aid and took a drink. The drink easily ran into his mouth with the assistance of a utensil. At this time the surveyor advised LPN #144 the resident was on pudding thickened liquids and the liquid in the cup was not the correct consistency. She took the cup from the resident then sat it back on the tray and Resident #12 again grabbed the drink and took another drink of the liquid which again easily ran into his mouth with the assistance of a utensil. LPN #144 again took the cup from the resident and held it in her hand until someone else arrived with more thickening packets. LPN #144 added another packet and got the Kool aid to a thicker state. This time the liquid held its shape on the spoon and the resident had to use a spoon to get the liquid from his cup. He used the spoon after two (2) attempts to drink the liquid from the cup as he did the previous two (2) drinks he took. A previous interview prior to entering the room, with LPN #113, at approximately 12:50 PM on 02/09/26, confirmed Resident #12 was ordered a pureed diet with pudding thickened liquids. The Hormel thickening powder packet was reviewed and found the following directions for Spoon Like Consistency: Add two packets to 4 fluid ounces of liquid. The Kool Aid was in a 12-ounce cup which was not completely full but did contain between 8 to 12 ounces of fluid. A review of the Resident #12's medical record found the following speech language pathologist discharge note: LTG: 2.0 discontinue on 10/22/25 Patient will safely and efficiently swallow thin liquids, nectar thick liquids and honey thick liquids 100 percent of the time without compensatory strategies and or maneuvers as evidenced by no signs or symptoms of aspiration/penetration. This goal indicated his previous level of function was 100% his baseline as of 08/08/25 was 25%. Previous as of 10/09/25 was 60% and at time of discharge on [DATE] was 60%. This indicates the resident was only able to swallow thin, nectar or honey thickened liquids safely on 60 percent of the time. Further review of the record found a physician order, dated 12/16/25, which read as follows: Regular Diet pureed texture, pudding thick consistency pleasure tray at lunch and PRN.The residents care plan contains the following intervention related to his diagnosis of dysphagia. Provide diet as ordered: Regular Diet, pureed texture, Pudding thick consistency. Further review of the record found Resident #12 had a modified barium swallow study (MBSS) on 09/23/25. The impression: Aspiration if thin and nectar consistencies. Please reference the speech pathology report for further findings and recommendations. Resident's pertinent diagnoses include Cerebral infraction affecting right dominant side and Dysphagia following cerebral infarction. An interview with the Director of Nursing (DON), in the afternoon of 02/09/26, confirmed she had spoken with LPN #114 who did say Resident #12 took some drinks of the liquid before it was pudding thick. She indicated she has already provided her with education about thickened liquids.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515140	A. Building B. Wing	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trinity Health Care of Logan	135 Bills Branch Road Logan, WV 25601

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 - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and staff interview, the facility failed to maintain accurate and complete record for Resident #92. This was true for one (1) of five (5) residents reviewed under the care area of abuse. Resident Identifier: #92. Facility Census: 112.Findings Include:a) Resident #92On 02/03/26 at 12:20 PM, a review of the care plan was completed for Resident #92. The review found under the focus area of the resident uses psychotropic medications, the incorrect dates of an inpatient psychiatric stay. The dates listed were 12/17/25 until 01/10/25. The correct dates should have been 12/17/24 until 01/10/25.On 02/03/26 at 12:58 PM, the Director of Nursing (DON) was notified and confirmed the dates would be corrected on the care plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515140	A. Building B. Wing	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trinity Health Care of Logan	135 Bills Branch Road Logan, WV 25601

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 - Few	Provide and implement an infection prevention and control program. Based on observation and staff interview, the facility failed to maintain an effective infection control program for urinary storage bags. This was a random opportunity for discovery. Resident Identifier: #10. Facility Census: 112.Findings Include: a) Resident #10 On 02/02/2026 at 2:05 PM, an observation found Resident #10's urinary storage bag on the floor. On 02/02/26 at 2:09 PM, Licensed Practical Nurse (LPN) #53 was notified and stated, it's because it's a low bed. LPN #53 then stated, I'll take care of it. On 02/02/26 at approximately 3:30 PM, the Director of Nursing (DON) was notified and confirmed the urinary storage bags should not be touching the floor.