

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2024
NAME OF PROVIDER OR SUPPLIER Marmet Center		STREET ADDRESS, CITY, STATE, ZIP CODE One Sutphin Drive Marmet, WV 25315	

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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>20490</p> <p>Based on observation and staff interview the facility failed to ensure the resident environment was clean, comfortable and homelike. Issues such as black marks, scuffs and peeling paint was found with the interior of the facility (doors, walls,) were found on three (3) of the four (4) hallways of facility. There were also issues with scuffs, black marks and peeling paint on the doors near the nursing station. Facility census: 82.</p> <p>Findings included:</p> <p>a) On 07/03/24 at 2:00 PM a walk trough of the facility with Maintenance Director #59 and Maintenance Assistant #64 issues with scuffs, black marks, and peeling paint was found on several doors on D hall. Issues were identified in Room D #32, D #33, D #35, D #40, D #28 and B #10.</p> <p>The issues identified were black scuff marks, peeling paint around the door frames. A pile of shingles were found outside the B/C hall. Evidence of spiders were found under the heat/air unit in the D wing fine dining area.</p> <p>The Maintenance Director and Assistant both confirmed they were aware of the issues. They both stated they were new at the facility and trying to get some kind of order in the facility. They said they were taking care of the safety issues first.</p>

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: 515146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2024
NAME OF PROVIDER OR SUPPLIER Marmet Center		STREET ADDRESS, CITY, STATE, ZIP CODE One Sutphin Drive Marmet, WV 25315	
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)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20490</p> <p>Based on record review and staff interview the facility failed to ensure one (1) of seven (7) residents did not receive doses of medications that had errors in the dose ordered by the physician assistant. Resident #201 received a larger dose of morphine sulfate than what the physician assistant intended to prescribe. This created an immediate jeopardy situation. Resident identifier: #82. Facility census: 82.</p> <p>Findings included:</p> <p>a) Resident #201</p> <p>Record review revealed the resident was admitted to the facility on [DATE]. The resident expired at the facility on [DATE] at 9:05 PM. The resident had the following diagnoses: Sick Sinus Syndrome, History of Urinary Tract Infections, Erythematous, Diabetes Type 2, Dementia, Dysphagia, Atrial Fibrillation, Hypertension, Atherosclerotic Heart Disease, Hyperlipidemia, and Kidney Failure.</p> <p>A progress note on [DATE] at 9:02 PM revealed that the resident's power of attorney wished for him to have comfort measures and that they were unable to bring his oxygen level above 80%. He was also noted to not be eating or drinking. The recommendations at that time were for medications to be discontinued and new orders for Ativan and Morphine.</p> <p>A progress note on [DATE] at 9:02 PM revealed that the resident's power of attorney wished for him to have comfort measures and that they were unable to bring his oxygen level above 80%. He was also noted to not be eating or drinking. The recommendations at that time were for medications to be discontinued and new orders for Ativan and Morphine.</p> <p>The resident had an order dated [DATE] at 12:30 PM for Morphine Sulfate Oral Solution 20 MG (milligram)/5 ML (milliliter) (Morphine Sulfate) Give 2.5 ml by mouth every four (4) hours as needed for shortness of breath. The resident received two (2) doses of this medication. The first dose was administered on [DATE] at 9:00 PM and the second dose was given on [DATE] at 12:00 AM.</p> <p>A progress note by the physician assistant dated [DATE] reflected:</p> <p>Morphine dose was evaluated and adjustments made. Morphine 20 mg/5 ml 0.25 ml every 4 hour as needed for SOB. Nurse was advised and asked to give dose of Morphine at this time in addition to Ativan if he has not had it this morning. This note described the resident as being an elderly man in mild respiratory distress. The Medication Administration Record (MAR) showed this order was entered on [DATE] at 8:30 AM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2024
NAME OF PROVIDER OR SUPPLIER Marmet Center		STREET ADDRESS, CITY, STATE, ZIP CODE One Sutphin Drive Marmet, WV 25315	
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)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a confidential employee interview by phone on [DATE] at 10:00 AM the employee stated they felt the 2.5 ml dose was excessive but this resident was not on their assignment. The employee also stated the nurse administering the medication said this dose was justified because the resident was on comfort care. The licensed practical nurse who administered the medication was interviewed on [DATE] at 8:00 AM. This nurse said she did not question the order when administering the medication on [DATE] and [DATE]. She said she knew the resident was comfort care and was following the order as it was listed on the medication administration record (MAR).</p> <p>During an interview with the Physician Assistant and Director of Nursing on [DATE] at 1:15 PM the Director of Nursing (DON) stated she was unaware of this situation until the surveyor brought it to her attention. The physician assistant said she realized the order was in error on [DATE] and corrected the order at that time. The DON mentioned that the progress note written by the Physician Assistant on [DATE] revealed the order should have been for 2.5 mg not 2.5 ml. A progress note dated [DATE] at 12:12 PM reflected this to be accurate. The progress note stated, He was started on O 2 via NC at 2L and increased to 5L to maintain an O 2 of 90%. Representative was contacted and did not want him sent to the hospital. She requested that comfort care be carried out. Morphine 20 mg/5 ml 2.5 mg every 4 hours as needed for respiratory distress and Ativan 0.5 mg every 4 hours as needed. Medications were placed on hold. Discussed with nurse, continue to monitor.</p> <p>The Medication Administration Record (MAR) showed the corrected order was put in on [DATE] at 8:30 PM. The original order was put in on [DATE] at 12:30 PM.</p> <p>The facility was notified of the immediate jeopardy and the template was presented at [DATE] at 2:01 PM. A plan of correction was received at 2:35 PM. Modifications were made to the plan of correction and it was accepted at 2:50 PM on [DATE].</p> <p>Resident #201 no longer resides in the facility.</p> <p>All residents of the facility have the potential to be affected.</p> <p>The Director of Nursing (DON) designee conducted an audit on [DATE] for all residents with controlled substance/medications to ensure order is accurately entered in resident's medical record with any corrective action immediately upon discovery.</p> <p>Re-education was provided by the Director of Nursing (DON)/Designee to all licensed nurses and medical providers regarding controlled substances/medication for a resident that is accurately entered in the resident's medical record. A Post test to validate understanding. Any licensed nurses and medical providers not available during this time frame will be provided re-education, including post test upon the beginning of the next shift to work. New licensed nurses will be provided education including post-test during orientation by the DON/designee.</p> <p>The Unit Manager (UM)/designee will monitor starting on or before [DATE] new orders and medical provider progress notes to ensure residents ordered controlled substances/medications is accurately entered in resident's medical record daily across all shifts for 2 weeks including weekends and holidays, then 5 times a week for 4 weeks, then 3 times a week for 4 weeks then randomly thereafter.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2024
NAME OF PROVIDER OR SUPPLIER Marmet Center		STREET ADDRESS, CITY, STATE, ZIP CODE One Sutphin Drive Marmet, WV 25315	
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)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Results of monitors will be reported by the Director of Nursing (DON)/designee monthly to the Quality Improvement Committee (QIC) for any additional follow up and or in servicing until the issue is resolved, then randomly thereafter as determined by the QIC committee.</p> <p>The immediate jeopardy was abated on [DATE] at 4:45 PM.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2024
NAME OF PROVIDER OR SUPPLIER Marmet Center		STREET ADDRESS, CITY, STATE, ZIP CODE One Sutphin Drive Marmet, WV 25315	
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)		
<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>20490</p> <p>Based on medical record review and staff interview the facility failed to ensure three (3) residents had been seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter. Resident identifiers: #28, #72, and #44. Facility census: 82.</p> <p>Findings included:</p> <p>a) Resident #28</p> <p>During a review of Resident #28's medical record it was determined the physician had not seen the resident every 60 days. The physician had seen the resident on 11/10/23, 08/25/23, 05/19/23, 03/17/23, 01/06/23. The physician assistant had seen the resident on 06/19/24, 04/24/24, 04/19/24, 03/27/24, 03/21/24, 03/04/24, 03/01/24, 02/29/24, 01/26/24, 12/27/24, 11/14/23, 11/13/23, 11/07/23, 10/31/23, 10/29/23, 10/19/23, 10/16/23, 10/15/23, 10/12/23, 10/11/23, 07/14/23.</p> <p>b) Resident #72</p> <p>During a review of Resident #72's medical record it was determined the physician had not seen the resident every 60 days. The physician had seen the resident on 02/10/24, 11/11/23, 05/26/23, 02/24/23, 12/02/22, 10/01/22, and on 09/09/22. The physician assistant had seen the resident on 06/04/24, 04/16/24, 04/09/24, 04/05/24, 04/03/24, 01/24/24 and 12/23/23.</p> <p>c) Resident #44</p> <p>During a review of Resident #44's record it was determined the physician had seen the resident on 10/30/23, on 02/10/24.</p> <p>The physician assistant (PA) had seen the resident on 06/12/24 for an acute visit, on 05/23/24 for a follow up visit, and on 05/16/24 for an acute visit. The PA also seen the resident on 03/19/24.</p> <p>During an interview with the administrator and director of nursing (DON) on 07/03/24 at 4:00 PM they indicated the physician assistant had seen the residents but not as alternate visits with the physician. It was confirmed that the physician had not seen the resident every 60 days as required.</p>		