

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  02/03/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, resident interview and staff interview the facility failed to provide a dignified and respectful existence for Resident #84. This was true for one (1) resident of one (1) residents reviewed during the survey process. Resident identifier: #84. Facility census: 88.</p> <p>Findings include:</p> <p>a) Resident #84</p> <p>On 02/03/25 at 10:00 AM, a record review was completed for Resident #84. The review found the resident had been placed on one-on-one (1:1) monitoring on 01/17/25 at 6:00 PM. The reason for the 1:1 monitoring was noted in the change in condition dated 01/17/25. The reason noted was resident trashed his room, kicking heater, letting the water run in his sink trying to flood room, cursing, throwing razors all over his room. The 1:1 monitoring was for 24 hours daily since 01/17/25. The resident's door was always left open; including during toileting, bathing and changing clothes.</p> <p>On 02/03/25 at approximately 12:30 PM, the resident was interviewed regarding the 1:1 monitoring. The resident stated, They will not let me shut my door any time .even when I'm using the bathroom or changing clothes .it's embarrassing knowing anyone can walk by and see me anytime. They (staff) accused me of having a temper tantrum .that's not what happened .I accidentally knocked over the tray table in the bathroom while trying to maneuver my wheelchair .which knocked everything off including razors .I was pushing them with my feet so I would not run over them .they are too expensive .when the Director of Nursing (DON) or the Assistant Director of Nursing (ADON) come in, they speak to me like I'm a child .it's like they want to make me mad .just saying things over and over again .I have told them I don't want to talk and they continue to keep hashing it over and won't leave me alone until I calm down.</p> <p>On 02/03/25 at 1:15 PM, an interview with the Administrator was held. The Administrator stated, (Name of resident) is always yelling and cursing at staff .the staff is afraid to be in the room with him by themselves. The Administrator was asked, Do you think he should have privacy while bathing, dressing and using the bathroom? The Administrator stated, We have offered a privacy curtain and he doesn't want it. The Administrator was then asked, Do you think a privacy curtain is sufficient for an alert and orient [AGE] year-old man who has capacity? The Administrator stated, I don't know what else to do when the staff are afraid of him because of his behaviors . The Administrator was then asked, How long will he remain on 1:1 monitoring? The Administrator stated, The DON and I were going to look at that today .</p> <p>(continued on next page)</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  02/03/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the behaviors from 01/17/25 through 02/03/25 was completed. The resident had three (3) documented behaviors during this time. The behaviors noted were yelling or cursing but within the next 15 minutes the resident had calmed down with no additional interventions needed.</p> <p>An additional interview was held with the DON on 02/03/25 at 3:30 PM. The DON stated, They can crack the door .and still see him. The Administrator stated, We will review the records and see if we can discontinue the 1:1 monitoring.</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  02/03/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on record review and staff interview, the facility failed to report two (2) changes in conditions for reasonable suspicion of a crime to the appropriate State agencies for Resident #84. This was true for one (1) of one (1) residents reviewed during the survey process. Resident identifier: #84. Facility Census: 88.</p> <p>Findings include:</p> <p>a) Resident #84</p> <p>On 02/03/25 at 10:00 AM, a record review was completed for Resident #84. The review found two (2) changes in conditions for the resident regarding behaviors; and the staff calling the local police to report a suspicion of a crime on 01/17/25 and 01/24/25.</p> <p>The incident on 01/17/25 was related to resident trashed his room, kicking heater, letting water run in his sink trying to flood room, cursing, throwing razors all over his room. (Typed as written.) The facility physician recommended sending the resident to an acute care facility for a psychiatric evaluation. The resident had the capacity to make medical decisions and refused to go out of the facility. The staff called the local police department due to the resident's behaviors.</p> <p>The incident on 01/24/25 was related to resident wanted to keep his door shut and residents being on 1:1 observation from previous behavior. When opening the door, the resident started screaming and cussing towards staff. Resident then proceeded to slam the door and then kicking it, causing harm to a coworker. (Typed as written.)</p> <p>An interview was held with Resident #84 on 02/03/25 at 12:30 PM. The resident was interviewed regarding the 1:1 monitoring. The resident stated, They will not let me shut my door any time .even when I'm using the bathroom or changing clothes .it's embarrassing knowing anyone can walk by and see me anytime. They (staff) accused me of having a temper tantrum .that's not what happened .I accidentally knocked over the tray table in the bathroom while trying to maneuver my wheelchair .which knocked everything off including razors. I was pushing them with my foot so I would not run over them .they are too expensive. When the Director of Nursing (DON) or the Assistant Director of Nursing (ADON) comes in, they speak to me like I'm a child. It is like they want to make me mad just saying things over and over again. I have told them I don't want to talk, and they continue to keep hashing it over and won't leave me alone until I calm down. The resident was then asked about the incident on 01/24/24. The resident stated, I wanted my door closed. I was using the phone, and I couldn't hear because of the noise in the hallway. The ADON opened my door and yelled at me saying (Name of resident) you know you have to keep your door open. The resident stated, I did shut my door, and I was upset. I was talking on the phone. (Name of ADON) did not get hurt and I did not slam her hand in the door.</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  02/03/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/03/25 at 2:20 PM, the Administrator was interviewed regarding the two (2) incidents when the local police were called. The Administrator stated, We called the police because of (Name of Resident)'s behaviors. The staff was upset and afraid. The second time was because he hurt a staff member . The Administrator was then asked, What injuries did the staff member receive from this incident? The Administrator stated, The staff member did not have any injuries from this encounter with the resident. The Administrator stated, The police department did make reports, but we haven't received anything yet. The Administrator stated, the Director of Nursing (DON) and I were going to discuss the 1:1 monitoring and if it could be discontinued. The Administrator stated, I didn't feel this was something to report . The Administrator was asked, Why did you call the police? Did you feel like a suspected crime had taken place? The Administrator stated, I guess I really didn't look at it that way.</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  02/03/2025
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on record review and staff interview the facility failed to obtain a Physicians order to place a resident on one-on-one observation status. There was also no indication the facility updated the physician when the resident refused to go out for evaluation. These issues were found for one (1) of one (1) residents reviewed. Resident identifier: #84 Facility census: 88</p> <p>Findings Include</p> <p>a) Resident #84</p> <p>On 01/17/25 at 6:00 PM the facility placed Resident #84 on a one-on-one observation status due to behavior. This continued to be in place as of 02/03/25 at the time of the complaint investigation.</p> <p>The incident on 01/17/25 was related to resident trashed his room, kicking heater, letting water run in his sink trying to flood room, cursing, throwing razors all over his room. (Typed as written.) The facility physician recommended sending the resident to an acute care facility for a psychiatric evaluation. The resident had the capacity to make medical decisions and refused to go out of the facility. The staff called the local police department due to the resident's behaviors.</p> <p>Record review of the current physician's orders for Resident #84 showed there was no order in place for a one-on-one status for this resident. Review of the change in condition on 01/17/25 stated: Recommendations: send out for psych eval. There was no documentation of an order for a one on one sitter.</p> <p>On 02/03/25 at 3:30 PM it was confirmed with the Administrator that there was no current order for a one-on-one observation. No additional information was provided throughout the entirety of the investigation.</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  02/03/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on record review and staff interview, the facility failed to maintain accurate and complete medical records for Resident #84. This was true for one (1) of one (1) residents reviewed during the survey. Resident identifier: #84. Facility Census: 88.</p> <p>Findings Include:</p> <p>a) Resident #84</p> <p>On 02/03/25 at 10:00 AM, a record review was completed for Resident #84. The review found the [NAME] Virginia (WV) Physician Order for Scope of Treatment (POST) form did not have documentation of the preparer's signature or date.</p> <p>On 02/03/25 at 10:10 AM, the Administrator stated, We will get this corrected.</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  02/03/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, policy review and staff interview 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. This had the potential to affect more than an isolated number of residents. Facility census: 88.</p> <p>Findings Include:</p> <p>a) Upon entry of the facility on 02/03/25 there was a sign in place on the main entrance door that indicated the facility was in a COVID outbreak. This was confirmed with the Administrator.</p> <p>On 02/03/25 at 12:20 PM Nurse Aides #40 and #51 were seen on C Hall with their N-95 mask off their face and down under their chin.</p> <p>According to the facility policy for Infection Control (IC405 COVID-19) revision date of 07/01/24 under General Standard Precautions: .follow Center for Disease Control and Prevention (CDC) published guidance related to the use of facemask, respirators, gowns, gloves and eye protection . The CDC recommends general standard precautions to prevent and control the spread of COVID-19. These precautions include: wearing well-fitting masks .</p> <p>During an interview with the Administrator on 02/03/25 at 12:22 PM the Administrator stated all staff members were to wear N-95 respirators when they have an active case of COVID in the building. It was confirmed with the Administrator that the two (2) staff members listed above did not have face masks in place on the residents' hall</p>		