

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  06/25/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, document review, and staff interviews, the facility failed to ensure they stored food in accordance with professional standards for food quality. The facility failed to maintain proper refrigerator temperatures of the refrigerator located in the Rehab pantry room. This deficiency has the potential to affect more than an isolated number of residents, staff and visitors within the Facility census: 84.</p> <p>Findings include:</p> <p>a) On 06/25/25 at approximately 10:30 a.m., the Rehab Pantry room refrigerator had temperatures documented greater than 41 degrees Fahrenheit on the PM temperature check on the following dates with no documentation of the corrective issue (06/09/25, 06/14/25, 06/17/25, 06/21/25, 06/22/25, and 06/24/25).</p> <p>On 06/25/25 at approximately 10:30 a.m., there was no documented temperature for the AM temperature check on 06/24/25.</p> <p>Interview with the facility's Director of Nursing verified these findings at the time of discovery. The finding was also acknowledged by the facility Administrator at the time of discovery and upon exit on 06/25/25 at approximately 12:45 p.m.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation and staff interviews, the facility failed to maintain a sanitary environment related to gnats and a damaged countertop located in the Rehab pantry room. This deficiency has the potential to affect more than an isolated number of residents. Facility census: 84.</p> <p>Findings include:</p> <p>On 06/25/25 at approximately 11:05 a.m., this surveyor observed several gnats on the left hand side of the Rehab pantry room sink countertop .</p> <p>On 06/25/25 at approximately 11:05 a.m., this surveyor observed exposed damp wood on the left hand side of the countertop sink located in the Rehab Pantry room.</p> <p>Interview with the facility's Maintenance Director verified the findings at the time of discovery. The finding was also acknowledged by the facility Administrator at the time of discovery and upon exit on 06/25/25 at approximately 12:45 p.m.</p>