

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 01/30/2026
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 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 interviews conducted and observation, the facility failed to maintain a safe, functional, sanitary, and comfortable environment. This practice had the potential to affect more than an isolated number of residents. Facility census 89. Findings included: a) An anonymous interview was conducted during the complaint investigation process and during the interview, the interviewee identified areas in the facility where there would be evidence of mice droppings. A second anonymous interview was conducted and the interviewee verified that they had seen mouse droppings behind resident's furniture in 2 resident rooms which were identified during the first anonymous interview. During an observation on 01/30/26 at approximately 1:00 p.m., this surveyor observed mice droppings located on the floor near the outer wall to the left in the Activities Director's office located in B Hall. Interview with the Regional Administrator (RA) verified this finding on 01/30/26 at approximately 1:10 p.m. On 01/30/26 at approximately 5:00 p.m., an exit interview was conducted with the facility's Administrator, Clinical Lead, and Marker Resource Clinician. During this meeting the above findings were discussed and the CL, MRC and Administrator acknowledged the findings.</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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