

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515151	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2026
NAME OF PROVIDER OR SUPPLIER Grant Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 127 Early Avenue Petersburg, WV 26847	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation and staff interview, facility failed to ensure all exit doors are free from potential accident hazards. This failed practice was a random opportunity for discovery during the Long Term Care Survey process. Facility Census 90. Findings include: A) Policy Review The facility's policy reads in part: -Section 5. All personnel shall keep exits clear at all times. Exit doors are never blocked, even briefly. B) Observation on 400 Unit On 02/09/2026 at 09:30 AM, an observation at end of 400 unit found the following items were blocking easy access to exit the facility in case of an emergency:-Bath/Shower bed -Wheelchair-Bedside commode-Fan During an observation with the Administrator present, completed on 02/09/2026 at 11:00AM, the following items were still blocking easy access to exit the facility in case of an emergency:-Bath/Shower bed -Wheelchair-Bedside commode-Fan c) Interview with Administrator During an interview on 02/09/2026 at 11:01AM, the Administrator verified the exit door was not to have anything blocking exit. The Administrator added, I will get it corrected.</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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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>Based on record review and staff interviews, the facility failed to ensure nutrition assessments were being completed per facility policy and guidance. This was found to be true for four (4) of the seven (7) medical records reviewed under the nutrition pathway during the long-term care survey process. Resident identifiers: #8, #71, #74 and #78. Facility census: 90. Findings include:</p> <p>a) Policy for Medical Nutrition Therapy: Assessment and Care Planning reads in part.</p> <ul style="list-style-type: none"> -The resident/patient nutrition status will be assessed upon admission and monitored at least quarterly thereafter. -Procedures 1. The Registered Dietician/Nutritionist (RDN) or other clinically qualified nutrition professional is responsible for the completion of the nutrition assessment (including the Minimum Data Sheet, Care area assessment and assessment) for all residents within 14 days of admission. -Procedures 2. The RDN or other clinically qualified nutrition professional will be responsible for the completion of a comprehensive assessment annually, upon referral, or as indicated by the clinical condition of the resident. -Procedures 4. The RDN or other clinically qualified nutrition professional may delegate tasks associated with the assessment process, such as data collection, data entry, etc. to the Diet Technician, Registered Diet Technician, or the Dining Service Director within the scope of their practice and validated competency. Including Admission, annual, quarterly and as indicated by the clinical condition of the resident. <p>b) Resident #8</p> <p>A review of Resident #8's medical record revealed:</p> <ul style="list-style-type: none"> -admission date: 06/02/23 -Registered dietician assessments done: <ul style="list-style-type: none"> 06/26/23 admission assessment 08/08/23 quarterly assessment 09/14/23 quarterly assessment 05/01/24 quarterly assessment 08/01/24 quarterly assessment 11/24/24 annual assessment 02/04/25 quarterly assessment 5/12/25 quarterly assessment <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>12/08/25 annual assessment.</p> <p>-No annual assessments completed for 06/26/24 and 06/26/25 within a 30 day window.</p> <p>-Progress notes per Dietary Supervisor and or Registered Dietician</p> <p>06/23/23 admission note from Supervisor</p> <p>10/23/23 nutrition follow up from Registered Dietician</p> <p>11/23/23 nutrition follow up from Registered Dietician</p> <p>12/28/23 nutrition follow up from Registered Dietician</p> <p>02/08/24 nutrition note from Dietary Supervisor</p> <p>c) Resident #71</p> <p>A review of Resident #71's medical record revealed:</p> <p>-12/04/24- admission assessment</p> <p>-02/19/25- weight change</p> <p>-03/02/25-quarterley assessment</p> <p>-03/27/25- weight change</p> <p>-06/21/25- quarterly assessment</p> <p>-No annual assessment completed for 12/04/25 within a 30 day window.</p> <p>d) Resident #78</p> <p>A review of Resident #8's medical record revealed:</p> <p>-08/23/22- admission assessment</p> <p>-08/14/23- annual assessment</p> <p>-10/31/23- weight change</p> <p>-05/13/24-quarterly assessment</p> <p>-08/09/24-annual assessment</p> <p>-11/24/24-quarterly assessment</p> <p>-02/11/25-quarterly assessment (continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-05/12/25-quarterly assessment</p> <p>-No annual assessment completed for 8/09/25 within a 30 day window .</p> <p>e) Interview with Dietary Supervisor</p> <p>On 02/11/2026 at 8:42 AM, the State Agency (SA) interviewed the Dietary Supervisor and questioned the process for ensuring nutrition assessments for annual, quarterly etc. are done. The Dietary Supervisor reported, The dietician does all these, she is in house monthly and does remotely. When asked if she assisted the dietician with any of these the Dietary Supervisor reported, Oh no, she does them, I am not qualified. When the SA reviewed the above-mentioned policy with the Dietary Supervisor, she reported, Oh, I did not know that.</p> <p>f) During an interview on 02/11/2026 at 9:00 AM, the Registered Dietician was questioned how often nutritional assessments were being completed. She reported, Generally, we do assessments on admission and annually, sometimes quarterly. However, if a quarterly is done we do those in the progress notes.</p> <p>g) Resident #74</p> <p>A review of the Resident #74's medical record outlined the resident had a weight loss of -11.1% over the past six months. On 08/26/2025, the resident weighed 326 pounds (lbs). On 02/03/2026, the resident weighed 289.8 lbs.</p> <p>The following pertinent diagnoses were found:</p> <ul style="list-style-type: none"> - MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES - TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED - ANEMIA IN OTHER CHRONIC DISEASES CLASSIFIED ELSEWHERE - DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS - VITAMIN D DEFICIENCY - ESSENTIAL (PRIMARY) HYPERTENSION - GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS n <p>The resident had the following orders pertaining to diet:</p> <ul style="list-style-type: none"> - Regular diet, Regular texture, Regular/Thin consistency Diet Active 2/18/2021 - Resident may participate in special activity, food/meals that may not adhere to diet. No directions specified for order. Other Active - Mounjaro Subcutaneous Solution Pen-injector 15 mg/.5 ml (Tirzepatide) (continued on next page) 		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Inject 0.5 ml (10 mg total) under the skin every 7 days</p> <p>The resident's care plan report stated, [First name of resident] wishes to lose weight, and rehabilitate to return home. She realizes that it will take awhile. However, her behaviors do not exhibit this desire. She is resistant to participate in therapy and she is not following her diet. Due to behaviors, this may be a long term placement. Under the focus of Diabetes Mellitus, the care plan states under intervention, dietary consult for nutritional regimen and ongoing monitoring PRN (as needed).</p> <p>According to the facility's policy entitled, Medical Nutrition Therapy: Assessment and Care Planning, developed on 05/2014 and last revised on 09/2017, .The resident/patient nutrition status will be assessed upon admission and monitored at least quarterly thereafter.</p> <p>A review of Resident #74's medical record revealed quarterly nutritional assessments completed on 09/01/24, 03/02/25, and 06/21/25. An annual assessment was completed on 12/24/25. There were no quarterly assessments after 06/21/25.</p> <p>At the 06/21/25 assessment, Dietician #174 documented insignificant weight changes with loss x 3 and 6 months and gain x 1 month. Goal for wt. loss to BMI < 40 Regular diet with diet condiments, regular texture, thin liquids Current interventions: diet condiments, fruit in place of dessert for L & D (lunch and dinner), fresh fruit all meals, hard boiled egg x 2 for L & D, banana, toast, bacon, yogurt, oatmeal, and scrambled eggs for B, and choc chip cookies for HS snack. Resident desires wt loss but requests high kcal items .Recommend continuing with physician prescribed wt loss regimen.</p> <p>During an interview with the Dietician on 02/11/26 at 8:55 AM, when asked about the time frames for completing her nutritional assessments on the residents, she responded, I try to do it at admission and annually. If I get time, I will do them quarterly. She further stated, Sometimes I just document in the resident's progress notes for the quarterly assessment. When surveyor indicated there was no nutritional assessments documented in the resident's record after June 2025 quarter, the Dietician had no response.</p> <p>A review of the resident's progress notes for the time period of 09/01/25 through 02/10/26, found no progress notes from the dietician.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>Based upon record review and staff interview, the facility failed to post daily nurse staffing data containing all required regulatory data. This was found to be true for 17 days of 17 days reviewed during the long-term care survey process. Facility census: 90 Findings included: Posted nurse staffing data was requested for 05/24/25, 05/25/25, 05/26/25, 05/27/25, 05/28/25, 05/29/25, 05/30/25, 05/31/25, 07/04/25, 07/05/25, 09/03/25, 09/04/25, 09/05/25, 09/06/25, 10/30/25, 10/31/25, 12/26/25, and 12/27/25. Results included: 05/24/25 - the total hours worked were not included for Registered Nurses (RN), Licensed Practical Nurses (LPN) or Nurse Aides (NA). 05/25/25 - the total hours were not included for RN, LPN or NA 05/26/25 - the facility unable to locate the posted nursing staffing data for this day 05/27/25 - the facility unable to locate the posted nursing staffing data for this day 05/28/25 - the facility unable to locate the posted nursing staffing data for this day 05/29/25 - the facility unable to locate the posted nursing staffing data for this day 05/30/25 - the facility unable to locate the posted nursing staffing data for this day 05/31/25 - the facility unable to locate the posted nursing staffing data for this dat. 07/04/25 - the total hours worked were not included for RN, LPN or NA 07/05/25 - the total hours worked were not included for RN, LPN, or NA 09/03/25 - there was no staffing data completed for 7 AM to 11 PM; the total hours worked were not included for RN, LPN, or NA 09/04/25 - the total hours worked were not included for RN, LPN, or NA 09/05/25 - there was no staffing data completed for 3 PM until 7 AM, the total hours worked were not included for RN, LPN or NA 09/06/25 - the total hours worked were not included for RN, LPN or NA 10/30/25 - the total hours worked were not included for RN, LPN or NA 10/31/25 - the total hours worked were not included for RN, LPN, or NA 12/26/25 - the facility unable to locate the posted nursing staffing data for this day 12/27/25 - the total hours worked were not included for RN, LPN, or NA The missing total hours worked was reviewed with the Administrator on 02/11/26 at approximately 11:00 AM. The Administrator stated he did not know what had happened, but the posted nursing staffing data was missing for some days and he could not find it. He recognized the total hours worked was not present on the other dates that were supplied.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observation, record review, and staff interview, the facility failed to ensure a medication error rate of less than five (5) percent. Of 29 medication observations, three (3) errors were observed. This was a medication error rate of 10.34%. Resident identifier: #58. Facility census: 90. Findings included: On 02/10/26 at 9:58 AM, Licensed Practical Nurse (LPN) #80 was observed administering medications to Resident #58. The resident took her meds crushed and placed in pudding. Three (3) of the medications are not recommended to be crushed. These medications were pantoprazole sodium [Protonix], potassium micro extended release, and iron (ferrous sulfate). The National Institutes of Health Daily Med Website gave the following instructions for these three (3) medications: - pantoprazole sodium: Do not split, chew, or crush pantoprazole sodium for delayed-release oral suspension.- potassium: Swallow tablets whole without crushing, chewing or sucking.- iron: Do not crush or chew tablets. Review of Resident #58's physician's orders, showed the following order written on 04/12/24, May crush meds or open capsules as needed unless on DO NOT CRUSH list. May mix with food or fluids. On 02/10/2026 at 1:01 PM, the Director of Nursing (DON) provided the Do Not Crush list. Pantoprazole sodium, potassium, and iron salts were medications on the list. The DON also provided an e-mail from Pharmacist #175 which stated as follows:Ferrous sulfate immediate-release (IR) tablets generally should not be crushed or chewed; they are designed to be swallowed whole to prevent teeth staining, irritation, and to ensure proper absorption. While some specific immediate-release brands (like Feosol) may be crushed if necessary, most guidelines recommend against it. Potassium: Should not be crushed to powder but are made to dissolve or cut in half because the tablet is so large to swallow.Potassium extended-release (ER) tablets, specifically micro-encapsulated formulations like Klor-Con M, can generally be broken in half to make them easier to swallow or dissolved in water. They should not be chewed or sucked, as this can cause severe stomach irritation. Pantoprazole should generally not be crushed but there is data that exists that it can for feeding tube patients:Feeding Tube Use: While the tablets are generally not for crushing, some clinical guidance suggests they can be administered through a feeding tube if done properly by a healthcare provider.Additionally, the DON stated she had received an order from the physician stating to crush the resident's potassium and iron. She stated she also received an order to change pantoprazole to omeprazole. The DON provided the following nursing note written on 2/10/26 at 12:44 PM, Called [physician] regarding crushing certain meds. [Physician] stated we could continue to crush potassium and iron. He would like to switch protonix to omeprazole [sic]. Clarified with pharmacy. Attempted to notify POA [power of attorney], no answer. Left message for POA to call me back regarding med changes.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and staff interview, the facility failed to ensure storage and labeling of medications within accepted standards of practice. An expired multiuse bottle of medication was available for use. Additionally, three (3) multi-use insulin pens were not dated when first accessed. These were random opportunities for discovery during the medication storage and labeling facility task. Resident identifiers: #58, #31, #87, and #4. Facility census: 90. Findings included: a) Expired Medication The facility's policy titled, Administering Medications, with no implementation date given and a revision date of [DATE], stated the expiration/beyond use date on the medication label was to be checked prior to administering the medication. On [DATE] at 8:24 AM, Licensed Practical Nurse (LPN) #80 was observed preparing medications for Resident #58. The resident was ordered cyanocobalamin (Vitamin B12) 500 mcg. LPN #80 got a bottle of cyanocobalamin out of the medication cart and poured out a tablet into the medication cup containing the other medications for the resident. The surveyor observed the expiration date on the cyanocobalamin bottle was [DATE]. LPN #80 confirmed the medication was past its expiration date. She removed the cyanocobalamin tablet from the resident's medication cup. She obtained a new bottle of cyanocobalamin from the medication room and dispensed a tablet from this bottle into the resident's medication cup. b) Undated insulin pens The facility's policy titled Administering Medications, with no implementation date given and a revision date of [DATE], stated when opening a multi-use medication, the date opened would be recorded on the container. On [DATE] at 8:35 AM, the 100 hallway medication cart was inspected with LPN #80 in attendance. Three (3) multi-dose insulin pens in the cart were not dated to indicate when the pens were first accessed. Recording the opening date is important to determine when the pens need to be discarded. These undated insulin pens were as follows: -Humalog insulin pen for Resident #31. The label indicated the pen had been filled by pharmacy on [DATE]. -Lantus insulin pen for Resident #87. The label indicated the pen had been filled by pharmacy on [DATE]. -Novalog insulin pen for Resident #4. The label indicated the pen had been filled by pharmacy on [DATE]. LPN #80 confirmed the three (3) insulin pens had not been dated when first accessed to indicate when the pens would need discarded.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, staff interview, and resident interview, the facility failed to ensure food temperatures were at a safe and palatable temperature. This was a random opportunity discovered throughout the Long-Term Care Survey Process. Resident identifiers: #1, #2, #6, and #8. Facility census: 90. Findings include: a) Policy for Food preparation and Service reads in part:-1. Danger zone means temperatures above 41 degrees and below 135 degrees that allow the rapid growth of pathogenic, microorganisms that can cause foodborne illness.-3. The longer foods remain in the danger zone the greater the risk for growth of harmful pathogens. Therefore, potentially hazardous foods must be maintained at or below 41 degrees or at or above 135 degrees. b) Resident interviews On 02/09/2026 at 10:00 AM, Resident #1 reported food is sometimes cold, it takes a while to get to us, the aides don't get in a hurry. On 02/09/2026 at 10:30 AM, Resident #2 reported food is generally not good, need more variety. Cold at times. On 02/09/2026 at 9:30AM, Resident #6 reported, The food is usually cold especially with breakfast, seems like it takes them a good bit to get the food to us. On 02/09/2026 at 2:03 PM, Resident #8 reported, I don't like a lot of the food here, usually it's cold when we get it. c) Food Temperatures The following test tray temperatures were obtained per Dietary Supervisor on 02/10/26 at 12:35 PM:-Taco meat 128.3 degrees Fahrenheit (F)-Rice 128.3 degrees F-Lemonade 43.0 degrees F-Mandarin oranges 51.8 degrees F During an interview with the Dietary Supervisor on 02/10/26 at 12:40PM, she reported, Whenever I do these, we always fail. It takes them too long to pass.</p>		

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<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 observations and staff interview, the facility failed to ensure food was labeled, dated, and stored in accordance with professional food standards. This was found during the Long Term Care survey process. This deficient practice had the potential to affect more than a minimal number of residents who received nutrition from the kitchen. Facility Census 90. Findings include: a) Policy for tracking temperatures read in part: 2. monthly tracking sheets for all refrigerators and freezers are posted to record temperatures. 4. Food service supervisors or designated employees check and record refrigerator and freezer temperatures daily with first opening and at closing in the evening. b) Policy for Refrigerated/Frozen storage reads in part. 1. All foods stored in the refrigerator or freezer are covered, labeled and dated (use by date). 4. Refrigerators/walk-ins are not overcrowded. Foods in walk-in are stored off the floor. 5. Functioning of the refrigeration and food temperatures are monitored daily and at designated intervals throughout the day by the food and nutrition services manager or designee and documented according to state-specific requirements. 7. Refrigerated foods are labeled, dated and monitored so they are used by their use-by date, frozen, or discarded c) Policy for Food receiving and Storage reads in part under section for Employee Food Storage:-1. Separation from Residents: Food and drink for staff should not be stored in patient care refrigerators or on counters where patient food is prepared. d) Policy for Foodborne Illness-Employee Hygiene and Sanitary Practices reads in part Hair nets or caps and/or beard restraints are worn when cooking, preparing or assembling food to keep fair from contacting exposed food, clean equipment, utensils and linens. e) Initial kitchen walkthrough During an initial kitchen walk-through, completed on 02/09/26 at 8:40 AM, the following issues were found: -Food temperature log missing: 02/02/26-dinner temperatures. 02/03/26-breakfast, lunch and dinner temperatures. 02/04/26-breakfast, lunch and dinner temperatures. 02/05/26 breakfast, lunch and dinner temperatures. 02/06/26 dinner temperature. 02/07/26 dinner temperature. 02/08/26 dinner. Dietary Supervisor reviewed with surveyor and verified, reporting, I just can't get them to do these. -Four-door reach in refrigerator temperature log missing: 02/02/26- PM temperature, 02/03/26 AM and PM temperatures, 02/04/26 AM and PM temperatures, 02/05/26 PM temperature, 02/06/26 PM temperature, 02/07/26 PM temperature, and 02/08/26 PM temperature. Dietary supervisor reviewed with surveyor and verified, reporting, I just can't get them to do these -Walk in refrigerator temperature log missing: 02/02/26 PM temperatures. 02/03/26 AM and PM temperatures. 02/04/26 AM and PM temperatures. 02/05/26 PM temperature. 02/06/26 PM temperature. 02/07/26 PM temperature. 02/08/26 PM temperature. Dining supervisor reviewed with surveyor and verified reporting, I just can't get them to do these. -Ice cream freezer temperature log missing: 02/02/26 PM temperature. 02/03/26 AM and PM temperatures. 02/04/26 AM and PM temperatures. 02/05/26 PM temperature. 02/06/26 PM temperature. 02/07/26 PM temperature. 02/08/26 PM temperature. Dining supervisor reviewed with surveyor and verified reporting, I just can't get them to do these. - Three (3) bowl sink temperature log missing: 02/02/26 dinner temperature. 02/03/26 breakfast and dinner temperatures. 02/04/26 breakfast and dinner temperatures. 02/05/26 dinner temperatures. 02/06/26 dinner temperature. 02/07/26 dinner temperature. 02/08/26 dinner temperature. Dining supervisor reviewed with surveyor, verified, and reported, I just can't get them to do these. -Dessert temperature log missing: 02/02/26 lunch temperature. 02/03/26 lunch temperature. 02/04/26 lunch temperature. 02/05/26 lunch and dinner temperatures. 02/06/26 dinner temperatures. 02/07/26 dinner temperature. 02/08/26 lunch and dinner temperatures. Dining supervisor reviewed with surveyor, verified, and reported, I just can't get them to do these. -Drink temperature log missing: 02/02/26 (continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>breakfast and lunch temperatures. 02/03/26 breakfast and lunch temperatures. 02/04/26 breakfast and lunch temperatures. 02/05/26 breakfast and lunch temperatures. 02/06/26 lunch temperature. 02/08/26 breakfast temperature. Dining supervisor reviewed with surveyor, verified, and reported, I just can't get them to do these. -Walk in refrigerator: no pull date on small totinos pizza, bologna in packet no open or use by date. Container of bacon grease no use by date. X2 employee meals in containers. Ham salad no use by date. Container of red sauce no label or date. Jar of jelly no open or use by date. Container of cream cheese no open or use by date. Dining supervisor with surveyor during tour, verified no dates, and reported, I have never added pull dates on anything. -Walk in freezer #1 (vegetable etc.) box on floor open to air. Chunks of ice on floor under fans. No dates on the cases with exception of us foods deliver tag. Cup of parmesan cheese outdated, dates were: 12/19/25-01/19/26. Dining supervisor with surveyor during tour and informed this surveyor, We never add a receive date, we just use the tags from the vendor, and just know when to remove. e) On 02/09/2026 at 12:45 PM, Dietary Employee #110 was observed preparing food items without beard guard. Dining supervisor verified, informing this surveyor, He usually has one on. She then reminded him to ensure a beard guard was on. f) Kitchen revisit On 02/10/2026 at 10:47 AM, a revisit of the kitchen was completed. The following wet nesting issues were identified: -Six 6) of (12) drinking glasses sitting on a tray no mat in place to allow for air flow-Four (4) of (12) soup bowls sitting on tray no mat in place to allow for air flow- Three (3) of (12) coffee mugs sitting on a tray no mat in place to allow for air flow. The Dietary supervisor was with surveyor during this time, verified the wet nesting, and reported, We leave them on the trays to dry. The reach in refrigerator had a tray of dessert (lemon pie) without a prep date or use by date. The dining supervisor verified this and reported, We will toss after today as they were made on Saturday. The walk in freezer ice build up on floor remained. A case of product was found sitting on the floor. There was no received dates on any cases in the freezer. Dining supervisor with surveyor during this round, verified, and reported, We use the label from the food vendor.</p>		

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<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>Based upon resident interview, staff interviews, and record review, the facility failed to honor a resident's right for toileting assistance during meal periods. This was a random opportunity for discovery during the long-term care survey process. Resident identifier: #74. Census: 90. Findings included: a) Resident #74 During an interview with Resident #74, on 02/09/26 at 08:45 AM, the resident expressed a concern about nurse aides not wanting to toilet her if it was during meal times. The resident stated staff tell her she will just have to wait until someone is finished with feeding other residents. A review of the resident's care plan under the focus care area of Activities of Daily Living (ADL), documents, .Needs Assist of 2 [two] with most ADLs, bed mobility, transfers, toileting and grooming Transfer with mechanical lift x 2 [two] .Frequent bladder incontinence, occasionally incontinent of bowel. Uses bedpan. Does not ambulate. There were several progress notes in the resident's medical record regarding toileting during meal periods or feeding time. These included: A progress note written by Social Worker (SW) #83 on 01/15/26 at 7:10 PM stated, This SW and ADON [Assistant Director of Nursing] met with this resident to discuss with her a plan of care related to her using the bathroom. ADON discussed with the resident her need to use the bathroom at the start of meals. This resident was aware staff were not able to stop passing trays and feed. The resident reported that she was aware but said she couldn't control when she had to use the bathroom. Another progress note written by Social Worker #83 on 01/19/26 at 12:14 PM stated, Alert made on 01/15/26. Staff reported that this resident reported she was unhappy with the facility and dayshift staff. She told staff, I'm going to get better so I can get out of this damn place. You can't have any privacy. She said They went and told on me for wanting to get changed during meals. There are five or six of them out there on the floor. That's plenty. Social Worker #83, on 01/19/26 at 12:32 PM, wrote a progress note which stated, Alert made on 01/14/26. Staff reported that this resident requested to be changed during tray pass. The CNA [Certified Nursing Assistant] informed this resident that staff were passing out trays and let her know it would be a little bit before they could change her. Staff reported that this resident demanded to be changed now, or she was not eating. A progress note written by the Social Services Director #118 on 01/22/26 at 4:27 PM stated, Met with [first name, last name of resident]. She admits to feeling upset. She reported that ADON [Assistant Director of Nursing] and SW [Social Worker] came and met with her last week and informed her that she couldn't put her call light on during the lunch break. Explained to Ms. [last name of resident] that it was worker's understanding that they discussed putting her on the bedpan prior to lunch, because there had been several days in a row that resident had a bowel movement during lunch, and staff were unable to meet her needs due to feeding other residents. In an interview with Social Worker #83 at 02/11/26 at approximately 11:10 AM, a question was asked What is the facility's policy or practice as it relates to providing toileting assistance during meal pass? The Social Worker responded, we try to toilet before meals, but, you should probably ask the ADON that question as she oversees the CNAs. During an interview on 02/11/26 at approximately 1:00 PM, the ADON was asked about the facility's policy or practice if a resident uses their call bell for toileting assistance during meal pass. The ADON stated if they are feeding someone, the resident would have to wait until feeding is finished, then they would respond to the call light. Interpretative Guidance on Regulation 483.10, resident rights provided: Refraining from practices demeaning to residents such as leaving urinary catheter bags uncovered, refusing to comply with a resident's request for bathroom assistance during meal times, and restricting residents from use of common areas open to the general public such as lobbies and restrooms, unless they are on transmission-based isolation precautions or are restricted according to their care planned needs. The practice of refusing the resident to toilet when needed has the potential to impact a resident's psychosocial and physical well being.</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>Based upon record reviews and staff interviews, the facility failed to inform the resident or resident's representative of the benefits and risk of treatment, as well as a change in medication. This was found to be true for two (2) of five (5) resident records reviewed under the unnecessary drug pathway during the long term care survey process. Resident identifiers: #4, #5. Census: 90. Findings included:</p> <p>a) Resident #4</p> <p>During a review of Resident #4's medical record, it was determined that Resident #4 did not have capacity to make their own medical decisions.</p> <p>The resident had the following diagnosis, given on 11/12/25, Unspecified Dementia, Unspecified Severity, with Agitation. For this brain disorder, the physician ordered the following medications:</p> <p>Lorazepam Oral Concentrate 2 MG/ML (Lorazepam)Give 0.25 ml by mouth in the morning every Mon, Thu for give prior to resident shower, usually shower is given at 10 AMPharmacy Active prescribed on 11/14/2025</p> <p>Lorazepam Oral Concentrate 2 MG/ML (Lorazepam)Give 0.25 ml by mouth in the evening for agitationPharmacy Active prescribed on 11/10/2025</p> <p>Rexulti Oral Tablet 1 MG (Brexiprazole)Give 1 mg by mouth one time a day related to UNSPECIFIED DEMENTIA, UNSPECIFIED SEVERITY, WITHOUT BEHAVIORAL DISTURBANCE, PSYCHOTIC DISTURBANCE, MOOD DISTURBANCE, AND ANXIETY Pharmacy Active Prescribed on 10/14/2025</p> <p>Seroquel Oral Tablet 25 MG (Quetiapine Fumarate)Give 25 mg by mouth two times a day related to UNSPECIFIED DEMENTIA, UNSPECIFIED SEVERITY, WITHOUT BEHAVIORAL DISTURBANCE, PSYCHOTIC DISTURBANCE, MOOD DISTURBANCE, AND ANXIETYPharmacy Active Prescribed on 3/21/2025</p> <p>A review of the Medication Administration Records in the resident's medical record revealed the resident had been receiving these medications as prescribed.</p> <p>The progress notes and miscellaneous documents were reviewed to determine if the resident's representative had been informed of the benefits and risks of the use of these medications (Rexulti, Seroquel and Lorazepam) prior to the resident being provided the medications. There was no evidence that informed consent forms had been signed by resident's representative and scanned into the electronic health record.</p> <p>During an interview on 02/10/26 at 11:00 AM, Medical Records staff #46 stated she could not locate these informed consents.</p> <p>No further documentation was provided prior to surveyor's exit from the building.</p> <p>b) Resident #5</p> <p>During a review of Resident #4's medical record. the following issues were found: (continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident #5 did not have capacity to make his own medical decisions</p> <p>-The physician altered the resident's order for Seroquel (changing the dosage) on 01/06/2026</p> <p>-There was no evidence that Resident #4's medical power of attorney (MPOA) was notified of the change in the medication dosage and treatment.</p> <p>During an interview on 02/10/26 at 2:40 PM, the Director of Nursing (DON) stated, The nurses should always notify the resident / power of attorney for any changes to their care / medications, and they must have missed this one.</p>		

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<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 medical record review and staff interview, the facility failed to follow their policy and procedure on preventing adverse consequences that can occur when two (2) or more medications are combined during treatment that could have adverse consequences that have a negative impact on the residents health, resulting in an hospitalization. This was true for one (1) of three (3) residents reviewed for hospitalizations. Resident identifier: #12. Facility census: 90. Findings include: a) Review of the facility's policy and procedure entitled, Medication monitoring, preventing and detecting adverse consequences and medication errors found the following details: When a resident receives a new medication, the medication order is evaluated for the following: The resident is not taking other medications, nutritional supplements, including herbal products, or foods that would be incompatible with the prescribed medication. Facility staff monitor the resident for possible medication related adverse consequences, including mental status changes and / or changes in level of consciousness, when the following conditions occur: A clinically significant change in condition or status, A worsening of an existing problem or condition, Acute onset of signs or symptoms or worsening of a chronic problem or condition. Addition or discontinuation of medications and / or non-pharmacologic interventions. When any of the above occurs, the prescriber and / or staff rule out medication as a cause and document it in the residents clinical record. The facility staff monitors residents on the following combinations for possible adverse consequences and / or the need to modify the dose of one or more medications. The prescriber documents why or how these combinations of medications benefits outweigh their risks in the residents clinical record. Anticoagulant meds such as Eliquis and NSAID such as Motrin that are taken together, can cause serious gastrointestinal bleeding. In the event of a significant medication error or adverse consequence, immediate action is taken, as necessary, to protect the resident's safety and welfare. Significant is defined as: Requiring medication discontinuation or dose modification, Requiring hospitalization, or extending a hospitalization. The attending physician is notified promptly of any significant error or adverse consequences. The physician's orders are implemented, and the resident is monitored closely for 24 to 72 hours, or as directed. The incident is described on the shift change report to alert staff of the need to monitor the resident. The following information is documented in an incident report and in the resident's clinical record: Each incident report is forwarded to the director of nursing, quality assurance nurse, medical director, consultant pharmacist and the director of the pharmacy. Resident #12 was given two (2) medications at the same time that can thin the blood and promote unwanted bleeding. On 12/06/2025 at 7:50 AM, Resident #12 went to the nurses desk stating that she was not feeling good. She was complaining of shortness of breath, back pain, and nausea. The nurse stated in her note that Resident #12 was showing signs of distress at this time. On 12/06/2025 at 8:05 AM, the physicians was informed of Resident #12 concerning vital signs and condition. The resident requested to be sent to the emergency room. Her blood pressure was 88/50 and her heart rate was 116. She continued to have pain in her back. On 12/06/2025 at 3:16 PM the nurse call the hospital to follow up on Resident #12's condition. A CT scan showed that she had a pulmonary embolism on the right side and a 6 mm renal stone was found on the left side. On 12/10/2025 at 2:55 PM, Resident #12 was readmitted to the facility from the hospital. She had a physician's order for the anticoagulant (AC) Apixaban oral tablet 5 MG and the nonsteroidal anti-inflammatory drug (NSAID) Ibuprofen 400 MG oral tablet. On 12/10/2025 at 3:12 PM, after the orders were entered into Point Click Care (PCC), the system issued a possible moderate drug to drug interaction, warning of the NSAID Ibuprofen may enhance the AC effect of the Apixaban. The Assistant Director of Nursing (ADON) signed off on this warning on 12/10/2025. On 12/11/2025 at 9:53 PM, a nurse documented in PCC that Resident #12 is very weak and has a small amount of blood in her brief. She also refused all evening meals, fluids and snacks. On 12/12/2025 at 4:37 AM, a nurse notified the physician and documented in PCC that Resident #12 is continuing to have Hematuria (blood in urine) and possible Rectal bleeding in small to moderate (continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>amounts. At the time, Resident #12 was receiving 10 MG of Eliquis twice per day (BID) until 12/15/2025 but was also receiving 400 MG of Motrin once per day (QD) which increased the effect of her Eliquis. The nurse asked the physician if they could hold her Motrin for now? There was no evidence the physician responded to the nurse's question or documentation. On 12/12/2025 at 3:38 PM, a nurse documented in the medical record that a Certified Nurse Assistant (CNA) notified them that Resident #12 had a gross amount of red blood in her brief. That same nurse went and observed Resident #12 and noted it to be a gross amount of blood, congruent with a gastrointestinal (GI) bleed. The nurse notified the physician and Resident #12's power of attorney (POA) that they were sending Resident #12 out to the hospital emergency room for treatment. On 12/12/2025 at 3:44 PM, the physician gave the order to send Resident #12 to the ER for a GI bleed. On 12/13/2025 at 3:01 AM, a nurse called the hospital to get an update on Resident #12. The hospital let the nurse know that Resident #12 has a GI bleed and her hemoglobin went from 11.3 to 10.8 while there. On 12/15/2025 at 2:02 PM, the physician at the facility discontinued the order for Motrin 400 MG. On 12/19/2025 at 7:45 PM, Resident #12 was readmitted to the facility from the hospital with diagnosis of pulmonary embolism, acute blood loss anemia, severe dementia, atrial fibrillation, and acute GI bleeding. On the discharge summary from the hospital, the attending physician discontinued the orders for tramadol and NSAID for bleeds. On 02/11/2026 at 10:40 AM, the State Agency (SA) asked the Director of Nursing (DON) for the policy and procedure on preventing and detecting adverse consequences and medication errors. The DON gave the requested information at 10:45 AM. During an interview on 02/11/2026 at 10:50 AM, the ADON was asked what a nurse should do if they receive a drug to drug interaction warning on PCC? The ADON stated that if it was mild to moderate they wouldn't do anything. If it was moderate to severe then they would notify the physician. The ADON read the progress notes from the nurse on 12/12/2025 at 4:37 AM, in which the nurse documented they notified the physician and documented in the electronic medical record that Resident #12 is continuing to have hematuria (blood in urine) and possible rectal bleeding in small to moderate amounts. Resident #12 is receiving 10 MG of Eliquis twice per day (BID) until 12/15/2025, but is also receiving 400 MG of Motrin once per day (QD) which increases the anticoagulant effects of her Eliquis. The nurse asked the physician if they could hold her Motrin for now? After the ADON read the note, the SA asked how long should it take for the physician to answer the nurses question and concern about the drug interaction. She answered, I don't know.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>Based upon record review and staff interview, the facility failed to perform a drug regimen at least once a month by a licensed pharmacist. This was found to be true for one (1) of five (5) residents reviewed under the unnecessary drug pathway during the long-term care survey process. Resident identifier: #4. Facility census: 90. Findings included: a) Policy Review The facility policy entitled, Monitoring Medication Regimen Review, dated 12/17, stated, The ACP (AlixRx Clinical Pharmacist) performs a comprehensive review of each resident's medical record at least monthly. The medication regimen review (MRR) is a thorough evaluation of the medical regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences and potential risks associated with medication. b) Resident #4 A record review revealed the facility did not have documentation in the electronic medical record showing the necessary monthly drug regimen reviews had been completed for the following months: -January 2025-February 2025-March 2025-April 2025-May 2025-June 2025-July 2025-August 2025-September 2025-October 2025-November 2025-December 2025-January 2026 These missing reports were requested from the facility on 02/09/25 at approximately 4:00 PM. Medical Records Employee #46, on 02/10/26, provided completed monthly medication regimen reviews for April 2025 through January 2026, but failed to provide anything for January 2025, February 2025, and March 2025. Evidence that monthly medication regimen reviews had been completed for January through March 2025 was requested again on 2/10/25 at 11:15 AM. The Medical Records Employee #46 provided a copy of the completed March 2025 review on 02/10/26 at 11:30 AM. Then the medical records employee reported she could not locate the reports for January 2025 or February 2025. No further information / documentation was provided prior to the end of the survey.</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>Based on record review and staff interview, the facility failed to ensure dietary staff had the appropriate competencies and skills sets to carry out the functions of the food and nutrition service. The facility did not ensure all Dietary Staff received their food handlers card within 30 days after being hired. This was found during the Annual Long-Term Care Survey Process. Facility census: 90. Findings include: a) Guidelines Per local health department guidelines for Grant County, the employee should earn a food handlers card within 30 days of starting work. b) Review of Staff Records Two (2) of (15) dietary records reviewed found the food handler cards were not obtained within the (30) day guideline after hire date. - Dietary Employee #71 had a hire date of 07/23/25. A food handlers card was obtained on 09/16/25. - Dietary Employee #119 had a hire date 08/18/25. A food handler card was obtained on 10/14/25. c) Interview with Dietary Supervisor During an interview, on 02/10/26 at around 1:30PM the Dietary Supervisor verified the food handler cards for the above-mentioned employees were not obtained within the 30 day timeline per health department recommendations. The Dietary Supervisor reported, We missed these prior.</p>		

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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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observation and staff interview, the facility failed to ensure all garbage and dumpsters were properly contained and that the dumpsters were covered with lids (or otherwise covered.) This was true for three (3) of the four (4) dumpsters observed. This was a random opportunity for discovery during the Long-Term Care Survey Process. Facility Census 90. Findings include: a) Policy Review The policy for Sanitation reads in part under interpretation and Implementation-14. Garbage and refuse containers are in good condition, without leaks, and waste is properly contained in dumpsters/compactors with lids (or otherwise covered.)-15. Areas used for garbage disposal are free from odors and waste fats, and maintained to prevent pests. Guidelines for garbage and refuse containers reads in part:-Garbage and refuse containers need to be in good condition (no leaks) and is waste properly contained in dumpsters with lids or otherwise covered. b) Observations and Interview On 02/10/2026 at 8:30 AM, three (3) of the four (4) dumpsters observed were found with lids open and trash hanging over the edges. On 02/10/2026 at 10:30 AM, three (3) of the four dumpsters observed were found with lids open and trash hanging over the edges. On 02/10/2026 at 10:45 AM, the Dining manager observed and verified the lids for three (3) of four (4) dumpsters were open with trash hanging over the edges. The Dining manager closed the lids and reported, I have told everyone these need to stay closed.</p>