STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515153	A. Building B. Wing	03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fayetteville Healthcare Center	100 Hresan Boulevard Fayetteville, WV 25840

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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 31826 Based on record review and staff interview the facility failed to thoroughly investigate an incident of physical abuse between Resident #52 (the victim) and Resident #42 (the perpetrator). The incident occurred on night shift, and the facility failed to obtain statements from staff who were working at the time of the incident. This was a random opportunity for discovery and was true for Resident #52. Resident Identifiers: #52. Facility Census: 55. Findings Include: a) Resident #52 A review of the facility's reportable's for the previous six (6) months found a reportable dated 12/30/23 which reported and incident where Resident #42 entered the room of Resident #52 while he was sleeping. When Resident #52 told Resident #42 that he was in the wrong room Resident #42 began throwing things about the room and struck Resident #52 in the head multiple times. A review of the facility's investigation found there were three (3) statements obtained from staff and they were as follows: Statement from Licensed Practical Nurse (LP) #3 read as follows typed as written: CNA (Certified Nurse Aide) (First Name of CNA #60 came to me and said that (first name of Resident #52) told her (First name of Resident #42) came in his room and struck him in the head when I went to ask (first Name of Resident #52) what happened he said that (First Name of Resident #42) came in his room last night and told (First Name of Resident #52) that was his bed. (First Name of Resident #52) said he told (First Name of Resident #42) that it was his room and (First Name of Resident #42) became agitated and angry. (First Name of Resident #52) stated (First Name of Resident #42) then took his hand and threw all the items on his bedside table then began striking him in the head. (First Name of Resident #52) said that he pressed his call light and was able to get help. A statement from CNA #60 read as follows typed as written: I was in in (First and Last name of Resident #52) room and he told me (First and Last Name of Resident #42) was in his room last night and told him it was his room and bed and to get out when(First Name of Resident #52) said no its mine he said (First Name of Resident #42) hit him on the head several times the night shift came and got him out. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515153	A. Building B. Wing	03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fayetteville Healthcare Center	100 Hresan Boulevard Fayetteville, WV 25840

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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A statement from CNA #88 read as follows typed as written: (First Name of Resident #52) stated he was sleep (First Name of Resident #42) came in and yelling for him to get out of his bed. (First Name of Resident #52) stated he explain it was not your bed. (First Name of Resident #42) got more loud and agitated. (First Name of Resident #42) took his hand and cleared off the bed side table. Knock tablet and cup in the floor. Tried to pull (First Name of Resident #52) in floor. (First Name of Resident #52) said he told him to get up. (First Name of Resident #52) said he came over climb on side the bed and started hitting him in the head. He said at that point he rang the call light. CNA came in and got him out. Further review of the investigation found there was no statements obtained from the night shift staff about the incident. At 1:45 PM on 03/13/24 an interview with the Director of Nursing (DON), Social Worker (SW) and the Nursing Home Administrator (NHA) was completed. The SW indicated they did not obtain knowledge of this incident until the day shift when Resident #52 told the CNA about it. The SW indicated he was more or less just making conversation and told the CNA what happened the night before. The SW felt it was not necessary to speak with the night shift staff since they did not know about it. The statements were read during the interview and each of the three (3) statements indicated Resident #52 put on his call light and staff responded and separated the residents. With this information in the statements it is apparent that at least one person from the night shift was aware of the situation but a statement was never obtained from any facility staff who was working the night shift. The DON and NHA both agreed statements should have been taken from the night shift staff to thoroughly investigate the allegation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515153	A. Building B. Wing	03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fayetteville Healthcare Center	100 Hresan Boulevard Fayetteville, WV 25840

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 31826 Based on record review and staff interview the facility failed to provide each resident with the goods and services to enable them to maintain and or attain their highest practicable physical and mental well being. The facility failed to initiate neurological assessments on Resident #52 when another resident reportedly hit him in the head more than once. This was a random opportunity for discovery for Resident #52. Facility Census: 55 Findings included: a) Resident #52 A review of the facility's reportable incidents found a reportable incident dated 12/30/23 at 12:30 PM. The description of the incident indicated Resident #52 was in his room asleep and another resident entered his room and woke him up. When Resident #52 advised the other resident that he was in the wrong room the other resident became agitated and threw items about the room. Resident #52 also stated the other resident then began hitting him in the head several times. A review of Resident #52's medical record found no neurological assessments had been completed after this incident was reported to the staff. An interview with the Director of Nursing (DON) on 03/13/24 at 1:45 PM confirmed there were no neurological assessments completed for Resident #52. A review of the facility's policy titled, Neurological Checks with an effective date of 02/17/00 and revision date of 06/21/18 found the following: Procedure: 1. When to perform a neurological assessment a. Falls with suspected heard injury. b. Falls with unknown head injury. c. Blows to face, nose, ears or head. d. Evidence of facial drooping, inability to smile. The DON reviewed the policy and agreed neurological assessments for Resid

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515153	A. Building B. Wing	03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fayetteville Healthcare Center	100 Hresan Boulevard Fayetteville, WV 25840

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31826 Based on observation, record review, and staff interview the facility failed to ensure the resident environment over which it had control was as free from accident hazards as possible. The facility failed to ensure the door to the janitor's closet located in the dining room remained locked. This failed practice had the potential to affect more than an isolated number of residents currently residing in the facility. Facility Census: 55. Findings included: a) An observation of the janitor closet located in the dining room in the afternoon of 03/11/24 found the door was not locked and it could be easily pushed open despite the fact it had an electronic locking keypad. An additional observation on 03/12/24 at 2:30 PM found the door to the janitor closet in the dining room was again not locked. The door could easily be pushed open. An interview with the Maintenance Director at 2:30 PM on 03/12/24 confirmed the door was not locked. He removed the [NAME] and the [NAME] hanger which was hanging on the door. He stated sometimes those will make it not latch. After he removed the [NAME] hanger the door latched and remained locked. In the janitor's closet was the following chemicals: -- Rapid Multi Surface Disinfectant cleaner. The Safety Data Sheet (SDS) or this cleaner contained the following warning: Danger Causes severe skin burns and eye damage. -- [NAME] Dual Action floor cleaner. The SDS sheet for this chemical indicated it should be stored in a locked location. Advice on safe handling Do not ingest. Do not get in eyes, on skin, or on clothing. Do not breathe dust, fume gas/ mist/vapors/spray. Use only with adequate ventilation. Wash hands thoroughly after handling. In case of mechanical malfunction or in contact with unknown dilution of product, wear full personal protective equipment. Keep out of the reach of children. -- Bio- Enzymatic Odor Eliminator. The SDS sheet for this chemical indicated it should be kept out of the reach of children.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515153	A. Building B. Wing	03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fayetteville Healthcare Center	100 Hresan Boulevard Fayetteville, WV 25840

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)
F 0812 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many Note: The nursing home is disputing this citation.	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 31826 Based on observation, record review and staff interview the facility failed to ensure food was stored and prepared in a manner to prevent the spread of food borne illnesses. The facility failed to ensure food served from the kitchen was cooked thoroughly to an adequate temperature before serving it to residents. In addition, the facility failed to ensure the kitchen was clean and food was stored in the kitchen in a safe and sanitary manner. There were multiple items which were either not labeled or remained available for service past use by dates. Ensuring all food is cooked to an adequate temperature is critical to prevent the spread of food borne illnesses. The state agency found the failure to cook food items to the appropriate temperature placed all 55 residents currently residing in the facility in an immediate jeopardy (IJ) situation. At which time serious harm and/or death could occur immediately if the facility did not correct this failure. The facility was notified of the IJ at 3:43 PM on 03/12/24. The SA accepted the plan of correction (POC) at 5:30 PM on 03/12/24. On 03/13/24 after observation of the noontime meal it was determined the facility had implemented their plan of correction and the IJ was abated at 12:45 PM. After the IJ was abated it was determined a deficient practice remained at F812 due to the facility's failure to ensure food was stored safely and discarded when past the expiration date and they failed to ensure the kitchen was clean. Because a deficient practice remained the scope and severity were decreased from a L to a F. The IJ began on 02/15/24 which is the first date the state agency identified the facility failed to cook food to the appropriate temperature. The IJ continued until it was abated by the state agency on 03/13/24 at 12:45 PM. These failed practices had the potential to affect all residents currently residing from the facility because all residents receive meals from the facility's kitchen. Facility Census: 55 Findings Include: a) Meal Preparation The facility utilizes a Service Line Checklist that indicates the item names and temperatures for all hot and cold food. The temperatures should be obtained before placing food on the steam table to ensure the food was cooked to the appropriate temperature to avoid potentially spreading food borne illnesses. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515153	A. Building B. Wing	03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fayetteville Healthcare Center	100 Hresan Boulevard Fayetteville, WV 25840

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)
F 0812 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many Note: The nursing home is disputing this citation.	An observation of the noontime meal on 03/11/24 found Employee #19 a facility cook was preparing Chicken Pot Pie for the noontime meal. At approximately 12:30 PM Employee #19 took the temperature of the chicken pot pie mixture. The temperature was 143 degrees Fahrenheit (F). She removed the mixture from the convection oven and placed it onto the steam table and the meal service began at approximately 12:45 PM. Between 12:30 PM and 12:45 PM Dietary Employee #91 who was visiting from a sister facility spoke with the surveyor. The surveyor advised her that the chicken pot pie mixture was cooked to 143 degrees F. Employee #91 said, It should have been 165 degrees F. However, Employee #91 did not stop Employee #19 from serving the chicken pot pie to the residents. A review of the service line checklists from 02/12/24 to 03/12/24 on 03/12/24, found on the following dates food items were not cooked to the appropriate temperature: - 02/15/24 - Pureed rancher chicken was 162 degrees F and should have been 165 degrees F. -- 02/16/24 -- Jambalaya was 164 degrees F and should have been 165 degrees F. -- 02/21/24 - Turkey was 156 degrees F, the ground Turkey was 156 degrees F, and the pureed turkey was 160 degrees F. The menu indicated 165 was the appropriate temperature. --02/24/24 - Hot Dogs and pureed hot dogs were heated to 73 degrees F and 70 degrees F respectively. The menu indicated 165 was the appropriate temperature. An interview with Employee #90 who is a Certified Dietary Manager (CDM) from a sister facility on 03/12/24 at 2:43 PM confirmed the items listed above should have been cooked to 165 degrees F. Review of the menus for the above-mentioned food items found each recipe indicated the item needed to be cooked to a minimum temperature of 165 degrees F for 15 seconds. b) Facility's Plan of Correction The facility's POC read as follows: Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of 42 CFR 405.1907 and State Regulations. 1. An assessment was conducted with all residents currently residing within the center by director of nursing/designee on 3/12/24 to determine if any residents reported or exhibiting signs and/symptoms that could be related to food borne illness resulting in no concerns reported. 2. All center residents will be monitored each shift for 24 hours for new onset food borne illness symptoms. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515153	A. Building B. Wing	03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fayetteville Healthcare Center	100 Hresan Boulevard Fayetteville, WV 25840

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)
F 0812 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many Note: The nursing home is disputing this citation.	3. The center administrator/designee provided all available dietary staff education on 3/12/24 on the Food: Preparation Policies, which includes the requirement to take appropriate temperatures and record them on the Service Line Checklist to ensure food is prepared and held at a safe temperature to prevent the spread of food borne illness prior to serving food from the service line with post-test to validate understanding. All dietary staff not available for education and training will be re-educated upon return to work. 4. An ongoing audit will be conducted by the interim food services manager\ designee, starting immediately, for each meal x 3 months and randomly thereafter to ensure appropriate temperatures as determined by food service production logs, are obtained, and recorded on the Service Line Checklists prior to the service of meal. Food outside of required temperatures will not be served. Audits will be reviewed weekly with the ED or designee and submitted for review to the Quality Assurance Committee monthly x3 and then when random audits are completed. c) Initial Tour of Kitchen An initial tour of the kitchen beginning at 9:06 AM on 03/11/24 with the Nursing Home Administrator (NHA) found the following storage and sanitation issues: 1) Reach In Refrigerator: -- Staff members personal drinking cup in the reach in refrigerator. -- Four (4) bowls containing a piece of cake which were not labeled or dated. -- One (1) bowl containing applesauce which was not labeled or dated. -- One (1) bowl containing a pumpkin dessert which was not labeled or dated. -- One (1) bowl pudding which was not labeled and dated. -- Seven (7) bowls of pears which were not labeled or dated. -- One (1) bowl of pureed peaches which was not labeled or dated. -- One (1) bowl of vanilla pudding with a prepared date of 03/05/24 which should have been discarded on 03/08/24. -- Two (2) bowls of salad with a prepared by date of 03/07/24 which should have been discarded on 03/10/24. -- One (1) bowl of pineapples prepared by date of 03/06/24 which should have been discarded on 03/09/24. -- Four (4) bowls of peaches with a prepared by date of 03/07/24 which should have been discarded on 03/10/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515153	A. Building B. Wing	03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fayetteville Healthcare Center	100 Hresan Boulevard Fayetteville, WV 25840

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)
F 0812 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many Note: The nursing home is disputing this citation.	-- One (1) 46-ounce container of Grove Pineapple juice which had a manufactured stamped expiration date of 02/26/24. This juice was open, and the dietary aide indicated it had been opened a few days ago. -- One (1) container of V8 juice which was opened but was not labeled as to when it was opened. The NHA was present during this tour and agreed all items needed discarded. 2) Walk in Cooler -- Two (2) five (5) pound containers of sour cream which had a manufacture stamped expiration date of 02/24/24. -- Five (5) bowls of chocolate pudding which were not labeled or dated as to when they were prepared. -- One (1) container of what appeared to polish sausage was not labeled or dated to indicate when it was prepared. -- One (1) Large mixing bowl containing a salad mixture which should have been discarded on 03/10/24 but was still available for use on 03/11/24. -- One (1) container of hamburger which should have been discarded on 03/10/24 but was still available for use on 03/11/24. -- 35 individual bowls of deluxe fruit salad (Peaches, marshmallows, and whipped cream mixed) which were not labeled or dated to indicate when they were prepared. -- 14 individual bowls of apricots which were not labeled or dated as to when it was prepared. -- One (1) Ziploc bag containing turkey which was dated for 03/07/24 and should have been discarded on 03/10/24. -- One (1) container of mashed potatoes which was dated 03/02/24 and should have been discarded on 03/05/24. -- One (1) container of chili which was dated 03/03/24 and should have been discarded on 03/05/24. The NHA was present during this tour and agreed the items needed discarded. 3) Dry storage -- Six (6) 46-ounce containers of pineapple juice which had a manufacture stamped expiration date of 02/26/24. -- A bag of walnuts which had been opened and were not properly closed and were left open to air. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515153	A. Building B. Wing	03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fayetteville Healthcare Center	100 Hresan Boulevard Fayetteville, WV 25840

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)
F 0812 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many Note: The nursing home is disputing this citation.	-- Six (6) cans of Fired Roasted green chili's which had a manufactured stamped expiration date of 03/08/24. -- One opened bag of brown sugar which was stored directly on the floor. The NHA was present during this tour and agreed all items needed discarded. 4) Cleanliness -- The microwave was covered with food particles on the inside. -- The bottom shelves on the steam table were covered with debris, sticky substances and water. Stored on the shelves face down were multiple serving bowl/pans. -- The floor was not clean and contained debris and spilt food. -- The convection oven, steamers, and the oven/stove were covered with baked on food and debris. A review of the facility's cleaning schedule found the kitchen had not been cleaned since 03/08/24. When asked how often the kitchen should be cleaned the NHA indicated it should be done daily.