

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515159	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2025
NAME OF PROVIDER OR SUPPLIER Eagle Pointe Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 27th Street Parkersburg, WV 26101	
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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>Based on Record review, observation, and Staff interview, the facility failed to ensure meals were served at a consistent time. This failed practice had the potential to affect a minimal number of residents residing in the long term care facility. Facility Census: 119 Findings Include: Record review completed on 09/22/25 at 1:00 PM revealed the meal delivery time started at 5:00 PM on the Memory care unit an observation on 09/22/25 at 5:00 PM, the time dinner was posted to be served on Memory Care Unit, Further observations on the memory care dining room revealed residents being really agitated and restless before dinner arrived at 5:21 PM. twenty one minutes after the meal was posted to be served. An interview on 09/22/25 at 5:25 PM with an anonymous Nurse Aide Staff member stated they are normally late, and have been much later than this in the past. Confirming trays are being served past time of service posted. Record reviews completed on thirty three trayline meal service time records showed that eight (8) out of the thirty three were documented to be served at least thirty minutes or later past the posted service time for Dinner.</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 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, staff interview, the facility failed to ensure that baking pans were stored in a sanitary manner by stacking them while still wet (wet nesting) and dishes were free from dired substances and stored clean. This practice has the potential to contaminate food-contact surfaces and cause foodborne illness. This failed practice had the potential to affect more than a minimal number of residents residing in the facility. The facility census was 119 12:50 PM observed the following issues in the kitchen:Pans were being stacked this is called Wet Nesting Plates, saucers, and coffee pots were on the clean side and were still dirty1:00 PM and interview with Dietary [NAME] # 142 Confirmed the pans were stacked wet by stating ok and also confirmed the plates and coffee pots were dirty stating i'm only one person i'll take care of it.</p>		