STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515162	A. Building B. Wing	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
McDowell Healthcare Center	150 Venus Road Gary, WV 24836

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 50552 Based on record review and staff interview the facility failed to properly investigate and make prompt efforts to resovle a grievance from Resident #19. This was true for 1 (one) of 1 (one) resident's reviewed for the Long Term Care Survey Process. Resident identifier: #19. Facility census: 93. Findings included: a) Resident #19 On 08/05/24 at 1:04 PM, an interview was conducted with Resident #19. During this interview, Resident #19 stated, Employee #86 is hateful to her when Resident #19 uses her call bell. Resident #19 further stated that when Employee #86 answers her call bell, Employee #86 states, What do you want now? This Surveyor then notified the facility Administrator of what Resident #19 stated. The Administrator stated she will have the facility Social Worker (SW) speak with Resident #19. On 08/06/24 at 1:19 PM, an interview was conducted with the facility Administrator and SW. At this time, Resident #19's complaint was discussed along with how the facility resolved it. The Administrator and SW stated a facility form entitled, Grievance/Complaint Report had been completed. When reviewing the form it was noted no statement had been obtained from Employee #86. On 08/06/24 at 3:46 PM a review of the policy and procedure entitled, Resident Grievance was conducted. This policy and procedure stated the facility shall complete a timely investigation of the resident's grievance which will include a review of facility processes, programs and policies, as well as interviews with staff, residents, others involved in resident care. On 08/07/24 at 2:05 PM, an additional interview was conducted with the facility Administrator who acknowledged an interview should have been conducted with Employee #86 as stated in the policy and procedure, Resident Grievance.

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)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45171 Based on medical record review and staff interview the facility failed to update the [NAME] Virginia Department of Health and Human Resources Pre-admission Screening and Resident Review (PASRR) with new qualifying diagnoses for five (5) out of 30 residents reviewed during the long term survey process. Residents identifiers: #26, #49, #14, #17, #45. Facility Census: 93. Findings include: a) Resident #17 During a medical record review on 08/06/24 at 9:30 AM, Resident #17's PASRR was reviewed. The PASRR was dated 08/19/16 with no level two required. A further review of the medical diagnosis of Resident #17 found a new diagnosis of unspecified dementia, moderate with psychotic disturbances, dated 05/13/24, unspecified dementia unspecified severity with other behavioral disturbance dated 10/01/22, unspecified psychosis not due to a substance or known physiological condition dated 09/16/24. During an interview with Director of Social Services (DSS) #78 on 08/06/24 at approximately 10:00 AM, DSS #78 stated she was aware that numerous PASSARS needed updated but she had not completed them yet. She further stated, she discussed this with the leadership team but they had not covered it in their Quality Assurance meeting. She further acknowledged, the recent diagnosis referenced had not been resubmitted on a new PASRR. b) Resident #26 During a medical record review on 08/06/24 at 9:30 AM, Resident #26's PASSAR was reviewed. The PASRR was dated 06/12/23 with no level two required. A further review of the medical diagnosis of Resident #26 found a new diagnosis of schizoaffective disorder dated 04/24/24, was not identified on the PASRR submitted on 06/12/23. During an interview with the Director of Social Services (DSS) #78 on 08/06/24 at approximately 11:45 AM, DSS #78 stated she was aware numerous PASRRs needed updated and she had completed this one on the morning of 08/06/24 and it was submitted with the new diagnosis. She further stated, she has discussed this with the leadership team but they have not covered it in their Quality Assurance meeting. c) Resident #49 Resident #49 was admitted to the facility on [DATE]. (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a record review for Resident #49, it was discovered the resident was diagnosed with major depressive disorder on 01/08/20, during her stay at the facility. Upon further review, it was discovered the facility had not completed a new PASRR for Resident #49 after the diagnosis was made. At approximately 10:00 AM on 08/07/24, an interview was conducted with the Social Worker (SW) at the facility. The SW stated there was a backlog of PASRRs that needed to be resubmitted and Resident #49 was on that list. The SW stated she was submitting new PASRRs for residents in alphabetical order and would get to Resident #49, but it would take a while. d) Resident #14 On 08/05/24 at 3:05 PM, a review of the resident's medical records, found Resident #14's medical diagnoses include the following: Atherosclerotic Heart Disease, Morbid Obesity, Hereditary Idiopathic Neuropathy, Angina Pectoris, Paroxysmal Atrial Fibrillation, Vitamin B12 Deficiency Anemia, Unspecified Combined Systolic and Diastolic Congestive Heart Failure, Unspecified Psychosis Not Due to a substance or known physiological condition, Generalized Anxiety Disorder, Major Depressive Disorder Recurrent, Conversion Disorder with Seizures, Paraphilia, Hallucinations, Opioid Abuse in remission. On 08/05/24 at 3:10 PM, a review of Resident #14's current [NAME] Virginia Department of Health and Human Resources Pre-Admission Screening (WVPASRR) dated 01/28/22, revealed section III, Question 30. MI/MR Assessment, Current Diagnosis was marked a) None. Section V. Question 40. Major Mental Illness Suspected was marked none. On 08/06/24 at 4:25 PM, an interview with the social worker revealed she was aware of the WVPASRR needing updated. She said she was currently working on renewing the WVPASRRs, for the entire building. 49467 49650 50551

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49467 Based on record review and staff interview, the facility failed to ensure the correct diagnoses on the Pre-Admission Screening and Resident Review (PASRR) and, if necessary, submit a new one, at the time of admission. This was true for five (5) of thirty (30) residents reviewed for PASRRs during the survey process. Resident identifiers: #53, #33, #7, #17, #29. Facility census: 93. Findings include: A) Resident #53 At approximately 2:00 PM on 08/05/2024, a record review was conducted for Resident #53. During the review, it was determined Resident #53 was admitted to the facility on [DATE] and was diagnosed with major depressive disorder upon admission, on 08/16/22. The original PASRR was missing a diagnosis of major depressive disorder, and the facility did not submit a new PASRR upon the diagnosis of major depressive disorder. At approximately 10:00 AM on 08/07/2024, an interview was conducted with the Social Worker (SW) at the facility. The SW stated there was a backlog of PASRRs that needed resubmitted, and Resident #53 was on that list. The SW stated she was submitting new PASRRs for residents in alphabetical order and would get to Resident #53, but it would take a while. b) Resident #33 On 08/06/24 at 10:07 AM a review of Resident # 33's medical record noted a diagnosis of Bipolar Disorder, Major Depressive Disorder, Seizure Disorder and Post Traumatic Stress Disorder was present at Resident #33's time of admission to the facility. Resident # 33's Preadmission Screening and Resident Review form (PASRR) dated 01/09/19 did not reflect these diagnoses. The facility failed to complete a new PASARR that reflected the diagnoses that were present at the time of Resident # 33's admission which were Bipolar Disorder, Major Depressive Disorder, Seizure Disorder and Post Traumatic Stress Disorder. On 08/06/24 at 10:15 AM an interview with the Administrator and Social Worker (SW) was completed. At this time, the Administrator and SW acknowledged a new PASRR was not completed to reflect the diagnoses Bipolar Disorder, Major Depressive Disorder, Seizure Disorder and Post Traumatic Stress Disorder which were present at time of admission. c) Resident #7 On 08/06/24 at 11:00 AM a review of Resident #7's medical record noted a diagnosis of Major Depressive Disorder and Psychosis, and convulsions was present at Resident #7's time of admission to the facility. Resident #7's Preadmission Screening and Resident Review form (PASRR) dated 01/09/19 did not reflect these diagnoses. The facility failed to complete a new PASRR that reflected the diagnoses that were present at the time of Resident #7's admission which were Major Depressive Disorder and Psychosis and convulsions. (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 08/06/24 at 10:15 AM an interview with the Administrator and Social Worker (SW) was completed. At this time, the Administrator and SW acknowledged a new PASRR was not completed to reflect the diagnoses, Major Depressive Disorder and Psychosis and convulsions, which were present at time of admission. d) Resident #17 During a medical record review on 08/06/24 at 9:30 AM, Resident #17 [NAME] Virginia Department of Health and Human Resources Pre-admission Screening (PASSAR) was identified dated 08/19/16 with no level two required. A further review of the medical diagnosis of Resident #17, identified a diagnosis of major depressive disorder dated 08/09/16. During an interview with the Director of Social Services (DSS) #78 on 08/06/24 at approximately 10:00 AM, DSS #78 stated she was aware that numerous PASRRs needed updated, but she had not completed them yet. She further stated that she had discussed this with the leadership team, but they had not covered it in their Quality Assurance meeting. She further acknowledged the diagnosis should have been submitted on the admitting PASRR and should have been resubmitted upon admission with it not included on the PASRR. e) Resident #29 During a medical record review on 08/06/24 at 9:30 AM, Resident #26 PASRR was reviewed. The PASRR was submitted on 05/22/24 with no level two required. A review of the medical diagnosis for Resident #26 identified, a diagnosis of hallucinations dated 08/01/23 and a diagnosis of psychotic disorder with delusions due to known physiological condition dated 08/01/23 which were not identified on the PASRR submitted on 05/22/24. During an interview with the Director of Social Services (DSS) #78 on 08/06/24 at approximately 10:00 AM, DSS #78 stated she was aware that numerous PASSARS needed updated, but she had not completed them yet. She further stated had discussed this with the leadership team, but they have not covered it in their Quality Assurance meeting. She acknowledged the diagnoses were missing from the PASRR when it was submitted and should have been resubmitted upon admission with it not being included on the PASRR. 49650 50552

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 49650 Based on medical record review and staff interview, the facility failed to update the care plan for a new diagnosis. This was true for three (3) out of 30 residents reviewed during the long-term care process. Resident identifiers: #17, # 26 and #29. Facility census: 93. Findings included: a) Resident #17 During a medical record review on 08/06/24 at approximately 9:46 AM the medical record for Resident #17 identified a diagnosis of Major Depression Disorder. A further review of the care plan identified Resident #17 was being monitored for the use of an anti-depressant only and not the diagnosed condition of Major Depression Disorder. During an interview with the Clinical Manager Registered Nurse (CM RN) #51 on 08/06/24 at approximately 10:00 AM, The CM RN #51 agreed the Major Depression disorder was not care- planned. b) Resident #26 During a medical record review on 08/06/24 at approximately 9:50 AM the medical record for Resident #26 identified a diagnosis of schizoaffective disorder, bipolar type. A further review of the care plan identified Resident #26 is being monitored for the use of an anti-psychotic medication only and not the diagnosed condition of schizoaffective disorder, bipolar type. During an interview with the Clinical Manager Registered Nurse (CM RN) #51 on 08/06/24 at approximately 10:03 AM, The CM RN #51 agreed the schizoaffective disorder, bipolar type was not care - planned. c) Resident #29 During a medical record review on 08/06/24 at approximately 9:54 AM the medical record for Resident #29 identified a diagnosis of hallucinations dated 08/01/23. A further review of the care plan identified that Resident #26 was not care - planned for hallucinations. During an interview with the Clinical Manager Registered Nurse (CM RN) #51 on 08/06/24 at approximately 10:03 AM, The CM RN #51 agreed hallucinations was not care - planned.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. 45171 This will be cited as past noncompliance because the facility identified what had happened and took immediate steps to correct the failure to ensure it does not recur. All components of the plan of correction were completed prior to this survey beginning. On 08/07/24 at 9:05 AM record review shows the facility reported incident concerning wound dressings that were not changed according to the Physicians order. Resident #45 has an order to change the dressing to the coccyx daily. On 07/21/24 when Registered Nurse (RN) #73 went to change Resident #45's wound dressing she found the old dressing to be dated 07/18/24 and the initials of Licensed Practical Nurse (LPN) #180. The documentation in Point Click Care reflected the dressing was changed on 07/20/24 when in fact it had not been changed since 07/18/24 reflecting it had not been changed for three (3) days. This allegation was reported to the appropriate offices and investigated. It was substantiated by the investigating staff. There were audits performed of all residents in house that have dressings ordered. There was a mandatory in service performed with all nursing staff attending. LPN #180 was released from their employment. The plan in place is to continue to audit all dressings weekly times ten (10) weeks and randomly thereafter. On 08/07/24 the surveyor and LPN #84 observed dressings for Resident #30, #45, #77, #35, #95 and #152. All dressings were appropriately dated for 08/06/24. The above findings were discussed and confirmed with the Administrator on 08/07/24 at 1:10 PM. d) Resident #77 This will be cited as past noncompliance because the facility identified what had happened and took immediate steps to correct the failure to ensure it does not recur. All components of the plan of correction were completed prior to this survey beginning. On 08/07/24 at 9:05 AM record review shows the facility reported incident concerning wound dressings that were not changed according to the Physicians order. Resident #77 has an order to change the dressing to the the right heel daily. On 07/21/24 when Registered Nurse (RN) #73 went to change Resident #77's wound dressing she found the old dressing to be dated 07/18/24 and the initials of Licensed Practical Nurse (LPN) #180. The documentation in Point Click Care reflected the dressing was changed on 07/20/24 when in fact it had not been changed since 07/18/24 reflecting it had not been changed for three (3) days. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	This allegation was reported to the appropriate offices and investigated. It was substantiated by the investigating staff. There were audits performed of all residents in house that have dressings ordered. There was a mandatory in service performed with all nursing staff attending. LPN #180 was released from their employment. The plan in place is to continue to audit all dressings weekly times ten (10) weeks and randomly thereafter. On 08/07/24 the surveyor and LPN #84 observed dressings for Resident #30, #45, #77, #35, #95 and #152. All dressings were appropriately dated for 08/06/24. The above findings were discussed and confirmed with the Administrator on 08/07/24 at 1:10 PM. e) Resident #84 On 08/05/24 at 3:44 PM an interview was conducted with Resident # 84 who reported in the early morning of Wednesday 07/31/24, she had fallen. She stated a nurse assisted her and told her they would send her for an x-ray. The resident stated that she hurt the left stump of her amputated leg and is in the process of getting a prosthetic leg. She fears if it was injured it would delay that process. Resident stated, x-ray comes in on Tuesday and Thursday, but left before seeing her this week. She stated, nursing told her they would send her out over the weekend for an x-ray but did not. An interview was conducted on 08/05/24 at 3:53 pm with Registered Nurse (RN) #107 who was the resident's assigned nurse for 08/05/24. Says she seen notes for a fall and for residents to be x-rayed. RN #106 assisted resident in reviewing the computer order and reported the facility had been having issues with the company who provides X-rays for them but was unsure as to why the resident had not yet been x-rayed. She reported she was on schedule now for 08/06/24. On 08/05/24 at 7:14 PM, a review of the resident's physician orders revealed the following: X-ray of the left stump every shift for pain post fall Diagnostic, Active dated 7/31/24 at 7:00 pm. On 08/06/24 the fall log was reviewed and revealed the resident had fallen but was caught on 07/30/24 at 12:35 AM. f) Resident #29 A medical record review on 08/07/24 at approximately 12:00 PM , found Resident #29 had an order for accu-check BID (twice a day) and to notify MD if less than 60 or greater than 350 two (2) times a day related to Type 2 (two) Diabetes Mellitus without complications. The start date for this order was identified to be 08/29/22. During a further review of the Medication Administration Record (MAR) it was identified on 07/22/24 the morning accu-check was not marked as completed. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with the DON 08/07/24 at approximately 12:00 PM, the DON confirmed the accu-check had not been completed for 07/22/24 morning shift. 49650 50551

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** 49467 Based on observation, record review, and resident and staff interview, the facility failed to ensure resident environment, over which it had control, was as free of accident hazards as possible, by failing to complete a smoking assessment, upon admission, for smokeless tobacco use for Resident #25. This was true for one (1) of eight (8) residents reviewed for accident hazards during the survey process. Resident identifier: #25. Facility census: 93. Findings included: A) Resident #25 At approximately 2:07 PM on 08/05/24, an interview was conducted with Resident #25. During the interview, the resident was observed using smokeless tobacco in his room. When asked if he had used smokeless tobacco since he had been at the facility, Resident #25 replied, yes. At approximately 3:00 PM on 08/05/24, a record review was conducted for Resident #25. During the review, it was determined there was no smoking assessment completed for Resident #25, despite being admitted to the facility on [DATE]. At approximately 10:30 AM on 08/06/24, an interview was conducted with the Interim Director of Nursing (IDON) regarding smokeless tobacco use in the facility. When asked if the facility performed smoking assessments on all smokeless tobacco users, the IDON responded, yes. IDON was asked to produce the assessment for Resident #25's tobacco usage. At approximately 4:00 PM on 08/06/24, IDON presented a smoking assessment for Resident #25's smokeless tobacco usage, with the effective date of 08/06/24. Review of the facility's smokeless tobacco use policy revealed Smokeless tobacco assessments for those residents requesting to use smokeless tobacco will be completed or re-evaluated: i. On admission ii. Quarterly iii. Significant change in condition At approximately 10:05 AM on 08/07/24, the IDON confirmed the smoking assessment was not completed on Resident #25 on admission as required, and confirmed the only smoking assessment that had been completed was the one on 08/06/24, after surveyor intervention.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49467 .Based on record review and staff interview, the facility failed to monitor Resident #30, #29, and #82 for side effects of antidepressant, antianxiety, and antipsychotic medications as ordered. This was true for three (3) out of five (5) residents monitored for unnecessary medications during the survey process. Resident identifiers: #30, #29, #82. Facility census: 93. Findings include: A) Resident #30 On 08/06/2024 at approximately 11:30 AM during a record review for Resident #49, it was discovered side effects were not monitored for antidepressant, antianxiety, and antipsychotic medications, according to the Medication Administration Record (MAR) for the following days: -Day and night shift on 06/01/2024 -Day and night shift on 06/02/2024 -Day Shift on 06/03/2024 -Day shift on 07/20/2024 -Day shift on 07/21/2024 -Day shift on 07/24/2024 -Day shift on 07/25/2024 -Day shift on 07/30/2024 -Day and night shift on 08/01/2024 At approximately 10:05 AM on 08/07/2024, an interview was conducted with the Interim Director of Nursing (IDON). During the interview, the IDON confirmed the above dates where no side effect monitoring was documented to have occurred for antidepressant, antianxiety, and antipsychotic medications. IDON was unable to provide any additional documentation to support side effect monitoring had taken place. b) Resident #29 (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a medical record review of Resident #29's behavior monitoring on 08/06/24 at approximately 12:09 PM the following monitoring orders were identified for medication behavior side effects with the noted discrepancies of the orders being completed as observed on the behavior monitoring documentation per each date identified. * Antianxiety side effect monitoring [typed as written] but not limited to : Dystonia; torticollis (stiffness of neck), anticholinergic symptom: Dry mouth, blurred vision, constipation, urinary retention, hypotension, sedation/drowsiness, increased falls/dizziness, cardiac abnormalities (tachycardia, bradycardia, irregular HR (heart rate) NMS (Neuroleptic malignant syndrome). Anxiety/agitation, blurred vision, sweating/rashes, headaches, urinary retention/hesitancy. Weakness, hangover effect. Every shift. Order and Start date 05/21/23 with no end date identified. - Missing documentation of antianxiety side effect behavior monitoring for the following; 07/01/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/02/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/03/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/05/24 - missing day shift (7:00 AM - 7:00 PM) 07/06/24 - missing day shift (7:00 AM - 7:00 PM) 07/07/24 - missing day shift (7:00 AM - 7:00 PM) 07/18/24 - missing day shift (7:00 AM - 7:00 PM) 07/20/24 - missing day shift (7:00 AM - 7:00 PM) 07/21/24 - missing day shift (7:00 AM - 7:00 PM) 07/24/24 - missing day shift (7:00 AM - 7:00 PM) 07/25/24 - missing day shift (7:00 AM - 7:00 PM) 07/30/24 - missing day shift (7:00 AM - 7:00 PM) 08/01/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 08/05/24 - missing night shift (7:00 PM - 7:00 AM) On 08/07/24 at 12:30 PM during an interview with the DON, the DON agreed the antianxiety side effect behavior monitoring was not completed as ordered. *Antidepressant side effect monitoring not limited to: Dystonia, torticollis (stiffness of neck), (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515162	A. Building B. Wing	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
McDowell Healthcare Center	150 Venus Road Gary, WV 24836

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	anticholinergic symptom: Dry mouth, blurred vision, constipation, urinary retention, hypotension, sedation/drowsiness, increased falls/dizziness, cardiac abnormalities (tachycardia, bradycardia, irregular HR (heart rate) NMS (Neuroleptic malignant syndrome). Anxiety/agitation, blurred vision, sweating/rashes, headaches, urinary retention/hesitancy, weakness, tremors, appetite change/weight change, insomnia, confusion, tardive dyskinesia, suicidal ideations. Every shift. Order and Start date 05/21/23 with no end date identified. - Missing documentation of Antidepressant side effect behavior monitoring for the following; 07/01/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/02/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/03/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/05/24 - missing day shift (7:00 AM - 7:00 PM) 07/06/24 - missing day shift (7:00 AM - 7:00 PM) 07/07/24 - missing day shift (7:00 AM - 7:00 PM) 07/18/24 - missing day shift (7:00 AM - 7:00 PM) 07/20/24 - missing day shift (7:00 AM - 7:00 PM) 07/21/24 - missing day shift (7:00 AM - 7:00 PM) 07/24/24 - missing day shift (7:00 AM - 7:00 PM) 07/25/24 - missing day shift (7:00 AM - 7:00 PM) 07/30/24 - missing day shift (7:00 AM - 7:00 PM) 08/01/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 08/05/24 - missing night shift (7:00 PM - 7:00 AM) On 08/07/24 at 12:30 PM during an interview with the DON, the DON agreed Antidepressant side effect behavior monitoring was not completed as ordered. *Antipsychotic side effect monitoring list #1: Dystonia: torticollis (stiffness of neck), anticholinergic symptom: Dry mouth, blurred vision, constipation, urinary retention, hypotension, sedation/drowsiness, increased falls/dizziness, cardiac abnormalities (tachycardia, bradycardia, irregular HR (heart rate) NMS (Neuroleptic malignant syndrome). Anxiety/agitation, blurred vision, sweating/rashes, headaches, urinary retention/hesitancy, pseudo parkinsonism: cogwheel rigidity, bradykinesia, tremors, appetite change/weight change. Every shift. Order and Start date 05/21/23 with no end date identified. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Missing documentation of Antipsychotic side effect list #1 behavior monitoring for the following: 07/01/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/02/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/03/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/05/24 - missing day shift (7:00 AM - 7:00 PM) 07/06/24 - missing day shift (7:00 AM - 7:00 PM) 07/07/24 - missing day shift (7:00 AM - 7:00 PM) 07/18/24 - missing day shift (7:00 AM - 7:00 PM) 07/20/24 - missing day shift (7:00 AM - 7:00 PM) 07/21/24 - missing day shift (7:00 AM - 7:00 PM) 07/24/24 - missing day shift (7:00 AM - 7:00 PM) 07/25/24 - missing day shift (7:00 AM - 7:00 PM) 07/30/24 - missing day shift (7:00 AM - 7:00 PM) 08/01/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 08/05/24 - missing night shift (7:00 PM - 7:00 AM) On 08/07/24 at 12:30 PM during an interview with the DON, the DON agreed that Antipsychotic side effect list #1 behavior monitoring was not completed as ordered. **Antipsychotic side effect monitoring list #2 not limited to: Insomnia, confusion. Akathisia: restlessness, pacing, inability to sit still, anxiety, sleep disturbances. Tardive dyskinesia: lip smacking/chewing, abnormal tongue movement, spasmodic movement of the arms/legs, rocking/swaying, blood abnormalities, sore throat, seizures, photosensitivity. Every shift. Order and Start date 06/29/23 with no end date identified. - Missing documentation of Antipsychotic side effect list #2 behavior monitoring for the following; 07/01/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/02/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/03/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/05/24 - missing day shift (7:00 AM - 7:00 PM) (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	07/06/24 - missing day shift (7:00 AM - 7:00 PM) 07/07/24 - missing day shift (7:00 AM - 7:00 PM) 07/18/24 - missing day shift (7:00 AM - 7:00 PM) 07/20/24 - missing day shift (7:00 AM - 7:00 PM) 07/21/24 - missing day shift (7:00 AM - 7:00 PM) 07/24/24 - missing day shift (7:00 AM - 7:00 PM) 07/25/24 - missing day shift (7:00 AM - 7:00 PM) 07/30/24 - missing day shift (7:00 AM - 7:00 PM) 08/01/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 08/05/24 - missing night shift (7:00 PM - 7:00 AM) On 08/07/24 at 12:30 PM during an interview with the DON, the DON agreed that the Antipsychotic side effect monitoring list #2 was completed as ordered. *Mood Stabilizer side effect monitoring: Hives, a rash, fever, or swollen glands. Signs of [NAME] Johnson's syndrome, which causes dangerous sores on the mucous membranes of the mouth, nose, genitals, and eyelids. Confusion, Slurred speech. Nausea, vomiting, and diarrhea. Trembling. Increased thirst and increased need to urinate Weight gain in the first few months of use. Drowsiness. Every shift. Order and Start date 05/21/23 with no end date identified. - Missing documentation of Mood Stabilizer side effect behavior monitoring for the following; 07/01/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/02/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/03/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/05/24 - missing day shift (7:00 AM - 7:00 PM) 07/06/24 - missing day shift (7:00 AM - 7:00 PM) 07/07/24 - missing day shift (7:00 AM - 7:00 PM) 07/18/24 - missing day shift (7:00 AM - 7:00 PM) 07/20/24 - missing day shift (7:00 AM - 7:00 PM) 07/21/24 - missing day shift (7:00 AM - 7:00 PM) (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	07/24/24 - missing day shift (7:00 AM - 7:00 PM) 07/25/24 - missing day shift (7:00 AM - 7:00 PM) 07/30/24 - missing day shift (7:00 AM - 7:00 PM) 08/01/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 08/05/24 - missing night shift (7:00 PM - 7:00 AM) On 08/07/24 at 12:30 PM during an interview with the DON, the DON agreed that the Mood Stabilizer side effect behavior monitoring was not completed as ordered. b) Resident #82 During a medical record review of Resident #82's behavior monitoring on 08/06/24 at approximately 12:11 PM the following monitoring orders were identified for medication behavior side effects with the noted discrepancies of the orders being completed as observed on the behavior monitoring documentation per each date identified. * Antianxiety side effect monitoring [typed as written] but not limited to : Dystonia; torticollis (stiffness of neck), anticholinegic symptom: Dry mouth, burred vision, constipation, urinary retention, hypotension, sedation/drowsiness, increased falls/dizziness, cardiac abnormalities (tachycardia, bradycardia, irregular HR (heart rate) NMS (Neuroleptic malignant syndrome). Anxiety/agitation, blurred vision, sweating/rashes, headaches, urinary retention/hesitancy. Weakness, hangover effect. Every shift. Order and Start date 02/15/24 with no end date identified. - Missing documentation of antianxiety side effect behavior monitoring for the following; 07/01/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/02/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/03/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/04/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/05/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/06/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/07/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/08/24 - missing day shift (7:00 AM - 7:00 PM) 07/20/24 - missing day shift (7:00 AM - 7:00 PM) 07/21/24 - missing day shift (7:00 AM - 7:00 PM) (continued on next page)

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McDowell Healthcare Center	150 Venus Road Gary, WV 24836

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	07/24/24 - missing day shift (7:00 AM - 7:00 PM) 07/25/24 - missing day shift (7:00 AM - 7:00 PM) 07/30/24 - missing day shift (7:00 AM - 7:00 PM) 08/01/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) On 08/07/24 at 12:30 PM during an interview with the DON, the DON agreed the antianxiety side effect behavior monitoring was not completed as ordered. *Antidepressant side effect monitoring not limited to: Dystonia, torticollis (stiffness of neck), anticholinergic symptom: Dry mouth, blurred vision, constipation, urinary retention, hypotension, sedation/drowsiness, increased falls/dizziness, cardiac abnormalities (tachycardia, bradycardia, irregular HR (heart rate) NMS (Neuroleptic malignant syndrome). Anxiety/agitation, blurred vision, sweating/rashes, headaches, urinary retention/hesitancy, weakness, tremors, appetite change/weight change, insomnia, confusion, tardive dyskinesia, suicidal ideations. Every shift. Order and Start date 02/15/24 with no end date identified. - Missing documentation of Antidepressant side effect behavior monitoring for the following; 07/01/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/02/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/03/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/04/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/05/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/06/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/07/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/08/24 - missing day shift (7:00 AM - 7:00 PM) 07/20/24 - missing day shift (7:00 AM - 7:00 PM) 07/21/24 - missing day shift (7:00 AM - 7:00 PM) 07/24/24 - missing day shift (7:00 AM - 7:00 PM) 07/25/24 - missing day shift (7:00 AM - 7:00 PM) 07/30/24 - missing day shift (7:00 AM - 7:00 PM) (continued on next page)

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	515162	A. Building B. Wing	08/07/2024

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	08/01/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) On 08/07/24 at 12:30 PM during an interview with the DON, the DON agreed Antidepressant side effect behavior monitoring was not completed as ordered. *Antipsychotic side effect monitoring list #1: Dystonia: torticollis (stiffness of neck), anticholinergic symptom: Dry mouth, blurred vision, constipation, urinary retention, hypotension, sedation/drowsiness, increased falls/dizziness, cardiac abnormalities (tachycardia, bradycardia, irregular HR (heart rate) NMS (Neuroleptic malignant syndrome). Anxiety/agitation, blurred vision, sweating/rashes, headaches, urinary retention/hesitancy, pseudo parkinsonism: cogwheel rigidity, bradykinesia, tremors, appetite change/weight change. Every shift. Order and Start date 02/15/24 with no end date identified. - Missing documentation of Antipsychotic side effect list #1 behavior monitoring for the following; 07/01/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/02/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/03/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/04/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/05/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/06/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/07/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/08/24 - missing day shift (7:00 AM - 7:00 PM) 07/20/24 - missing day shift (7:00 AM - 7:00 PM) 07/21/24 - missing day shift (7:00 AM - 7:00 PM) 07/24/24 - missing day shift (7:00 AM - 7:00 PM) 07/25/24 - missing day shift (7:00 AM - 7:00 PM) 07/30/24 - missing day shift (7:00 AM - 7:00 PM) 08/01/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) On 08/07/24 at 12:30 PM during an interview with the DON, the DON agreed that Antipsychotic side effect list #1 behavior monitoring was not completed as ordered. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**Antipsychotic side effect monitoring list #2 not limited to: Insomnia, confusion. Akathisia: restlessness, pacing, inability to sit still, anxiety, sleep disturbances. Tardive dyskinesia: lip smacking/chewing, abnormal tongue movement, spasmodic movement of the arms/legs, rocking/swaying, blood abnormalities, sore throat, seizures, photosensitivity. Every shift. Order and Start date 02/15/24 with no end date identified. - Missing documentation of Antipsychotic side effect list #2 behavior monitoring for the following; 07/01/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/02/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/03/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/04/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/05/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/06/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/07/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) 07/08/24 - missing day shift (7:00 AM - 7:00 PM) 07/20/24 - missing day shift (7:00 AM - 7:00 PM) 07/21/24 - missing day shift (7:00 AM - 7:00 PM) 07/24/24 - missing day shift (7:00 AM - 7:00 PM) 07/25/24 - missing day shift (7:00 AM - 7:00 PM) 07/30/24 - missing day shift (7:00 AM - 7:00 PM) 08/01/24 - missing both day and night shift (7:00 AM - 7:00 PM/ 7:00 PM - 7:00 AM) On 08/07/24 at 12:30 PM during an interview with the DON, the DON agreed that the Antipsychotic side effect monitoring list #2 was completed as ordered. 49650

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 49650 Based on record review and staff interview, the facility failed to ensure medical records for each resident were accurately documented for two (2) of five (5) records reviewed. The facility failed to obtain correct signatures on Physician orders for scope of treatment (POST) form. Resident identifiers: #36 and #17. Facility census: 93 Findings included: a) Resident #36 On 08/05/24 at 03:06 PM a review of POST, revealed that a verbal consent was obtained and no signature was ever obtained on POST form on file dated 09/08/23. Stated signature obtained via telephone with one witness signature. On 08/07/24 at 09:45 AM a review of [NAME] Virginia POST Form Guidance for Health Care Professionals 2021 Edition which revealed that Medical Power of Attorney (MPOA) signature must obtained for POST to be valid. If MPOA is not available, verbal consent can be obtained with 2 witness signatures until the original signature can be obtained. On 08/07/24 at 10:16 AM, during an interview with the administrator and social worker, they acknowledged this resident's POST form was only singed by one witness and had not yet be signed by the Medical Power of Attorney. Social Worker stated she was currently working on correcting this. b) Resident #17 During a medical record review of Resident #17's POST form 08/07/24 at 9:25 AM it was identified that the post form did not have a signature for the Patient/Patient MPOA representative/surrogate signature. The medical record revealed a hand written note that read [typed as written] via email [West Virginia Department of Health Services (WVDOHS) name of case worker] and dated 07/19/24 with a certified mail receipt dated 08/02/24 to [WVDOHS name of case worker]. On 08/07/24 at 9:45 AM Review of WV POST, using the POST Form Guidance for Health Care Professionals 2021 Edition which reveals that MPOA signature must obtained for POST to be valid. If MPOA is not available, verbal consent can be obtained with two (2) witness signatures until the original signature can be obtained. During an interview with Director of Social Services (DSS) on 08/07/24 at approximately 9:50 AM with the Director of Social Services (DSS) #78 , she acknowledge that this resident's POST form was not signed and that an email is not an acceptable signature as identified in the Health Care Professionals 2021 Edition. The DSS #78 states she is working on getting this signed by the [WVDOHS name of case worker]. 50551

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 49650 Based on facility records review and staff interview the facility failed to ensure to have all the required signatures and attendees and signatures for their Quality Assurance Performance Improvement (QAPI) meetings. This was discovered during the long term care survey process and had the ability to affect more than a limited number of residents. Identifiers: Meetings dated- 02/23/23, 06/30/23, 08/10/23, 08/02/24. Facility Census: 93. a) 02/23/23 During a record review on 08/07/24 at approximately 2:00 PM of the QAPI meeting attendance it was identified that the Director of Nursing (DON) who was also the Person In Charge (PIC) for the facility. The DON/PIC at this time did not sign in attendance for this meeting. It is further identified, the QAPI information was reviewed with the Medical Director verbally. During an interview with the Administrator on 08/07/24 at approximately 2:10 PM she stated it did not make sense that the DON/PIC did not attend this meeting. She felt the DON/PIC may have forgotten to sign. The Administrator stated the Medical Director did not attend the meeting and the DON/PIC later spoke with him. She stated that the Medical Director and his Family Nurse Practitioner later signed the form. b) 06/30/23 Record review on 08/07/24 of the QAPI meeting attendance identified the Director of Nursing (DON) who was also the Person In Charge (PIC) for the facility at this time did not sign in attendance for this meeting. It was further identified that QAPI information was reviewed with the Medical Director verbally. During an interview with the Administrator on 08/07/24 at approximately 2:10 PM she stated it did not make sense that the DON/PIC did not attend this meeting. She felt the DON/PIC may have forgotten to sign. The Administrator then confirmed the Medical Director did not attend the meeting and the DON/PIC later spoke with him. She stated the Medical Director and his Family Nurse Practitioner later signed the form. c) 08/10/23 Record review on 08/07/24 at approximately 2:00 PM of the QAPI meeting attendance identified that the Director of Nursing (DON) who was also the Person In Charge (PIC) for the facility did not sign in attendance for this meeting. It was further identified that the QAPI information was reviewed with the Medical Director verbally. During an interview with the Administrator on 08/07/24 at approximately 2:10 PM she stated it did not make sense that the DON/PIC did not attend this meeting. She felt the DON/PIC may have forgotten to sign. The Administrator further explained the note [typed as written] Spoke with and reviewed with [Medical Directors name] that was written on the signature sheet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515162	A. Building B. Wing	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
McDowell Healthcare Center	150 Venus Road Gary, WV 24836

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 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Administrator stated the Medical Director did not attend the meeting and the DON/PIC later spoke with him. She stated that the Medical Director and his Family Nurse Practitioner later signed the form. d) 08/02/24 During a record review on 08/07/24 at approximately 2:00 PM of the QAPI meeting attendance is was identified that the Director of Nursing (DON) did not sign in attendance for this meeting. During an interview with the Administrator on 08/07/24 at approximately 2:10 PM she stated that the DON at this time was an Interim and she felt that the DON may had already left for the week. She was not certain why the Interim DON did not attend.