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	02/26/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on record review, policy review, observation, and interview, the facility failed to provide a sanitary environment to help prevent the development and prevention of communicable disease and infection by not providing hand hygiene to multiple residents in the first floor dining room before lunch. This was a random opportunity for discovery in the long-term care survey process and had the potential to affect more than an isolated number of residents. Resident identifiers: #81, #24, #41, #82, and #12. Facility Census: 91. In a policy titled Standard Precautions given to State Agency by DON, hand hygiene is defined as cleaning hands by using handwashing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis. The policy stated the facility would adhere to Center for Disease Control and Prevention CDC guidelines and recommendations for hand hygiene by using soap and water before eating. During the dining observation on 02/26/26 beginning at 11:15 AM in the first floor dining room, residents were observed entering the dining room propelling their wheelchairs until lunch was served. No hand hygiene was observed during lunch service. During an interview with Nurse #18 in the dining room at 11:41 AM she confirmed that activities distributed hand hygiene before lunch. However, hand hygiene was not provided to residents who arrived after activities left. Residents #24, #81, #41, #82, and #12 arrived after activities left and were not provided hand hygiene. Nurse #18 also confirmed that these residents were not provided hand hygiene in the dining room.

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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review and staff interview the facility failed to implement comprehensive care plan for one (1) of 19 residents. Resident identifier: #7. Facility census: 91. Record review revealed physician orders and the resident's care plan directed staff to: Perform a fingerstick blood glucose test. If the blood glucose is less than 60 mg/dl or greater than 400 mg/dl (milligram per deciliter), notify the provider.Review of blood glucose monitoring records revealed elevated readings as follows:01/24/26 - 416 mg/dl01/29/26 - 477 mg/dl02/11/26 - 448 mg/dl02/18/26 - 440 mg/dlFurther review of the medical record revealed no evidence documenting that the provider was notified on 01/24/26, 01/29/26, 02/11/26, or 02/18/26 regarding blood glucose levels greater than 400 mg/dl (milligram per deciliter) .During interview on 02/26/26 at 12:50 PM, the Director of Nursing (DON) was informed of the above findings. The DON reviewed the record and confirmed there was no documentation indicating the provider had been notified of the elevated blood glucose readings as required by the care plan.The facility's failure to notify the provider of blood glucose readings exceeding 400 mg/dl was not in accordance with the resident's established plan of care.

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on resident interview, observation, and staff interview, the facility failed to ensure one (1) of two (2) residents received the assistance needed with activities of daily living. Resident #88 did not receive the assistance needed to maintain personal grooming according to his preferences. Resident identifier: #88. Facility census: 91. Findings include: a) Resident #88 In an initial interview on 02/24/26 at 10:35 AM Resident #88 stated that his electric razor had broken and he had not been shaved since then. The resident said he preferred to be clean-shaven. Resident #88 had several days of beard growth noted. During an interview with Resident #88 on 02/25/26 at 1:54 PM he stated he would like to have someone shave him. The surveyor spoke to Nurse #103 and let her know the resident would like to be shaved. She said she would let the aides know. The surveyor spoke to Resident #88 on 02/26/26 at 10:40 AM, and he stated no one had asked to help him shave. Observation revealed Resident #88 was still unshaven. He stated he would like to be shaved and would allow the aides to shave him with a regular razor since his is broken. During an Interview with the Director of Nursing (DON) on 02/26/26 at 11:10 AM the surveyor asked the DON what they do if a resident's electric razor is broken. She stated that nurse aides should go in and ask the resident if he needed assistance with shaving. DON confirmed Resident #88 has not been shaved in at least three (3) days.

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F 0803 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation and staff interview, the facility failed to ensure menus were updated when changes were being made to food items. This had the potential to affect more than an isolated number of residents. Facility census: . Findings included:a) On 02/24/26 the menu for lunch was Meatsauce with Spaghetti noodles, garlic green beans buttered dinner roll-margerine, and cinnamon brown sugar blondie for dessert. A slice of white bread was offered instead of roll. On 2/26/26 a menu review revealed the meal would consist of crispy baked chicken, brussels sprouts, macaroni and cheese and buttered dinner roll with chocolate pudding for dessert. Instead of a dinner roll, a slice of white bread was offered again. This was verified by observation in dining room on 2/24/26 at 12:15PM and 2/26/26 at 12:20 PM in dining room. The surveyor interviewed Employee#111 about this as well as the Director of Nursing on 2/26/26 on 1:03 PM. There were no further comments regaridng this matter.