

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  515165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/05/2024
NAME OF PROVIDER OR SUPPLIER  Webster Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  411 Erbacon Road Cowen, WV 26206	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>49465</p> <p>Based on observation, record review, and staff interview the facility failed to implement a care plan related to contracture devices. This failed practice was found true for (1) one of (4) four residents reviewed for Range of Motion (ROM) during the Long Term Care Survey Process. Resident identifier: #1. Facility Census: 59.</p> <p>Findings include:</p> <p>a) Resident #1</p> <p>During the initial observservation on 09/03/24 at 1:30PM showed that Resident #1 had multiple contractures.</p> <p>A record review on 09/03/24 at 2:00 PM of Resident #1 diagnoses reads as follows:</p> <p>Contracture, right knee</p> <p>Contracture, left knee</p> <p>Contracture, left hip</p> <p>Contracture , left ankle</p> <p>Contracture, right ankle</p> <p>Further Record review revealed a Care plan that reads as follows:</p> <p>Focus Area:</p> <p>(Resident #1) has limited physical mobility r/t: weakness and remote history of right kneeinjury that did not heal properly with severe arthritis that resulted in contracture. She also has a left knee contracture, left hip contracture, bilateral ankle contractures and contractures of toes bilaterally. She usually keeps her hands tightly clenched. She is at risk for additional contractures.</p> <p>(continued on next page)</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Goal:</p> <p>Resident will receive the needed assistance with mobility and ADLs through the review date.</p> <p>Intervention:</p> <p>Therapy carrots to bilateral hands at all times to prevent hand contractures. May remove for bathing, skin checks and skin care and then reapply. Notify the physician with any concerns.</p> <p>A review of Resident #1's orders read as follows:</p> <p>Carrot to Bilateral hands at all times every shift to prevent contractures Remove Q-shift for skin checks; Notify physician with any concerns.</p> <p>Tube-sleeves to bilateral arms at all times. (every shift)</p> <p>During an observation, on 09/03/24 at 2:15PM, revealed Resident #1 lying in bed. Resident #1 did not have a carrot to hands nor her bilateral arm tubes.</p> <p>During an observation, on 09/04/24 at 9:15 AM, revealed Resident #1 lying in bed. Resident #1 did not have a carrot to hands nor her bilateral arm tubes.</p> <p>During an interview, on 09/04/24 at 10:33 AM, the Director of Nursing confirmed that the carrot or the are tubes were not in place.</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49465</b></p> <p>Based on observation, record review and staff interview the facility failed to provide an activity program to meet the needs and interest of the residents. This failed practice was found true for (2) two of (5) five residents reviewed for activities during the Long-Term Care Survey Process. Resident identifiers: #39 and #1. Facility census: 59.</p> <p>Findings include:</p> <p>a) Resident #39</p> <p>During the initial tour of the facility, on 09/03/24 at 1:00 PM, it was found that Resident #39 had her knees in her recliner with her head between her knees. No stimulation was noted in the room. It was also found that the door was shut due to Resident #39 having Covid-19 and being on isolation precautions.</p> <p>A record review, on 09/04/24 at 10:30 AM, of Resident #39's Activity Participation Records (APR) for the months of 06/24, 07/24, 08/24, and 09/24 revealed that Resident #39 had no group participation recorded.</p> <p>Further record review revealed an annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/27/24, under section F0500, question E is marked that it is important for Resident # 39 to participate in group activities.</p> <p>The record review also revealed an Activity Preference Interview dated 07/08/24, Section C, number 6 reads that Resident #39 likes for the television to be on and that is a current interest. No Television noted in the room throughout the survey process.</p> <p>A review of Resident #39's Activity Care plan reads as follows:</p> <p>Focus:</p> <p>(Resident #39 named) is dependent on staff for activities, cognitive stimulation, social interaction due to Cognitive deficits</p> <p>Goal:</p> <p>Patient will actively participate during in-room visits (3) three times a week through next review</p> <p>Interventions:</p> <p>Assist/escort patient to activity functions.</p> <p>Encourage patient to attend group activities.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Invite patient to scheduled activities and provide reminders of activities as needed.</p> <p>Patient enjoys listening to music. Preferred type of music is Country.</p> <p>Provide 1 to 1 bedside/in-room visits and activities if unable to attend out of room events.</p> <p>Provide an activities calendar. Notify patient of any changes to the calendar of activities.</p> <p>During an interview on 09/04/24 at 2:30, The Activity Director (AD) stated, We typically drop off the daily schedule to residents and put it in as a one-to-one visit. We haven't been in Resident #39's room since she had covid. I am not sure if I have ever seen her in group activities.</p> <p>b) Resident #1</p> <p>During the initial observation of Resident #1's room on 09/03/24 at 1:30 PM revealed Resident #1 lying in bed hollering out, Help me several times. No stimulation noted in Resident #1's room.</p> <p>An observation on 09/04/24 at 10:00 AM revealed Resident #1 in her room lying in bed staring at the ceiling. No stimulation noted in Resident #1's room.</p> <p>A record review on 09/04/24 at 1:00 PM of Resident #1's APR'S showed no group activity participation for the months of 06/2024, 07/2024, 08/2024 and 09/2024 to the present day.</p> <p>Further record review revealed an Annual Activity assessment dated [DATE], that indicates Resident #1 has a current interest in listening to music and watching TV.</p> <p>Record review also revealed an MDS with an ARD of 02/03/24, section F0800 M is marked that Resident #1 enjoys listening to music. Letter P is marked that the resident enjoys doing things with groups of people.</p> <p>During an interview on 09/04/24 at 2:30, The Activity Director (AD) stated, We typically drop off the daily schedule to residents and put it in as a one-to-one visit. She further confirmed that Resident #1 does not get up and needs more stimulation.</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>49465</p> <p>Based on observation, record review and staff interview the facility failed to follow physician's orders related to contracture devices. This failed practice was found true for (1) one of (4) four residents reviewed for Range of Motion (ROM) during the Long Term Care Survey Process. Resident identifier #1. Facility census 59.</p> <p>Finding Include:</p> <p>a) Resident #1</p> <p>During the initial observservation on 09/03/24 at 1:30PM showed that Resident #1 had multiple contractures.</p> <p>A record review on 09/03/24 at 2:00 PM of Resident #1 diagnosis reads as follows:</p> <p>Contracture, right knee</p> <p>Contracture, left knee</p> <p>Contracture, left hip</p> <p>Contracture , left ankle</p> <p>Contracture, right ankle</p> <p>Further record review of Resident #1's orders read as follows:</p> <p>Carrot to Bilateral hands at all times</p> <p>every shift to prevent contractures Remove Q-shift for skin checks; Notify physician with any concerns.</p> <p>Tube-sleeves to bilateral arms at all times.</p> <p>every shift</p> <p>During an observation on 09/03/2024 at 2:15PM revealed Resident #1 lying in bed. Resident #1 did not have a carrot to hands nor her bilateral arm tubes.</p> <p>During an observation on 09/04/24 at 9:15 AM, revealed Resident #1 lying in bed. Resident #1 did not have a carrot to hands nor her bilateral arm tubes.</p> <p>During an interview on 09/04/24 at 10:33 AM, The Director of Nursing confirmed that the carrot or the are tubes were not in place as ordered.</p>