STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515165	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Webster Healthcare Center	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)
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. Based on record review and staff interview the facility failed to revise individualized care plans related to activities. This failed practice was found true for (1) one of (1) residents reviewed for activities during the Long-Term Care Survey Process. Resident identifier: #8. Facility census: 57. Findings Include: a) Resident #8 A record review on 02/25/26 at 11:15 AM, revealed an activity care plan for Resident #8 that reads as follows:Focus:(Resident #8 name) does not attend scheduled group activities. He prefers to remain in room for activities and 1-1 visits. He is dependent on staff for cognitive stimulation and activities. Revision date of 01/21/26Goals: (Resident #8 name) will participate in activities of choice through review date. (Resident #8 name) will show engagement in activities of interest through review date. (Resident #8 name) will accept/participate in 1:1 activities.Interventions: Encourage attendance to entertainment programs, large and small group activities, volunteer demonstrations and religious activities. Initiated 09/11/24 Ensure all snacks/beverages comply with all diet/fluid restrictions Initiated 09/11/24. Interview and determine (Resident #8 name) activity preference Initiated 09/11/24 Introduce to other residents with similar interest. Initiated 09/11/24 Invite (Resident #8 name) to scheduled activities. Initiated 09/11/24 Provide 1:1 in room visits if unable to attend out of room events. Initiated 12/26/24 Provide a schedule of activities available. Initiated 11/05/24. Provide activity material of interest, i.e. library books , word puzzles, magazines. Initiated 09/11/24No care plan interventions have been revised or added since 12/26/24.Resident #8's care plan does not align with is most current Activity Preference Interview dated 08/01/25 which indicates he enjoys church related activities, country music, watching the news, and fishing.Resident #8's section F, Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/14/25 indicates under F0500, that it is not important for him to do things with groups of people.During an interview on 02/26/2026 at 10;08 AM, The Activity Director confirmed that Resident #8's activity care plan interventions had not been revised since 12/26/24.

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. Based on observation, record review, and staff interview the facility failed to provide an ongoing resident-centered activities program to meet the needs, interest and preferences of each resident. This failed practice was found true for (1) one of (1) one residents reviewed for activities during the Long-Term Care Survey Process. Resident identifier: #8. Facility census: 57. Findings include: a) Resident #8 Observations on 02/24/26 at 1:15 PM, and 4:00 PM, revealed Resident #8 lying in his bed, looking toward the ceiling. No stimulation on in his room. An observation on 02/25/26 at 11:00 AM, revealed Resident #8 was lying in his bed. No stimulation on in his room. A record review on 02/25/26 at 11:15 AM, showed a Brief Interview for Mental Status (BIMS) score for Resident #8 of a (5) five. Further record review revealed an Activity care plan for Resident #8 that reads as follows:Focus:(Resident #8 name) does not attend scheduled group activities. He prefers to remain in room for activities and 1-1 visits. He is dependent on staff for cognitive stimulation and activities. Revision date of 01/21/26 Goals: (Resident #8 name) will participate in activities of choice through review date. (Resident #8 name) will show engagement in activities of interest through review date. (Resident #8 name) will accept/participate in 1:1 activities. Interventions: Encourage attendance to entertainment programs, large and small group activities, volunteer demonstrations and religious activities. Initiated 09/11/24 Ensure all snacks/beverages comply with all diet/fluid restrictions Initiated 09/11/24. Interview and determine (Resident #8 name) activity preference Initiated 09/11/24 Introduce to other residents with similar interest. Initiated 09/11/24 Invite (Resident #8 name) to scheduled activities. Initiated 09/11/24 Provide 1:1 in room visits if unable to attend out of room events. Initiated 12/26/24 Provide a schedule of activities available. Initiated 11/05/24. Provide activity material of interest, i.e. library books , word puzzles, magazines. Initiated 09/11/24 Resident #8's care plan does not align with his most current Activity Preference Interview dated 08/01/25 which indicated he enjoyed church related activities, country music, watching the news, and fishing. Resident #8's section F, Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/14/25 indicates under F0500, that it is not important for him to do things with groups of people. Further review of Resident #8's activity participation from 12/2025 to present, shows that Resident #8 is not participating in group activities. His individual activities are marked as nature watching or relaxation daily, which do not align with his interest noted on his Activity Preference Interview. During an interview on 02/25/26 at 1:22 PM, The State Agency (SA) asked The Activity Director (AD) for the 1:1 list for the facility. The AD replied, Everyone in our building gets one to one visits. We visit with all of them everyday. SA asked if she could tell me what those one on one visits consist of for Resident #8. The AD replied, We go in and talk to him and see if he needs anything. A specific list of meaningful 1:1 visits directed toward Resident #8's interest could not be provided.

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. Based on resident interview, staff interview and record review the facility failed to provide timely vision appointments for a resident with a known vision impairment. This failed practice was found true for (1) one of (1) one residents reviewed for vision/hearing services during the Long-Term Care Survey Process. Resident identifier #13. Facility census: 57. Findings Include:a) Resident #13During the initial interview on 02/24/26 at 2:10 PM, Resident #13 stated, I have a cataract on my left eye. When I close my right eye it is like my left eye is covered in bacon grease all over it. I have been here for (4) four years and have seen an eye doctor for about (2) two year. I have told them that I need to go, but I don't have an appointment or anything.A record review on 02/25/26 at 9:30 AM, revealed that Resident #13's last vision consultation was on 05/06/24. The vision consult confirmed the Cataract of the left eye and reads to return in 12 to 15 months for follow-up.No other vision consultations could be providedDuring an interview on 02/25/26 at 11:31 AM, The Director of Nursing (DON) stated, Our vision service came in June of last year. We missed her, we did not have her on the roster. I now have her scheduled to see them in March.

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F 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia. Based on record review and staff interview the facility failed to develop a care plan with measurable goals and interventions to address the care and treatment for a resident with Dementia This failed practice was found true for (1) one of (5) five residents reviewed for Dementia care during the Long-Term Care Survey Process. Resident identifier #8. Facility Census 57. Findings include: a) Resident #8 A record review on 02/25/26 at 2:30 PM, revealed a diagnosis of Dementia for Resident #8 dated 12/19/24. Further record review of Resident #8's care plan, revealed that no care plan was created for the diagnosis of Dementia. During an interview on 02/26/2026 at 10:02 AM, The Unit Manager Registered Nurse (UMRN) who develops nursing care plans stated, I reviewed his care plan. I would think it would trigger, but no I do not see it anywhere. UMRN confirmed that the Dementia care plan was not developed with measurable person centered goals for Resident #8.