STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clarksburg Healthcare Center	2096 Davisson Run Road Clarksburg, WV 26301

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 45171 Based on record review and staff interview the facility failed to notify the Medical Power of Attorney of abnormal testing results. Resident Identifier: #145 Facility Census: #96 Findings included: a) Resident #145 On 10/16/24 at 2:10 PM record review shows that Resident #145 had abnormal laboratory and urinalysis results that were not relayed to the Medical Power of Attorney (MPOA). According to the Mayo Clinic: A complete blood count (CBC) is a blood test. It's used to look at overall health and find a wide range of conditions, including anemia, infection and leukemia. The normal white blood cell count range is typically between 4 and 11 depending on age and medical conditions. Review of a Complete Blood Count (CBC) laboratory results collected on 12/29/23 and printed on 12/30/23 shows an abnormal white blood count (WBC) of 27.6. There are additional test results on the laboratory report that are flagged as abnormal. The urinalysis is also marked as abnormal and containing white blood cells and bacteria. There is no documentation that the MPOA was informed of the testing results. When discussed with the Director of Nursing on 10/16/24 at 3:25 PM, she confirmed that the results were not reported to the MPOA due to the declining condition of the resident.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Clarksburg Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2096 Davisson Run Road Clarksburg, WV 26301	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 49466 Based on observation, resident and staff interview, facility record review, and medical record review, the allegation that the facility failed to ensure that residents were free from abuse and neglect is found to be substantiated. This was true for Residents #16, #34, and #11. Facility census: 96. Findings included: a) Resident #16 On 10/16/2024 a review of the Facility Reported Incident (FRI) which occurred on 09/05/24 and found Resident #16 saturated with a ring of urine staining the bed linens, street clothes and shoes. The report specified that initially the resident was angered about the incident, but afterward placed the incident behind him and was doing better. The witness statement submitted by CNA #119 and undated read as follows: When I arrived on shift [Resident #16] was one of my first residents I checked on. I got him ready for bed, toileted him, offered to change his clothes. He didn't want to be layed down. I later returned with snacks and ice water and I got him a tea. I did regular rounds also, then around 3:30-4:00 AM, he rang was hungry so I got him and his room mate an ice cream. He also had leg pain (nurse alerted) also toileted. I then regularly checked on his pain every little bit making sure he was okay he also complained about urine burning (nurse also alerted) I pushed fluids and offered regular toileting. Certified Nursing Assistant (CNA) #119 was suspended pending investigation with a signed statement saying that discipline could include termination. In an interview at 2:15 PM 10/16/24 with the Director of Nursing (DON), stated that CNA #119 was suspended pending the investigation which was deemed unsubstantiated with unverified details. The facility did take immediate corrective action by changing the schedule of the CNA #119. She was terminated at a later date due to another incident with another resident, not as a result of the incident involving Resident #16. Review of the report provided to Adult Protective Services (APS) indicated that additional notifications were sent to the Ombudsman, facility administration, Office of Health Facilities and Certification (OHFLAC) by the Social Services Director. It indicates that while the resident retains capacity with a Brief Interview for Mental Status (BIMS) of 15, that they are unable to care for or protect themselves due to physical disability and chronic illness (needing advanced assistance with activities of daily living) but was not at immediate risk of serious injury or death or is in an emergency situation as defined by W.Va. Code Subsection 9-6-1. An additional statement from the morning shift CNA #79 on 09/06/24 which read as follows: Went to get resident up and dressed for the day. When I pulled back the blankets he was still dressed in his clothes from the day before, shoes still on and completely saturated in urine. Resident stated last night was awful and he hadn't been touched all night long. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER: Clarksburg Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2096 Davisson Run Road Clarksburg, WV 26301	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The written, signed witness statement from Resident #19 taken on 09/06/24 read as follows concerning the event of 09/05/24: Last night was bad. Staff would not answer call light or would stand and not assist me. Told me ' you don't need help'. Left in clothes and dirty briefs and would not change me. This was night shift and it was a girl with ponytails; brown hair; skinny; around 5 ' 1. I asked for help getting up. I hated last night . I was so upset. Review of the resident's orders confirmed that Resident #16 required advanced assistance with their Activities of Daily Living (ADL)s. The care plan specifically stated: Toileting hygiene: Totally dependent of 1. 1 Helper does all the effort. Resident does none of the effort Date Initiated: 05/04/24. b) Resident #34 On 10/17/24 review of a FRI dated 04/22/24 and reported to Administration on 04/23/24 involved CNA #121 witnessing CNA #120 behaving inappropriately toward Resident #34 to bed. CNA #120 called Resident #34 a child molester, and as he was grinding his teeth told him she'd smack him in the mouth if he didn't stop. Neither CNA works at the facility any longer. Resident #34 lacks capacity and is mostly nonverbal. Surveyor attempted to contact the resident representative but received no return call on 10/17/2024 at 10:00 AM. Per resident Minimum Data Set (MDS) he is dependent on facility staff for maximal assistance with all ADL's and all other activities. The resident care plan indicates that he had a hearing impairment, communication deficit, impaired cognitive functioning, and depression for which he receives antidepressant medication and is monitored for side-effects. The surveyor observed the resident in the hallway ambulating and people-watching on 05/17/24. The surveyor complimented the resident's choice in outfit for the day, at which time the resident smiled warmly and continued actively watching other residents and staff in the corridor. The surveyor observed that there were no behaviors indicating distress as a result of this incident as the resident was nonverbal, but friendly and responsive to interaction. Immediate action taken by facility administration was to suspend CNA #120 pending investigation. They reported the incident to OHFLAC, the facility Ombudsman, and the CNA Registry. The facility Employee Corrective Action form states that there would be disciplinary action up to and including termination. This form was signed by facility administration and the alleged perpetrating party on 04/23/24. All staff were interviewed and none reported having heard or participated in inappropriate conduct toward residents except for CNA #121. The written witness statement (signed/dated 04/23/24) from CNA #121 read as follows: We were putting [Resident #34] to sleep and the aid [CNA #120] called him a child molester and as he was grinding his teeth she said if he didn't stop she was going to smack him in his mouth . Resident #11 told me that [CNA #120] put a pillow over her face and said 'pillow therapy' but [Resident #11] doesn't know if she was joking or not. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Clarksburg Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2096 Davisson Run Road Clarksburg, WV 26301	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The surveyor interviewed the DON at approximately 10:30 AM on 10/17/24, who expressed that immediately upon discovery of the second allegation of the abusive treatment of Resident #11, the facility administration opened a second investigation. She stated that CNA #120 had not returned onsite between the time of the initial suspension for the events surrounding Resident #34 and the discovery of the events surrounding Resident #11. She provided the employee dismissal paperwork which confirmed that both events were corroborated serving as basis for CNA #120's employment termination (at the conclusion of the concurrent investigations) as of 04/24/24. c) Resident #11 Upon reviewing the witness statement of CNA #121 alleging abuse of Resident #34 the surveyor took note of and initiated investigation into the allegation of abusive rhetoric by CNA #120 against Resident #11. The written witness statement (signed/dated 04/23/24) from CNA #121 read as follows: We were putting [Resident #34] to sleep and the aid [CNA #120] called him a child molester and as he was grinding his teeth she said if he didn't stop she was going to smack him in his mouth . Resident #11 told me that [CNA #120] put a pillow over her face and said 'pillow therapy' but [Resident #11] doesn't know if she was joking or not. A second witness testimony from CNA #75 on 04/23/24 read as follows: (name redacted) told me that [CNA #120] put a pillow on her head and said 'pillow therapy'! She said she thought [CNA #120] was joking. Resident #11 has capacity as of 06/14/24, with a BIMS of 15. She is bedridden, and upon review of her care plan, 10/07/24 she began receiving hospice services. Per the resident's MDS, she is completely dependent on facility staff for maximal assistance with all ADL's and/or any other activities as a result of the resident's decline in health. Review of the facility investigation record revealed that they had reported the allegation of misconduct upon discovery to OHFLAC, Ombudsman, APS (414443), and the CNA registry on 04/23/24 after the interview with CNA #121 revealed additional inappropriate behavior toward Resident #11. The form included the added detail under the section pertaining to interview with the perpetrator that [CNA #120] says she's not the only one who jokes about pillow therapy. Two (2) surveyors went to interview Resident #11 who stated that she had a close rapport with CNA #120 during her employment at the facility. She stated that the CNA was being jovial when stating that they should try pillow therapy as a result of the resident having been complaining about the uncomfortable state of her declining condition. She stated that the pillow did not make contact with her head, but that Resident #11 had been complaining about the state of her condition and that was the direct response in jest from CNA #120. The resident tried to reassure the surveyors that she still had her voice and more importantly her head and that she would make it known if she felt threatened or disturbed in any way by staff. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Clarksburg Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2096 Davisson Run Road Clarksburg, WV 26301	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The surveyor interviewed the DON, who expressed that immediately upon discovery of the second allegation of the abusive treatment of resident #11, the facility administration opened a second investigation. She stated that CNA #120 had not returned onsite between the time of the initial suspension for the events surrounding resident #34 and the discovery of the events surrounding resident #11. She provided the employee dismissal paperwork which confirmed that both events were corroborated serving as basis for CNA #120's employment termination (at the conclusion of the concurrent investigations) as of 04/24/24. Review of the facility's Employee Separation Report (completed within 24 hours of termination) provides a secondary confirmation that CNA #120 did not return to the facility between the initiation of her suspension, pending investigation into resident #16 ' s allegation of abuse, and the conclusion of the investigations into resident #34 and resident #11 abuse allegations. These were both found to be substantiated, and the repercussion entailed the immediate termination of employment of CNA #120.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Clarksburg Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2096 Davisson Run Road Clarksburg, WV 26301	

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 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. 49751 Based on record review, resident interview and staff interview, the facility failed to develop a person-centered comprehensive care plan for Resident #80 regarding the use of hearing aids, and not having careplaned Resident #294 having fistula in left arm. This is true for one (1) of 24 residents reviewed during the survey process. Resident identifier: #294. Facility Census: 96 Findings included: a) Resident #294 On 10/14/24 at 12:00 PM surveyor observed a sign posted being Resident #294's bed stating no blood pressure(B/P) or labs in left arm) During record review on 10/15/24 at approximately 10:00 AM of Resident #294's orders showed an order to check fistula in left arm for bruit and thrill every shift. Further record review on 10/15/24 revealed the following: - Facility staff documented on 10/04/24, 10/05/24, and 10/12/24 B/P was obtained in Resident #294's left arm. - The care plan did not address or contain anything about not taking the blood pressure or labs in the left arm, and did not identify residents having a fistula in the left arm. An interview on 10/15/24 at approximately 1:00 PM with the Director of Nursing (DON) confirmed the care plan did not address residents having an fistula in the left arm and there was nothing in the medical record stating not to take B/P or obtain labs from the left arm. DON also states the B/P's obtained were not taken in Resident#294's left arm, the staff had incorrectly documented the B/P being taken in the left arm. On 10/15/24 at 2:05 PM Resident #294 states they have had the fistula in their arm for approximately 7 years, and does not recall ever having a B/P taken in that arm while in the facility. 45173

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER: Clarksburg Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2096 Davisson Run Road Clarksburg, WV 26301	

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 - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45173 Based on record review and staff interview, the facility failed to revise a care plan regarding a fall with major injury for Resident #47, behaviors and the discontinuation of medications for Resident #51, and the code status of Resident #50. This is true for three (3) of 24 residents reviewed during the survey process. Resident Identifier: #47, #51 and #50. Facility Census: 96. Findings Included: a) Resident #47 On [DATE] at 12:15 AM, the care plan was reviewed for Resident #47. The review found the care plan had not been revised to indicate a fall with major injury had occurred on [DATE]. A progress note dated [DATE] at 0000 by the facility nurse practitioner states the following: Post fall with head injury History Of Present Illness: [DATE] This is an (Age and sex redacted) being seen after sustaining a fall. Provider was in the building when the fall occurred. I arrived to the bedside Staff had assisted resident back to her bed. She had hit her head on the floor. There was already bruising forming and edema on frontal region of her head. She stated she felt like she was passing out. She is pale and drowsy. Vital signs were taken which were stable. She is mildly anxious at the time of the fall. Due to the head injury. Recommendations were made to call 911 and have her evaluated at the hospital. Neurochecks are within normal limits during focused exam. She is at her cognitive baseline. Staff remained with resident until ambulance arrived for transport. Ice was placed on her head due to swelling. She denies any other injury or complaints from the fall. (Typed as written.) An additional progress note [DATE] at 8:28 PM states, Resident fell at the facility therefore sent to hospital. Resident has returned from ER diagnosed with two broken ribs on her right side. Resident received new order from Norco ,d+[DATE]mg PRN(as needed) Q (every) 6 (six) hours. Encourage deep breathing exercise. (Typed as written.) On [DATE] at 3:00 PM, the Director of Nursing (DON) was notified and confirmed the care plan did not indicate the resident had an actual fall with major injury. b) Resident #51 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Clarksburg Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2096 Davisson Run Road Clarksburg, WV 26301	

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 - Some	On [DATE] at 1:00 PM, the care plan was reviewed for Resident #51. The review found the care plan did not indicate specific behaviors under the focus area of behavior problem related to vascular dementia. The review, also, found under the focus areas of mood problem related to dementia and diabetes had an intervention to administer medications per medical provider's care. The resident is currently not taking any prescribed medications. On [DATE] at 3:00 PM, the DON was notified and confirmed the care plan did not indicate any specific behaviors and the resident was not currently taking any prescribed medications. c) Resident #50 On [DATE] at 12:56 PM record review for Resident #50 shows her Medical Power of Attorney made a change in her advanced directives were initiated on [DATE]. According to the Physicians Determination of Capacity dated [DATE] Resident #50 lacks capacity to make medical decisions. On [DATE] Resident #50's Physician Orders for Scope of Treatment (POST) form was updated to be No Cardiopulmonary Resuscitation (CPR) with comfort focused treatments, no artificial means of nutrition desired. A review of the comprehensive person-centered care plan does not indicate the changes made to the POST form in regards to comfort care. There are no goals or interventions in place for comfort care in regards to respect and dignity and to be comfortable during the end of life process On [DATE] at 1:43 PM the above findings regarding the care plan were reviewed with the DON who agreed the care plan should have been updated to reflect comfort care. 45171

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515166	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clarksburg Healthcare Center	2096 Davisson Run Road Clarksburg, WV 26301

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 45171 Based on record review and staff interview, the facility failed complete a change of condition for a declining resident and caused a delay in treatment for a resident. Resident Identifiers: #50 and #145. Facility Census: #96. Findings included: a) Resident # 50 On 10/14/24 at 2:16 PM record review shows Resident #50 had several orders and progress notes dated 10/05/24 concerning her condition. The following details were reviewed in the nurses progress notes: 10/5/2024 18:24 Nurses Note Note Text: Resident decline in ability to consume Po intake. Resident is gagging with the touch of food in her mouth. This nurse contacted (in house physician). He gave recommendations for care and resident Medical Power of Attorney (MPOA) declined further testing. MPOA stated I do not feel like anything is wrong, I think she is just tired. This nurse talked to MPOA about the use of morphine and educated MPOA on comfort focused treatment. MPOA changed resident post form to DNR-CC. MPOA in agreement with new order and is sitting at resident bedside. 10/5/2024 17:58 Nurses Note Note Text: New order per (in house physician) to discontinue PO medications. Start resident on Morphine sulfate 0.25 ml q1h PRN for pain, distress and/or air hunger. MPOA in agreement with new orders. Record review shows there was no change in condition completed in regards to the changes referred to in the above nurses progress notes. On 10/16/24 at 12:08 PM the Director of Nursing (DON) confirmed that a change of condition should have been completed for the following items in the nurses progress notes 1. Changed POST to DNR comfort care 2. Started morphine 3. Physician order to discontinue all PO medications 4. Resident decline in ability to consume PO intake. b) Resident #145 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Clarksburg Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2096 Davisson Run Road Clarksburg, WV 26301	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/17/24 at 10:56 AM record review shows that the family of Resident #145 voice concern on 12/12/23 about the resident not responding to their questions. Time line of documentation; 12/12/23 at 10:50 AM Family voiced concern about resident not responding to there questions. 12/14/23 at 111:17 AM there was a wound care note documented. There were no additional in house progress notes documented until 12/17/23 at 5:39 PM COVID Binaz Negative 12/24/23 at 8:50 PM Spoke with Hospice triage nurse they will send someone out to evaluate resident 12/24/23 at 8:54 PM documentation reads that resident was COVID negative. 12/24/23 8:41 PM reduced mental alertness and not speaking. PT vital signs taken, temp found. Lungs clear and diminished. Urine does not smell offensive. Pt unable to tell me what is wrong. Call placed to family and hospice. Temperature documented in vital signs on 12/24/23 at 8:55 PM as 101.5 Fahrenheit (F). Additional temperatures documented in vital signs were: 12/24/23 at 10:58 PM 102 F 12/26/23 at 10:29 PM 100.5 F 12/27/23 at 9:39 PM 101. F 12/28/23 at 6:11 AM 102.4 F 12/27/23 at 5:48 PM received an order for a two (2) view chest X-ray. Results on 12/27/23 at 11:38 PM shows No acute cardiopulmonary disease:. 12/28/23 at 4:38 AM Nurse called Hospice nurse to relay request from family for laboratory work. 12/28/23 at 10:08 AM Elevated temps noted. New order for Tylenol via mouth/suppository if unable to swallow. Note: Documentation shows resident has had a temperature for four (4) days, this is the first order for Tylenol. 12/28/23 at 3:51 PM New order from Hospice for U/A and C&S (urinalysis and culture and sensitivity) via straight catheterization and CBC (complete blood count) with differential to be drawn on 12/28/23 night shift. 12/29/23 at 3:02 AM blood sample obtained from residents left anti-cubical with one attempt. 12/29/23 at 3:37 AM urine sample obtained via straight catheter with one attempt. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Clarksburg Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2096 Davisson Run Road Clarksburg, WV 26301	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	12/30/23 at 6:48 PM Resident bed rested this shift family at beside with her all shift. Resident displays signs of pain and anxiousness several times this shift. Grimacing and whimpering. Scheduled Ativan and Morphine given with positive results. Resident did void X 2. Oral care also completed this shift. Family with resident at this time. Oxygen on re-breather, oxygen saturation above 92%, head of bed elevated with no signs or symptoms of shortness of breath voiced no notes. 12/31/23 3:32 AM Absence of vital signs verified by 2 nurses (names inserted). No respiration or heartbeat noted. Pupils fixed ad dilated. Family at bedside is aware. Director of Nursing notified. Physician called. Also Hospice has been notified. Further documentation shows Resident #145 has a history of urinary tract infections (UTI) while she was a resident at the facility. 1/17/19 Amoxicillin tablet 500 milligrams (mg) Give 500 mg by mouth two times a day for UTI for 7 days. 12/02/20 Macrobid Capsule 100 mg Give 100 mg by mouth two times a day for UTI for 7 days. 11/05/21 Ciproflaxacin HCL tablet 250 mg Give 1 tablet by mouth every 12 hours for infection for 3 days 3/15/23 Cephalexin Suspension Reconstituted 250 mg/5 milliliters Give 10 ml by mouth four times a day for UTI for 7 days 03/17/23 Ceftriaxone Sodium Injection Solution Reconstituted 1 GM (Ceftriaxone Sodium) Inject 1 gram intramuscularly one time a day for UTI for 3 Days There was evidence of the complete blood count (CBC) and UA and C&S laboratory work that was obtained on 12/29/23 and printed on 12/30/23 at 12:39 PM with abnormal results as follows: Urinalysis showed elevated WBC's as well as bacteria in the urine sample WBC (white blood count) elevated at 27.600. Resident #145 had been a Hospice resident in November 2023 but was discontinued and re-consulted on 12/24/23. Hospice notes were reviewed for 12/12/23 through 12/28/23 as provided by the facility. On 10/17/24 at 12:01 PM the above was confirmed with the DON. When presented and ask why the Tylenol was never addressed with the Resident's first temperature on 12/24/23 at 102 F and why a urinalysis with a culture and sensitivity was never obtained until 12/29/23 she stated she did not know. A delay in treatment was discussed and there was no further information provided prior to exiting the survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515166	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clarksburg Healthcare Center	2096 Davisson Run Road Clarksburg, WV 26301

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49466 Based on facility record review, medical record review, and staff interview, the allegation that the facility failed to ensure nutrition and hydration status maintenance for Resident #295 was substantiated. Facility census: 96. Findings included: On 10/16/24 the surveyor reviewed an initial reporting form submitted as a Facility Reported Incident (FRI) which occurred and was reported on 04/17/24. This FRI indicates that LPN #85 stopped Resident #295's ordered tube feeding on night shift 04/17/24 stating that the tube feed was stopped because it didn't flush well. At this time the Nurse Practitioner (NP) was notified and the tube feeding was restarted during the day shift of 04/17/24 with additional supplements. According to the five-day followup, the facility administration notified Resident #295's health care surrogate at 11:20 AM on 04/17/24. Additionally, administration reported the event to the LPN Board and the Ombudsman at 10:29 AM. The report indicates that the resident was not interviewable. The followup form indicates that the allegation could not be verified, and that the allegation was refuted by evidence collected during the investigation. Per LPN #85 the tube feeding was disconnected for a short period of time. In an addendum, facility administration conducted interviews with the alleged victim's responsible parties, emphasizing that the victim was not capable of interview. Witnessing LPN #71 reported that he initiated the tube feeding at 04/16/24 during day shift and it was still running when he left the facility at 7:30 PM. When LPN #71 came back for dayshift on 04/17/24, LPN #85 reported to LPN #71 that the resident's tube did not flush well, and that LPN #85 did not realize there was that much left. CNA #28 reported that on the morning of 04/17/24 the resident's bottle of Glucerna still had a lot left in the bottle. In an administration-initiated interview with the alleged perpetrator, LPN #85 stated that on 04/17/24 the machine started beeping and he noticed that the resident's tubing was separated and the end-cap was removed. LPN #85 cleaned the tube and restarted the feeding. LPN #85 stated that around 6:12 AM the tube feeding was disconnected and at that point the tube flushed easily. In an interview with with LPN #71 and CNA #28, separately at 12:30 PM on 10/16/24. The two corroborated that the Glucerna 1.5 kcal/ml 1 liter had been initiated 04/16/24, and was still administrating upon their departure at 7:30 PM. LPN #71 stated that he found it unusual that everything had been cleaned and set up upon return to day-shift, and at this point CNA #28 reported that 800 ml of the Glucerna remained because the resident had not been tolerating it well. When asked why LPN #85 did not seek to attain orders to discontinue feeding, both LPN #71 and CNA #28 found themselves at a loss, stating I really don't know. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Clarksburg Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2096 Davisson Run Road Clarksburg, WV 26301	

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	At approximately 3:30 PM on 10/16/24 the surveyor requested LPN #85's contact information to conduct an interview. The DON confirmed that because they had determined their investigation to be inconclusive, no further disciplinary action had been taken against LPN #85. The surveyor attempted to contact LPN #85 (who had returned from their subsequent suspension) on three occasions, beginning at 12:45 PM 10/16/24, again at 2:00 PM the same day, and on 10/17/24 at 10:30 AM. Each time the recipient's voicemail box was not set up, and the phone was disconnected from service. Review of orders indicate that the resident was to receive 85 ml Glucerna per hour and H2O at 65 ml per hour. At 7:30 AM LPN #71 stated there was 800 ml of the Glucerna 1.5 kcal/ml remaining. At the time LPN #85 discontinued the feeding, they failed to obtain an order for discontinuation at any point throughout the night. The resident was discharged [DATE] from the facility after this incident to the emergency room did not return to the facility. A Physician's note from 05/23/24 states that they likely transferred to another long term care facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Clarksburg Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2096 Davisson Run Road Clarksburg, WV 26301	

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 51553 Based on observation and staff interview, the facility failed to store and label food in accordance with professional standards for food service safety. This failed practice had the potential to affect more than a limited number of residents. FACILITY: FACILITY Facility Census: #96. Findings included: Findings confirmed by the Dietary Manager(DM) on 10/14/24 during kitchen investigation initiated at 11:45 AM included: a) Large container of tea with no date/smeared date (not legible). Kitchen staff (#27), stated, That was yesterday's. SS reviewed with DM. The DM stated, That's made every day. Measuring cup with tea on the bottom was sitting on top of the container. Tea was relabeled with current date prior to end of the kitchen tour. b) Pitchers were stored on a shelf with water inside x 2. DM stated there was a limited amount of space to properly store items in the kitchen. c) [NAME] cake mix was opened on 08/17/24- not sealed and spilling out of bag- no use by date was marked. d) Dented can x 1 - Campbell's chicken noodle soup. e) Devil's Food Cake mix opened on 09/29/24- sealed-no use by date. f) [NAME] cake mix was opened on 08/17/24- not sealed and spilling out of bag;-no use by date. g) Burrito shells opened 10/05/24-no use by date. h) Bag of ravioli was found in the freezer with no dates. i) Chicken patties opened in the freezer with no date. Two additional bags were unopened, but not dated (out of the box). DM reported he had an employee that is pulling food out of the boxes and not dating them. j) Opened bag of frozen carrots were not dated. k)10/15/24 10:36 AM - Two pantries were investigated. No dates on ice cream products or boxes in either pantry. The DM stated the ice cream is replaced weekly and it is a scheduled weekly replacement order.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Clarksburg Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2096 Davisson Run Road Clarksburg, WV 26301	

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 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a policy regarding use and storage of foods brought to residents by family and other visitors. 51553 Based on observation and staff interview, the facility failed to store the residents' personal food in a way that was separate or easily distinguishable from facility food. This failed practice has the potential to affect more than a limited number of resident's. FACILITY:FACILITY Facility Census: #96. Findings included: Finding confirmed by the Dietary Manager(DM) on 10/15/24 during the kitchen investigation initiated at 11:45 AM included: a resident's food item found in the facilities main freezer in the kitchen. An opened box of popcorn shrimp in the facility freezer was not dated or labeled. The DM stated the item was a resident's personal item and there was no room in the resident's freezer for the frozen food.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER: Clarksburg Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2096 Davisson Run Road Clarksburg, WV 26301	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 49751 Based on record review and staff interviews, the facility failed to have an accurate medical record for three (3) of 24 residents reviewed during the Long Term Care Survey. Resident identifier: #294, #9, #76. Facility Census: 96. Findings Included: a) Resident #294 On 10/14/24 at 12:00 PM surveyor observed a sign posted being Resident #294's bed stating no blood pressure (B/P) or labs in left arm). During record review on 10/15/24 at approximately 10:00 AM of Resident #294's orders showed an order to check fistula in left arm for bruit and thrill every shift. Further record review on 10/15/24 revealed the following: - Facility staff documented on 10/04/24, 10/05/24, and 10/12/24 B/P was obtained in Resident #294's left arm. - The care plan did not address or contain anything about not taking the blood pressure or labs in the left arm, and did not identify Resident #294 as having a fistula in the left arm. An interview on 10/15/24 at approximately 1:00 PM with the Director of Nursing (DON) confirmed the care plan did not address Resident #294 as having an fistula in the left arm and there was nothing in the medical record stating not to take B/P or obtain labs from the left arm. The DON also stated that B/P's obtained were not taken in Resident#294's left arm, the staff had incorrectly documented the B/P being taken in the left arm. On 10/15/24 at 2:05 PM Resident #294 states they have had the fistula in their arm for approximately 7 years, and does not recall ever having a B/P taken in that arm while in the facility. b) Resident #9 On 10/15/24 at 3:34 PM record review shows Resident #9 had the following Physicians orders: Topiramate Oral Tablet 50 MG (Topiramate) Give 100 mg orally two times a day for health maintenance Gabapentin Oral Capsule 300 MG (Gabapentin) Give 300 mg orally at bedtime for health maintenance Medical diagnosis for Resident #9 reflects the following: Migraine, unspecified, no intractable, without status migrainosus (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Clarksburg Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2096 Davisson Run Road Clarksburg, WV 26301	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Diabetes Mellitus due to underlying condition with hyperglycemia The above two medication orders indicate they are for health maintenance which is not an approved diagnosis. Topiramate is used for migraines and Gabapentin is use for diabetic nephropathy On 10/16/24 at 9:13 AM it was confirmed with the DON that Resident #9 was indeed receiving Topiramate for migraines and Gabapentin for diabetic nephropathy. c) Resident #76 On 10/15/24 at 4:00 PM, a record review was completed for Resident #76. The review found an assessment entitled Pain Observation Tool dated 10/03/24. The assessment indicated the resident received Norco 5 mg (five milligram) three times daily for pain which was effective for the resident's pain. On 10/15/24 at 4:30 PM, the Director of Nursing (DON) was interviewed regarding Resident #76's pain medication. The DON was notified and confirmed the resident was prescribed this pain medication. The DON stated, the resident has never been on prescribed Norco while at the facility. 45171 45173

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Clarksburg Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2096 Davisson Run Road Clarksburg, WV 26301	

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. 45173 Based on observation, record review and staff interview, the facility failed to maintain an infection control program during medication administration. This had the potential to affect more than a limited number of residents. This is a random opportunity for discovery. Facility Census: 96. Findings Included: a) Medication Administration On 10/16/24 at 8:45 AM, an observation of Licensed Practical Nurse (LPN) #51 during medication administration on B hall was completed. There are 22 residents who reside on the B hall. LPN #51 was assigned the entire B hall for medication administration. On 10/16/24 at 8:57 AM, LPN #51 failed to complete hand hygiene between Resident #32 and Resident #2. On 10/16/24 at 9:35 AM, LPN #51 left the B Hall to go the medication room. Upon return, LPN #51 did not complete hand hygiene prior to administering medication to Resident #37. On 10/16/24 at 9:55 AM, an interview was held with LPN #51. LPN #51 stated, I thought I did hand hygiene at these times. On 10/16/24 at 10:00 AM, the Director of Nursing (DON) was notified of the failure to complete hand hygiene prior to medication administration. The DON stated, thank you for letting me know. b) Facility Policy On 10/16/24 at 10:15 AM, the DON provided a copy of the facility policy entitled, Medication Administration. In Section II entitled, Preparation, h. states, Perform hand hygiene before and after each resident's medication is administered.