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	05/05/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, record review and staff interview, the facility failed to develop and implement care plans for fall interventions, means of communication and multiple diagnoses. The failed practice had the potential to affect more than a limited number of residents. Resident Identifiers: #5, #61 and #44. Facility Census: 88. a) Resident #5 - On 05/04/26, Resident #5's care plan was reviewed for fall precautions/interventions. The resident's care plan stated, Device: Non-skid strips to floor on the left side of bed. and Device: Nonslip material to wheelchair for safety. The resident's orders stated, DEVICE: DYCEM to wheelchair for safety every shift, and Device: Non-skid strips to floor on the left side of bed. On 05/04/26, the state surveyor observed Resident #5's room and wheelchair. There were no non-skid strips of tape on the resident's left side of the bed and Dycem was placed on top of the resident's wheelchair cushion. On 05/04/26 3:40 PM, Corporate Registered Nurse #101 confirmed there was no non-skid tape on the resident's left side of the bed and Dycem was on top of the resident's cushion instead of underneath the cushion to help prevent the cushion from sliding/slipping out of the wheelchair. Corporate Registered Nurse #101 confirmed the Dycem should have been placed under the resident's wheelchair cushion. b) Resident #61 - On 04/28/26 at 11:20 AM, Resident #61 was interviewed during the initial survey process. The resident was non-verbal and was able to utilize gestures to communicate. The resident's care plan stated, Resident is rarely or never understood but can communicate through gestures. The care plan stated two (2) times on page three (3) to discuss feelings, stated on page five (5) to encourage resident to voice feelings, and discuss coping skills, stated on on page thirteen (13) to discuss feelings, and stated on page fourteen to verbalize feelings, perceptions and fears. On 05/04/26 at 11:56 AM, the Director of Nursing confirmed the care plan stated in multiple places to verbalize and that the resident communicated via gestures. c) Resident #44 On 04/29/2026 at 1:44 PM, a record review was completed for Resident #44. The review found the care plan was not developed for the diagnosis of lupus anticoagulant syndrome. The care plan did list lupus as a focus area. However, the resident did not have the diagnosis of lupus. On 04/29/26 at 4:00 PM, the Director of Nursing (DON) was notified and confirmed the care plan had not been developed for the correct diagnosis of lupus anticoagulant syndrome.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515166	A. Building B. Wing	05/05/2026

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 0803 Level of Harm - Minimal harm or potential for actual 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 record review, observation, resident interview and staff interview, the facility failed to follow menus as posted, This failed practice had the potential to affect more than a limited number of residents. Resident identifiers: #31, #47 and #71. Facility Census: 88.Findings included: a) On 04/29/2026 at 11:52 AM, the menu posted at the entrance of the first-floor dining room stated: Cranberry Orange ChickenGarlic and [NAME] roasted Red Skin PotatoesDinner RollMandarin Oranges On 04/29/2026 at 11:52 AM, Nurse Aide #88 confirmed cabbage was not listed on the posted menu and cabbage was served to residents for lunch in the dining room. b) Resident #31 On 04/28/26 at 10:50 AM, during the initial interview, Resident #31 reported receiving chicken wings which were not on the menu for a couple of meals. c) Resident #47 On 04/29/26, Resident #47 received ravioli and cabbage which were not listed on the posted menu. Licensed Practical Nurse #77 confirmed that residents received ravioli and cabbage for the lunch meal. d) Resident #71 On 04/29/26, Resident #71 received ravioli and cabbage which were not listed on the posted menu. Licensed Practical Nurse #77 confirmed that residents received ravioli and cabbage for the lunch meal.

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	05/05/2026

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident?s needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. The Facility failed to ensure residents were served meals timely on A Hall.During the annual survey process, the facility failed to ensure timely provision of meals in accordance with posted meal service times of 7:00 AM to 8:15 AM for Breakfast, 12:00 PM to 1:15 PM for Lunch, and 5:00 PM to 6:15 PM for Dinner.Observation revealed that at 9:40 AM on 5/5/26, residents on A Hall were still being served breakfast, significantly beyond the scheduled meal service window. Resident #74, identified as requiring feeding assistance, was still waiting for their meal at that time. During an interview, CNA #72 stated, This happens often, regarding delayed meal tray delivery from the kitchen. It was further reported that A Hall received meal trays around 9:00 AM. During an interview, the facility administrator stated, One hallway has to be last, when addressing the delayed meal service.Additionally, surveyor observation noted meal pass occurring on A Hall at approximately 9:40 AM. On 4/28/26 at 10:50 AM, Resident #31 expressed concern regarding consistently late meal service, stating, I fall asleep waiting for dinner. They reported that dinner is often not served until 7:00 PM-7:30 PM, indicating ongoing delays beyond expected service times.

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	05/05/2026

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 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 observation, record review and staff interview, the facility failed to ensure staff hand hygiene was completed during the dining process. This failed practice had the potential to affect more than a limited number of residents. Facility Census: 88.Findings included: a) The facility's policy and procedure for Standard Precautions stated that hand hygiene should be performed: A. Before eating/feeding or assisting in the dining room and tray pass. On 04/28/26 at 11:55 AM, during the dining room observation, Registered Nurse #75 did not use hand hygiene between residents while serving. Nurse Aide #72 and Registered Nurse #75 passed drinks to each other and then served the residents their drinks without performing hand hygiene. At 12:05 PM, Licensed Practical Nurse #33 confirmed the hand hygiene issues in the dining room.

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	05/05/2026

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident/family interviews, and record review, the facility failed to ensure patient care equipment, specifically mechanical lifts with frayed, taped wires, was maintained in safe operating condition. Resident identifiers: #21, #31, #9, #17, #75, #44, #45, #47, #13, #79, #29, #66, #105, #73, #82, #83, #16, #33, #63, #64, #68, and #84. Facility Census: 88. Findings included:a) On 04/29/26 at approximately 4:30 PM, a resident's family member spoke with the state survey team concerning an issue with the mechanical lifts. The Joerns' Hoyer Lifts, model [NAME]-PRESENCE-S) were an issue per the discussion. The family member stated the resident lifts were dirty and had electrical tape on them. They reported sometimes only one lift was in operating condition and was used between both floors.On 04/29/26 at 5:15 PM, the Survey Team inspected the lifts in the shower rooms on both floors. Both lifts had electrical tape on the wires attached to the cradle on both sides. The lift on the first floor had frayed wires at the base of the electrical tape on the left side.At 5:30 PM, the state surveyor interviewed Nurse Aide #59, who confirmed there was black electrical tape on the wires attached to the cradle bar of the lift on the first floor and reported they had been asking for new lifts.At 5:33 PM, the Administrator confirmed the black electrical tape and stated, They (wires) are not exposed. He stated that he would just have maintenance put more tape on it. The administrator then verified the frayed wire and confirmed maintenance was still in the building. The State Surveyor asked the Administrator for a copy of the purchase orders for the lifts and the administrator reported he was in the process of obtaining bids.Direct Supply quotes, dated 02/04/26, were provided for the following items: Hand Switch/Assembly, APC Cradle, Wire Harness Kit, APC, and Lift Part, Boom Actuator for HOY_PRESENCE_S w/Smart Monitor.Twenty-two residents required lift utilization for safe transfers in the facility. Ten (10) residents on the first floor require the lifts for transfers and twelve (12) residents on the second floor require a lift for transfers.On 04/29/26 at 6:28 PM, the Administrator stated that the piece of the lift with the taped wires is called the cradle. The Administrator stated that even if the cradle were to short out it still would not drop the resident. The Administrator declined to remove the black electrical tape because the wires were either frayed or he was tearing them apart.On 04/29/26 at 6:28 PM, Director of Plant Maintenance #24 stated that an exposed wire underneath was the reason it was taped. He reported that the lift had been malfunctioning for the last year. Director of Plant Maintenance #24 reported he does not have electrical certification.According to the manufacturer's manual, provided by the facility, on page 13: 6. emergency stop: The red emergency stop button is located on the control box and is activated by pressing in. This will cut all power to the lift and can only be reset by twisting the button clockwise and releasing. The manufacturer's manual further stated, DO NOT use or store a lift in a wet or corrosive environment such as shower, bath or pool locations. Both lifts were stored in the shower rooms. The Administrator confirmed the lifts were stored in the shower rooms on both floors of the facility.The facility's policy and procedure for Mechanical Lifts and Transfers stated, 1.a. Lifts are utilized to provide a safe and ergonomic method to assist residents to transfer, stand, or toilet without physically/manually lifting them., II.c. Inspect and position equipment for smooth, safe transfer., and X. Post Lift b. Report any mechanical concerns and remove lift from operation, if found.

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	05/05/2026

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. Based on record review, observation and staff interview, the facility failed to ensure physician's orders for fall preventions were followed. This failed practice had the potential to affect a limited number of residents. Resident Identifier: #5. Facility Census: 88.Findings included:Resident #5 a) On 05/04/26, Resident #5's orders were reviewed for fall precautions/interventions. The resident's orders stated, DEVICE: DYCEM to wheelchair for safety every shift, and Device: Non-skid strips to floor on the left side of bed. On 05/04/26, the state surveyor observed Resident #5's room and wheelchair. There were no non-skid strips of tape on the resident's left side of the bed and Dycem was placed on top of the resident's wheelchair cushion instead of underneath it. On 05/04/26 at 3:40 PM, Corporate Registered Nurse #101 confirmed there was no non-skid tape on the resident's left side of the bed and Dycem was on top of the resident's cushion instead of underneath it to help prevent the cushion from sliding/slipping out of the wheelchair. Corporate Registered Nurse #101 confirmed the Dycem should have been placed under the resident's wheelchair cushion.

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	05/05/2026

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 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. Based on record review, staff interview and observation, the facility failed to ensure the residents' environment in the shower room was free from accident hazards on A Hall. This failed practice had the potential to affect a limited number of residents. Resident Identifier #39. Facility Census: 88.Findings included: a) Resident #39 On 04/29/26 at 6:09 PM, the state surveyor investigated the shower room on C Hall. Resident #39, a resident from D Hall, was in the bathroom adjacent to the shower room. The resident could open the door from the bathroom into the shower room. The shower door was locked with a keypad entrance. The bathroom door is not locked from the hallway. A gallon jug of Medco Prewash MP2017 was open and sitting on top of the wheelchair washer machine. According to the Safety Data Sheet (SDS), the product is labeled: H315 Causes skin irritation and H319 Causes serious eye irritation. This was a random opportunity for discovery. Licensed Practical Nurse #42 confirmed the bottle of cleaner was open and in the shower room. The gallon jug of Medco Prewash MP2017 was removed from the shower room.

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	05/05/2026

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and staff interview, the facility failed to dispose of an expired vial of insulin for Resident #11 on the B medication cart. This was a random opportunity for discovery. Resident Identifier: #11. Facility Census: 88.Findings Include: a) Resident #11 On [DATE] at 9:10 AM, the medication cart on B hall was checked for the care area of medication storage. An expired vial of Lispro insulin for Resident #11 was found. Licensed Practical Nurse (LPN) #77 verified the insulin vial expired on [DATE]. The vial's opening date was noted as [DATE]. On [DATE] at 9:14 AM, the Director of Nursing (DON) was notified and confirmed that insulin expired 28 days after the vial is opened.

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	05/05/2026

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 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration. Based on observation, resident interview and staff interview, the facility failed to ensure drinks including water and other liquids were served consistent with residents' needs and preferences. This failed practice had the potential to affect a limited number of residents, Resident Identifier: #12. Facility Census: 88.Findings included: a) Resident #12 On 04/28/26 at 12:15 PM, during the dining room observation on the first floor of the facility, Resident #12's tray card stated, Hot Coffee - 6 Oz. Resident #12 did not receive hot coffee as printed on the tray card. When the state surveyor asked the resident if she wanted coffee, the resident stated, Yes, I wanted coffee. The resident received coffee following surveyor intervention. On 04/28/26, Licensed Practical Nurse #33. confirmed the resident did not receive coffee as printed on the tray card. The facility's policy and procedure for Dining and Food Preference stated, Individual dining, food and beverage preferences are identified for all residents and patients.

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	05/05/2026

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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. Based on observation, record review and staff interview, the facility failed to ensure residents received therapeutic diets as ordered by the physician. This failed practice had the potential to affect a limited number of residents. Resident Identifier: #5 and #35. Facility Census: 88.Findings included: Resident #5 On 04/28/26, Resident #5's tray card was reviewed. The residents' tray card stated, Dys Mech - Regular and Pureed Buttered Dinner Roll - #16 Scp. The resident received a whole, unbuttered roll with the lunch meal. Resident #5's diet order stated, Regular Diet Dys Mech texture, Nectar Thickened Liquids consistency. Resident #35 On 04/28/26, Resident #35's tray card was reviewed. the residents tray card stated, Dys Mech - Regular and Pureed Bettered Dinner Roll - #16 Scp. Resident #35's diet order stated, Regular diet Dys Mech texture, thin liquids consistency, for diet. At 12:10 PM, Registered Dietician #20 confirmed Resident #5's and Resident #35's tray cards stated Dysphagia Mechanical Soft Diet with pureed buttered dinner roll - #16 scoop and that the residents did not receive a pureed consistency roll but received a regular roll. The residents did not consume their whole, regular rolls secondary to surveyor intervention, and staff checked additional dysphagia mechanical soft trays in the dining room for regular consistency bread. The diet extension for Dysphagia Mechanical Soft stated, Buttered Dinner Roll .Pureed #16 Sc