

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2025
NAME OF PROVIDER OR SUPPLIER Shenandoah Center		STREET ADDRESS, CITY, STATE, ZIP CODE 50 Mulberry Tree Street Charles Town, WV 25414	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Tag F657 care plan timing and revision. Based upon record review and staff interview, the facility FAILED to ensure accurate and up to date information was reflected in the residents care plan for Resident #48. This was found to be true for one of three resident record reviewed. This has the ability to effect more than one resident. resident effected #48 Residents reviewed #48, #72 and #60 Census: 75 Findings include: A) Resident #48 Resident #48 was seen wandering into other residents' rooms drinking from their cups, eating other residents' food and getting ice out of the ice chest with bare hands. Resident #48 is not care planned for behaviors mentioned in a complaint (entering other rooms, public urination or displaying privates, using other residents' items eating from common food sources) Interview with Admin #10 stated that resident #48 that we have tried to find a more suitable place for resident #48 long term due to all his needs. Interview with RN #56 stated resident #48 had a hard time when he first got here. The resident needed and still needs a lot of re-queuing and re-direction. He took a few weeks to adjust to the new setting of being here and still comments about wanting to go home. When the ADMIN #10 was presented with the fact that the care plan didn't reflect the behaviors that both other residents and staff have seen and documented the administrator stated that she would make sure they are correct going forward.</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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