STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49465 . Based on record review, staff interview and resident interview the facility failed to honor residents' preference for bed bath/showers. This failed practice was found true for five (5) of (7) seven residents reviewed for the care area of choices during the Long-Term Care Survey Process. Resident identifiers: #60, #63, #40, #3 and #48. Facility Census: 71. Findings included: a) Resident #60 During the initial interview, on 07/22/24 at 1:22PM, Resident #60 stated, I don't get showers often. Heck, I would be happy with at least a bed bath once a week. I was in an actual shower probably over a month ago. I have asked for showers, and they say they will get to me as soon as they can and then end up doing a bed bath or not a bath at all. A record review on 07/24/24 at 12:10 PM, revealed the following care plan: Focus: I need assistance with my ADL's due to my physical limitations and history of electrolyte imbalance and weakness. Intervention: - Shower/bed bath scheduled per my preference. Monitor and document refusals. Further record review showed Resident #60 was scheduled to have a shower on Wednesday and Saturday. Resident #60 received the following showers from 05/02/24 to present: - 06/11/24 (continued on next page)

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
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 06/19/24 During an interview, on 07/24/24 at 11:53 AM, the Director of Nursing (DON) confirmed Resident #60 had not had a shower since 06/19/24. She said, We are working on this problem. b) Resident #63 During the initial interview on 07/22/24 at 1:46 PM, Resident #63 stated, The most recent shower I have had I believe was the fourth of July. They haven't offered. Well now I think about it, I think the fourth of July was a bed bath. I have not had a shower since I have been in this room for about a month and a half. A record review on 07/24/24 at 12:10 PM, revealed the following care plan: Focus: 'Resident/Patient is at risk for decreased ability to perform ADL(s) in bathing, grooming, personal hygiene, dressing, bed mobility, transfer, locomotion, toileting related to: left AKA with complications of, history of cerebral infarction, spina bifida.' Intervention: -Provide resident/patient with substantial/maximal assist of staff for bathing. He refuses at times. Further record review showed Resident #63 is scheduled to have a shower on Wednesday's and Saturday's. Resident #63 received only one (1) shower on 05/07/24 for the time frame of 05/02/24 to current. During an interview on 07/24/24 at 11:53 AM, The Director of Nursing (DON) stated, We have identified this problem and are working on it. She later confirmed Resident #63 had not had a shower since 05/07/24. c) Resident #48 During an interview with Resident #48 on 07/23/24 at 2:38 PM, he stated the facility did not honor his request for showers. He stated he was scheduled for a shower two times a week, on Tuesday and Friday. He further stated he had not had a shower for over thirty (30) days. A review of Resident #48's MDS dated [DATE] at 3:20 PM, revealed under MDS Section F0400 for daily preferences, resident had responded to the question: How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	His response was - Somewhat important Further review of resident's MDS dated [DATE] at 10:37 AM revealed he had responded to the question: How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? His response was - Very Important Record review of Resident #48's shower logs revealed : January 2024 For the month of January 2024, the resident received only 13 bed/sponge baths, and no showers. February 2024 For the month of February 2024, the resident received only 14 bed/sponge baths, and no showers April 2024 For the month of April 2024, the resident received only two (2) bed/sponge baths, and one (1) shower. It was also noted one bed/sponge bath was given on 04/03/24 and the next bed/sponge bath was given two (2) weeks later, on 04/17/24. May 2024 For the month of May 2024, the resident received only 13 bed/sponge baths, and no showers. One bed/sponge bath was given on 05/16/24, and the next was given seven (7) days later, on 05/23/24. June 2024 For the month of June 2024, the resident received five (5) bed/sponge baths, and two (2) showers. One shower was given on 06/07/24, and the next bed/sponge bath was given six (6) days later, on 06/13/24. Another bed/sponge bath was given on 06/17/24, and the next bed/sponge bath was given six (6) days later, on 06/23/24. The bed/sponge bath on 06/23/24 was the last bed/sponge bath given for the month of June 2024. The next bed/sponge bath was given twelve (12) days later, on 07/05/24. A total of seven (7) bed/sponge were given as of 07/24/24. d) Resident #40 An interview with Resident #40 on 07/23/24 at 2:55 PM, revealed the facility did not honor his request for showers. He stated, he is scheduled for a shower two times a week, on Monday and Thursday. He further stated he had not had a shower for over thirty (30) days. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident #40's MDS dated [DATE] at 10:58 AM, revealed under MDS Section F0400 for daily preferences resident had responded to the question: How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? Resident's response - Not very important Further review of resident's MDS dated [DATE] at 4:10 PM, revealed he had responded to the question: How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? Resident's response was - Somewhat Important Record review of Resident #40's shower logs revealed : January 2024 For the month of January 2024, Resident #40 received eight (8) bed/sponge baths, and no showers. Resident received one bed/sponge bath on 01/04/24 and the next bed/sponge bath 11 days later, on 01/15/24. It was further noted his next bed/sponge bath was seven (7) days later on 1/22/24. February 2024 For the month of February 2024, Resident #40 received eight (8) bed/sponge baths, and no showers. One bed /sponge bath was given on 02/10/24, and the next bed/sponge bath was given eleven (11) days later on 02/21/24. March 2024 For the month of March 2024, Resident #40 received seven (7) bed/sponge baths, and no showers. It was also noted Resident #40 had received no bed/sponge baths, or showers, for eight (8) days, from 03/10/24 to 03/18/24. April 2024 For the month of April 2024, Resident #40 received four (4) bed/sponge baths, and no showers. Record review revealed resident had received no bed/sponge baths or showers for 15 days, from 04/12/24 to 04/27/24. May 2024 For the month of May 2024, Resident #40 received two (2) bed/sponge baths, and no showers. The resident received no bed/sponge baths, or showers for eighteen (18) days, from 04/27/24 to 05/15/24. Further, the resident also did not receive bed/sponge baths, or showers for twelve (12) days, from 05/19/24 to 05/31/24. June 2024 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	For the month of June 2024, Resident #40 received seven (7) bed/sponge baths, and one (1) shower. Record review revealed resident did not receive a bed/sponge bath, or shower for 12 days, from 05/19/24 to 06/04/24, and for seven (7) days, from 06/13/24 to 06/20/24 July 2024 For the month of July 2024, Resident #40 received three (3) bed/sponge baths and no showers, as of 07/24/24. Resident #40 received a bed/sponge bath on 07/08/24 and then received a bed/sponge bath 10 days later, on 07/18/24.Resident also did not receive a bed/sponge bath, or shower for six (6) days, from 07/18/24 to 07/24/24. e) Resident #3 An interview with Resident #3 on 07/23/24 at 2:49 PM, revealed the facility did not honor his request for showers. He stated he was scheduled for a shower two (2) times a week, on Wednesday and Saturday. He further stated he had not had a shower for over thirty (30) days. A review of Resident #3's MDS dated [DATE], at 1:19 PM, revealed under MDS Section F0400 daily preferences were not assessed. Further review of resident's MDS dated [DATE] at 4:10 PM, revealed he had responded to the question: How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? His response was - Very Important Record review of Resident #3's shower logs revealed : January 2024 For the month of January 2024, the resident received three (3) bed/sponge baths, and no showers. February 2024 For the month of February 2024, the resident received three (3) bed/sponge baths, and no showers. March 2024 For the month of March 2024, the resident received three (3) bed/sponge baths, and one (1) shower. It was also noted resident had received no bed/sponge baths, or showers for seventeen (17) days, from 2/29/24 to 3/18/24. April 2024 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	For the month of April 2024, the resident received one (1) bed/sponge baths, and no showers. Record review revealed resident had received no bed/sponge baths or showers for nineteen (19) days, from 03/27/24 to 04/16/24. May 2024 For the month of May 2024, the resident received one (1) shower. June 2024 For the month of June 2024, the resident received four (4) bed/sponge baths, and one (1) shower. The resident's last shower was on 05/22/24, and his next shower was 20 days later, on 06/11/24. July 2024 For the month of July 2024, resident received eight (8) bed/sponge baths and no showers, as of 07/24/24. During an interview, on 07/24/24 at 11:53 AM, the Director of Nursing (DON) stated, We have identified this problem and are working on it. 50795

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. 49751 Based on observations and staff interviews the facility failed to keep residents' medical information confidential. Facility staff left a laptop open with resident information which was visible to the public. This was a random opportunity for discovery and had the potential to affect more than a minimal number of residents residing in the Long-Term Care facility. Facility census :71 Findings include: On 07/23/24 at 11:04 PM Licensed Practical Nurse (LPN) #48 was observed setting at the nurses' station on the computer. On 07/23/24 at 11:08 PM a computer was observed sitting on top of the medication cart unattended by staff. On the screen was resident identifiable information. During an interview on 07/23/24 at 11:12 PM, LPN #48 returned to the medication cart and locked the computer screen. He stated he was aware it was unlocked. During an interview with the Director of Nursing(DON) on 07/24/24 at 10:00 AM, The DON stated the computer and med (Medication) cart should have been locked.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45173 Based on observation, resident interview and staff interview, the facility failed to provide a comfortable, homelike environment for residents residing in room [ROOM NUMBER], #202, #203, #303, #306, #309, #310, #312, #402, #404, #407, #408, #409, #410 and the slats of the packaged terminal air conditioner (PTAC) in Resident #60's room. These were random opportunities for discovery and had the potential to affect more than a limited number of residents. Facility Census: 71. Findings included: a) Resident Doors On 07/23/24 at 11:25 PM, a tour of the facility was complete. The tour found the following resident doors had putty applied to the visible cracks and door frames with rough edges of wood: --201 --202 --203 --303 --306 --309 --310 --312 --402 --404 --407 --408 --409 --410 On 07/24/24 at 9:55 AM, the Administrator was notified of issues found with the resident doors. The Administrator stated, I'll have maintenance check those. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b) Resident #60 During the initial observation on 07/22/24 at 1:40 PM, it was found the slats in the Packaged Terminal Air Conditioner (PTAC) unit in Resident #60's room were covered in a moldlike substance. During an interview on 07/22/24 at 1:40 PM, Resident #60 stated, That could be why I have allergies. I can't remember if I am on allergy medicine. During an interview on 07/24/24 at 1:30 PM, The Maintenance Supervisor (MS) stated, Yes it is mold. I will get cleaned. 49465

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 45173 Based on record review and staff interview, the facility failed to provide an environment free from abuse and/or neglect from staff or other residents. Resident #123 was physically abused by Licensed Practical Nurse (LPN) #91. This created an immediate jeopardy situation. The LPN admitted to losing her temper and backhanding a combative resident. The facility took all appropriate steps after the situation including terminating the LPN. This issue is being cited as past noncompliance. Resident #23 was neglected by Nurse Aide (NA) #94. These were random opportunities for discovery. Resident identifiers: #123, and #23. Facility Census: 71. Findings included: a) Resident #123 A record review on 07/25/24 at 12:30 PM of a Complaint #29751 revealed an incident where a Licensed Practical Nurse (LPN) #91 had struck Resident #123 in the face on 11/09/23 at approximately 11:30 PM. Further record review revealed at the time of this incident Nurse Aides (NA) #45 and #55 were attempting to provide incontinence care to Resident #123. During care Resident #123 became combative with the NA. At this time, LPN #91 attempted to administer medication and water to the resident. Resident #123 spit at the LPN #91 and knocked the water out of her hands, and LPN #91 backhanded Resident #123(Typed as written.). On 07/25/24 at 1:00 PM, an interview with the Administrator was held. The Administrator stated, I was not here but I do know about the incident. On 07/25/24 at 1:05 PM, the Administrator provided all paperwork in regards to this event. The immediate fax reporting of the incident was dated 11/10/23 stating, I, (Name of previous Director of Nursing) received a call on 11/09/23 at 11:21 PM from CNA (certified nursing assistant) #94 reporting that another CNA #92 witnessed a nurse hit a resident in his room around 10:40 PM. I began to get dressed to head into the facility and I placed a call to the administrator, (Name of previous Administrator), as well as the facility social services director, (Name of social services director). (Name of social services director) and I agreed to meet at the facility to interview the staff and determine the situation. I arrived to the facility around 11:45 PM with (Name of social services director) and we began interviewing staff. We began by interviewing NA #92, followed by NA #45, NA #94, and then interviewed LPN #91. (Typed as written.) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	NA #92 stated that she went to assist NA #45, LPN #91 and NA #55 with incontinence care for the Resident #123. NA #92 states the resident kicked NA #55 and when she entered the room, NA #55 was laying on the floor, crying in pain. NA #92 states she was assisting with changing the resident, NA #45 held his hands to prevent him from hitting, and NA #92 changed his brief. LPN #91 attempted to administer medications to the resident and the resident spit them out at her. The resident then allegedly attempted to hit LPN #91, and LPN #91 then reportedly pulled her arm back and struck the resident in the right side of his face while he was in bed. At this time, there were 3 (three) CNAs present in the room. NA #92, NA #55 and NA #45. NA #92 was the CNA that reported this incident by phone call at 11:21 PM to me. (Typed as written.) 'During the interview with LPN #91, LPN #91 admitted to myself and (Name of social services director) that she did lose her temper and backhanded him with an open fist. Upon completion of interviews, I counted both the narcotic drawers with LPN #91, walked her to the time clock and out of the building. (Typed as written.) All state agencies, OHFLAC, Ombudsman, APS, Law Enforcement were notified of the incident. The immediate action to protect the resident(s) listed were investigation initiated, perpetrator suspended and Law Enforcement notified. The five (5) day follow-up was dated 11/13/23. The statement was completed by the previous Administrator, which stated, (Name of Resident #123) is a (age) (sex) admitted into the (Name of facility) with the following diagnosis: non-st elevation myocardial infarction, type 2 (two) diabetes, transient cerebral ischemic attack, hypertensive heart and chronic kidney disease with heart failure and with stage 5 (five) chronic kidney disease or end stage renal disease, personal history of transient ischemic attack and cerebral infarction without residual deficits, cerebral infarction, muscle weakness, lack of coordination, atherosclerotic heart disease of native coronary artery with unspecified angina pectoris, dementia, repeated falls, cardiomyopathy, weakness, osteoarthritis, proteinuria, chronic systolic heart failure, anemia in chronic kidney disease, benign prostatic hyperplasia without lower urinary tract symptoms, pain, hyperlipidemia, chronic kidney disease stage 3B, difficulty in walking and unspecified fall. (Typed as written.) Resident is receiving the following medications: Milk of Magnesia, Atorvastatin, Aspirin, Docusate, Clopidogrel, Carvedilol, Famotidine, Mirtazapine, Flomax, Quetiapine and Acetaminophen. (Typed as written.) An assessment completed on November 1, 2023 showed a BIMS (Brief Interview for Mental Status) score of 8 (eight) and a PHQ9 (Patient Health Questionnaire 9) of 0 (zero). The resident does not have capacity and (Name of Medical Power of Attorney) and was notified of the incident. (Typed as written.) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	On November 9, 2023, at approximately 11:00 pm, the Director of Nursing, (Name of the Director of Nursing), was contacted and it was reported to her that a CNA witnessed LPN, #91, strike a resident in the face. Witness statement obtained from CNA #92, reported that while staff were attempting to provide care to the resident, the resident became combative and kicked another CNA who fell to the floor and had to be sent to the ER (emergency room) via ambulance. During the incident, the LPN attempted to give the resident water. The resident spit at the LPN and the LPN subsequently struck the resident in the face. The LPN admitted to striking the resident during her interview. (Typed as written.) The Director of Nursing Services and the Director of Social Services entered the building to obtain statements and a report was made to OHFLAC (Office of Health Facility Licensure and Certification), APS (Adult Protective Services) ,Ombudsman and WV State Police (Incident #23-230449). The LPN was suspended pending investigation. (Typed as written.) A report was made to the [NAME] Virginia LPN board by the Director of Nursing on November 10, 2023. (Typed as written.) Skin check was performed on the resident following incident by the Director of Nursing, with no injuries observed. Skin checks were performed on November 11, 2023, by RN, on all non interviewable residents with no indicators of abuse found. (Typed as written.) Interviewable residents were interviewed by the Recreation Director on November 11, 2023, asking if they were ever subjected to any form of abuse or witnessed any form of abuse, with none reported. (Typed as written.) Re-education, with a post test, has been initiated with all employees regarding the process of reporting abuse as well as how to deal with a combative resident who is refusing care. (Typed as written.) Medical Director ordered labs and a UA (urinalysis) on resident on November 10, 2023. (Typed as written.) Based on the above, the allegation of abuse is substantiated. The LPN's employment is being terminated with the (Name of the facility) effective immediately. (Typed as written.) A review of the facility policy, entitled Abuse Prohibition, was completed on 07/26/24. The Federal Definition of physical abuse includes hitting, slapping, pinching, kicking, etc., as well as controlling behavior through corporal punishment. (Typed as written.) The surveyor interviewed various staff members on 07/26/24 at 10:00 AM from nursing and housekeeping regarding education on abuse. They knew the definitions of abuse and when to report. They also indicated they knew what to do if they became frustrated with a resident. This education was done to prevent other instances of physical abuse from staff to residents. The State agency determined these failures placed the residents in an immediate jeopardy (IJ) situation for past non-compliance due to the potential of serious injury and/or death as a result of documented physical abuse by staff to a resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	The State agency notified the Nursing Home Administrator of the immediate jeopardy at 2:17 PM on 07/25/24. The State agency verified the facility had completed their in-house plan on 12/09/23, which was verified by conducting staff interviews and providing education regarding abuse, on 07/26/24 at 10:00 AM. b) Resident #23 According to a facility reported incident, on 04/07/24, it was alleged by Nurse Aide (NA) #62 that NA #94 left Resident #23 and his bed soiled with vomit, feces, and urine. NA #62 stated she noticed Resident #23 had vomit on his pants, dried feces on his legs, and his bed was soiled with urine and feces. According to NA #62, NA #94 stated Resident #23 had thrown up and had vomit on his shirt and he had not changed the resident. An interview was conducted with Licensed Practical Nurse (LPN) #68, the nurse assigned to Resident #23 that night. LPN #68 confirmed Resident #23 was heavily soiled and had not been changed. According to a statement from NA #94, he did not change Resident #23 because he was attempting to use common sense by not waking up the resident due to the possibility of him becoming combative while receiving care. The facility substantiated the allegation of abuse and terminated NA #94 on 04/12/2024. NA #94 did not return to work after being suspended pending investigation. They did not have evidence of any education to the other staff or any other actions/plans to prevent recurrence of a situation like this. 49467 50795

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 45173 Based on record review and staff interview, the facility failed to notify the State ombudsman of a discharge for Resident #71. This was true for one (1) of two (2) residents reviewed under the care area of discharges. Resident identifier: 71. Facility Census: 71. Findings Include: a) Resident #71 On 07/23/24 at 9:45 AM, a record review was completed for Resident #71. The review found the resident had been discharged to another facility on 05/09/24. However, the facility could not provide evidence of the notification of discharge was sent to the State ombudsman. On 07/23/24 at 1:00 PM, the Administrator was notified and stated, We do not have the notification to the Ombudsman regarding the discharge.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45173 Based on record review and staff interview, the facility failed to complete an accurate Minimum Data Set (MDS) regarding the discharge destination for Resident #71 and #72. This was true for two (2) of two (2) residents reviewed under the care area of discharges. Resident identifiers: #71 and #72. Facility Census: 71. Findings included: a) Resident #71 On 07/23/24 at 12:29 PM, a record review was completed for Resident #71. The review found the resident was discharged on [DATE] to another long-term facility. The MDS dated [DATE] listed the discharge destination of home. On 07/23/24 at 1:00 PM, the Administrator was notified and confirmed the MDS was incorrect. The Administrator stated, The resident did go to another facility .not home. b) Resident #72 On 07/23/24 at 1:10 PM, a record review was completed for Resident #72. The review found the resident was discharged on [DATE] to home. The MDS dated [DATE] listed the discharge destination as short-term general hospital. On 07/23/24 at 2:47 PM, the Administrator was notified and confirmed the discharge destination was incorrect on the MDS.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45173 Based on record review and staff interview the facility failed to develop and/or implement care plans related to Dementia, Anxiety, Dialysis and showers. This failed practice was found true for seven (7) of 34 residents reviewed for care plan accuracy and implementation during the Long-Term Care Survey Process. Resident identifiers: #54, #22, #65, #51, #61, #9 and #71. Facility Census 71. Findings included: a) Resident #54 A record review on 07/23/24 at 12:30PM, of Resident #54's medial record revealed a diagnosis of Dementia with an onset date of 10/04/23. Further record review showed no diagnosis of Dementia within the care plan. During an interview on 07/24/23 at 1:30PM, The Director of Nursing (DON), confirmed the diagnosis of Dementia was not in Resident #54's care plan. b) Resident #61 On 07/24/24 at 9:00 AM, a record review was completed of Resident #61's medical record. The review found the care plan had not been developed regarding the diagnosis of anxiety disorder. The resident was seen on two (2) occasions, listed as psychological telemedicine visits, dated 07/12/24 and 07/25/24 for Major Depressive Disorder and Generalized Anxiety Disorder as diagnoses. On 07/24/24 9:46 AM, an interview was held with Resident #61. The resident stated, I am feeling good .I do have problems with anxiety at times but if I have a problem I will talk to the nurse. On 07/24/24 at 1:23 PM, the Administrator was notified and confirmed the care plan was not developed for the diagnosis of anxiety. c) Resident #71 On 07/23/24 at 11:44 AM, a record review was completed for Resident #71. The review found the care plan had not been developed regarding the focus areas of activities of daily living (ADLs), suspected/actual infection, and risk for skin breakdown. Multiple blanks were noted under each focus area. On 07/23/24 at 1:00 PM, the Administrator was notified and confirmed the care plan had not been developed for the focus areas of ADLs, suspected/actual infection, and risk for skin breakdown. d) Resident #51 On 07/24/24 at 1:28 PM, a record review of Resident #51's medical record revealed Resident #51 was admitted on [DATE] and has only received 1 shower. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 07/24/24 at 1:36 PM, Resident #51 stated they don't give much showers here even if I ask. A further review of Resident #51's medical record found the following care plan intervention related to the residents Activities of Daily Living focus, Shower/bed bath scheduled per my preference. Monitor and document refusals. During an interview with the Administrator on 7/25/24 at 11:00 AM she stated they have identified some issues with showers and are currently working getting those issues resolved. e) Resident #65 On 07/22/24 at 3:36 PM Resident #65 stated I don't get showers when I want one, it's been weeks since I have had a shower. On 07/24/24 at 1:41 PM, A record review revealed Resident #65 has had two (2) showers and 13 bed baths from 04/01/24 through 06/31/24. Further review of Resident #65's care plan found it was void of any interventions related to how many times Resident #65 perferred to be showered. During an interview with the Administrator on 7/25/24 at 11:00 AM she stated they have identified some issues with showers and are currently working getting those issues resolved. f) Resident #22 On 07/22/24 at 02:07 PM Resident #22 stated I have not had a shower in two weeks. On 07/24/24 at 12:03 PM a Record review revealed Residen t#22 has had one (1) shower in the past month from 06/24/24 till 07/24/24. The one (1) shower was on 07/03/24. Further record review on 07/24/24 revealed Resident#22 had received four (4) showers from 04/01/24 through 06/31/24 and only seven (7) bed baths in that time frame. On 07/24/24 at 1:20 PM further review of care plan revealed Resident # 22 is care planned for getting showers per preference and requires extensive assistance with showers/bathing. During an interview with the Administrator on 7/25/24 at 11:00 AM she stated they had identified some issues with showers and were currently working on getting those issues resolved. g) Resident #9 A review of Resident #9's care plan found the following care plan intervention: Do Not take B/P (blood pressure) in my left arm due to anterior [NAME] (AV). Record review of weights/Vital summary revealed between 08/02/23 through 06/25/24, it is documented that resident #9 had a BP taken in the left arm on 17 different occasions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 07/25/24 at 11:30 AM, The Director of nursing (DON) stated, The orders and care plan should have been followed to not take a B/P in the left arm. 49465 49751

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
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. 49465 Based on record review and staff interview the facility failed to ensure Resident #9's care plan was revised when the status of her pressure ulcer changed. This was true for one (1) of 34 sampled residents reviewed during the long term care survey process. Resident Identifier: #42. Facility Census: 71. Findings Include: a) Resident #42 A record review on 07/23/23 at 9:48 AM revealed an order for Resident #42 which read as follows: Cleanse Stage IV to right heel with wound cleanser and pat dry. Apply Calc alginate and cover with opti-foam heel protection every day. Every day shift. Further record review showed a care plan for a Pressure Ulcer to the right heel staged as a stage 2 (two) pressure ulcer. The skin and wound evaluation effective 07/22/24 has the Pressure Ulcer to the right heal as an unstageable pressure ulcer. During an interview on 07/26/24 at 10:00 AM, The Director of Nursing (DON) stated, Yes we have been having problems with this, Now, we have someone is looking at them and working on getting them all revised. 49751

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0677 Level of Harm - Actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49465 Based on resident and staff interview and record review, the facility failed to provide showers and/or bed baths in accordance with the residents' preference and/or plan of care. Residents stated the staff preferred to give them bed/sponge baths, rather than a shower, because it is less work. This was true for three (3) of six (6) residents reviewed for the care area of choices and for five (5) of seven (7) residents reviewed for the care area of Activities of Daily Living (ADL) during the long-term care survey process. For Resident #42 the facility failed to provide a timely transfer from her chair to her bed causing the resident to become agitated and cry out for a period of 30 minutes. This resulted in actual psychosocial harm for Resident #42. Resident # 42 was a random opportunity for discovery. Resident Identifiers: #48, #40, #3, #51, #65, #22, #60, #63 and #42. Facility census: 71. Findings Include: a) Resident #42 During a night observation on 07/23/24 at 11:22 PM, Resident #42 was crying and saying over and over, Oh, God help me. Resident #42 would not talk to or acknowledge the surveyor. During an interview on 07/23/24 at 11:29 PM, Licensed Practical Nurse (LPN) #48 stated, She gets upset because she doesn't like to wait. She is a lift. I have to wait on someone to help me. Further observation at 11:32 PM, Resident #42 continued to cry out, Oh, God help me. (2) two nurses were sitting at the nurses' station. The surveyor again went into Resident #42's room. Resident #42 would not talk to the surveyor. Continued observation at 11:35 PM showed (2) nurses continuing to sit at the nurses' station. During an interview on 07/23/24 at 11:41 PM, LPN #48 stated, She is like that a lot. She wants to be up all the time. If she doesn't get attended to in a timely manner she gets upset. Unfortunately, the other Certified Nursing Assistant (CNA) is talking to the surveyor and those (2) nurses are doing an admission. An observation on 07/23/24 at 11:46 PM, found Resident #42 was continuing to cry out. A final observation at 11:52 PM showed LPN #48 and CNA #39 going into the resident room with the mechanical lift. b) Resident #48 During an interview with Resident #48 on 07/23/24 at 2:38 PM, he stated, the facility did not honor his request for showers. He stated he was scheduled for a shower two times a week, on Tuesday and Friday. He further stated he had not had a shower for over thirty (30) days. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0677 Level of Harm - Actual harm Residents Affected - Few	A review of the resident's minimum data set (MDS) dated [DATE] at 3:20 PM, revealed under MDS Section F0400 for daily preferences, resident had responded to the question: How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? His response was - Somewhat important Further review of resident's MDS dated [DATE] at 10:37 AM revealed, he had responded to the question: How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? His response was - Very Important Record review of Resident #48's shower logs revealed the following: For the month of January 2024, the resident received 13 bed/sponge baths, and no showers. For the month of February 2024, the resident received 14 bed/sponge baths, and no showers For the month of April 2024, the resident received two (2) bed/sponge baths, and one (1) shower. It was also noted, one bed/sponge bath was given on 04/03/24 and the next bed/sponge bath was given two (2) weeks later, on 04/17/24. For the month of May 2024, the resident received 13 bed/sponge baths, and no showers. One bed/sponge bath was given on 05/16/24, and the next was given seven (7) days later, on 05/23/24. For the month of June 2024, the resident received five (5) bed/sponge baths, and two (2) showers. One shower was given on 06/07/24, and the next bed/sponge bath was given six (6) days later, on 06/13/24. Another bed/sponge bath was given on 06/17/24, and the next bed/sponge bath was given six (6) days later, on 06/23/24. The bed/sponge bath on 06/23/24 was the last bed/sponge bath given for the month of June 2024. The next bed/sponge bath was given 12 days later, on 07/05/24. A total of seven (7) bed/sponge were given as of 07/24/24. c) Resident #40 An interview with Resident #40 on 07/23/24 at 2:55 PM, revealed the facility did not honor his request for showers. He stated he was scheduled for a shower two times a week, on Monday and Thursday. He further stated he had not had a shower for over thirty (30) days. A review of the resident's MDS dated [DATE] at 10:58 AM, revealed under MDS Section F0400 for daily preferences the resident had had responded to the question: How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? Resident's response was - Not very important (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0677 Level of Harm - Actual harm Residents Affected - Few	Further review of resident's MDS dated [DATE] at 4:10 PM revealed, he had responded to the question: How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? Resident's response was - Somewhat Important Record review of Resident #40's shower logs revealed the following: For the month of January 2024, the resident received eight (8) bed/sponge baths, and no showers. The resident received one bed/sponge bath on 01/04/24 and the next bed/sponge bath 11 days later, on 01/15/24. It was further noted his next bed/sponge bath was seven (7) days later on 1/22/24. For the month of February 2024, the resident received eight (8) bed/sponge baths, and no showers. One bed /sponge bath was given on 02/10/24, and the next bed/sponge bath was given 11 days later on 02/21/24. For the month of March 2024, the resident received seven (7) bed/sponge baths, and no showers. It was also noted the resident had received no bed/sponge baths, or showers, for eight (8) days, from 03/10/24 to 03/18/24. For the month of April 2024, the resident received four (4) bed/sponge baths, and no showers. A record review revealed the resident had received no bed/sponge baths or showers for fifteen (15) days, from 04/12/24 to 04/27/24. For the month of May 2024, the resident received two (2) bed/sponge baths, and no showers. The resident received no bed/sponge baths, or showers for 18 days, from 04/27/24 to 05/15/24. Further, the resident also did not receive bed/sponge baths, or showers for 12 days, from 05/19/24 to 05/31/24. For the month of June 2024, the resident received seven (7) bed/sponge baths, and one (1) shower. Further record review revealed the resident did not receive a bed/sponge bath, or shower for twelve (12) days, from 05/19/24 to 06/04/24, and for seven (7) days, from 06/13/24 to 06/20/24 For the month of July 2024, the resident received three (3) bed/sponge baths and no showers, as of 07/24/24. The resident received a bed/sponge bath on 07/08/24 and then received a bed/sponge bath ten days later, on 07/18/24. The resident also did not receive a bed/sponge bath, or shower for six (6) days, from 07/18/24 to 07/24/24. d) Resident #3 An interview with Resident #3 on 07/23/24 at 2:49 PM, revealed the facility did not honor his request for showers. He stated he is scheduled for a shower two times a week, on Wednesday and Saturday. He further stated, he had not had a shower for over thirty (30) days. A review of the resident's MDS dated [DATE], at 1:19 PM, revealed, under MDS Section F0400 daily preferences were not assessed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0677 Level of Harm - Actual harm Residents Affected - Few	Further review of the resident's MDS dated [DATE] at 4:10 PM revealed, he had responded to the question: How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? His response was - Very Important Record review of Resident #3's shower logs reveal: For the month of January 2024, the resident received three (3) bed/sponge baths, and no showers. For the month of February 2024, the resident received three (3) bed/sponge baths, and no showers. For the month of March 2024, the resident received three (3) bed/sponge baths, and one (1) shower. It was also noted the resident had received no bed/sponge baths, or showers for 17 days, from 2/29/24 to 3/18/24. For the month of April 2024, the resident received one (1) bed/sponge baths, and no showers. A record review revealed the resident had received no bed/sponge baths or showers for 19 days, from 03/27/24 to 04/16/24. For the month of May 2024, the resident received one (1) shower. For the month of June 2024, the resident received four (4) bed/sponge baths, and one (1) shower. The resident's last shower in May was on 05/22/24, and his next shower was twenty (20) days later, on 06/11/24. For the month of July 2024, the resident received eight (8) bed/sponge baths and no showers, as of 07/24/24. e) Resident #51 On 07/24/24 at 1:28 PM a record review revealed, Resident #51 was admitted on [DATE] and has only received 1 shower. On 07/24/24 at 1:36 PMm during an interview Resident #51 stated they don't give much showers here even if I ask. Further review of the record on 07/24/24 revealed Resident #51 is care planned to have showers per preference. During an interview with the Administrator on 7/25/24 at 11:00 AM she states they have identified some issues with showers and are currently working on getting those issues resolved. f) Resident #65 On 07/22/24 at 3:36 PM, during an interview Resident #65 stated I don't get showers when I want one, it's been weeks since I have had a shower. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0677 Level of Harm - Actual harm Residents Affected - Few	On 07/24/24 at 1:41 PM, a record review revealed Resident #65 has had two (2) showers and 13 bed baths from 04/01/24 through 06/31/24. On 07/22/24 at 3:36 PM resident stated, I don't get showers when i want one, its been weeks since i have had a shower. During an interview with the Administrator on 7/25/24 at 11:00 AM she states they have identified some issues with showers and are currently working on getting those issues resolved. g) Resident #22 On 07/22/24 at 2:07 PM, during an interview Resident #22 stated I have not had a shower in two (2) weeks. On 07/24/24 at 12:03 PM, a record review revealed Resident #22 has had one (1) shower on 07/03/24 in the past month from 06/24/24 to 07/24/24. Further record review on 07/24/24 revealed Resident #22 had received four (4) showers from 04/01/24 through 06/31/24 and only seven (7) bed baths in this time frame. On 07/24/24 at 1:20 PM, a review of Resident #22's care plan revealed the following care plan intervention, showers per preference and requires extensive assistance with showers/bathing. During an interview with the Administrator on 7/25/24 at 11:00 AM she states they have identified some issues with showers and are currently working getting those issues resolved g) Resident #60 During the initial interview on 07/22/24 at 1:22 PM, Resident #60 stated, I don't get showers often. Heck, I would be happy with at least a bed bath once a week. I was in an actual shower probably over a month ago. I have asked for showers and they say they will get to me as soon as they can and then end up doing a bed bath or not a bath at all. A record review on 07/24/24 at 12:10 PM, revealed the following care plan: Focus: I need assistance with my ADL's due to my physical limitations and history of electrolyte imbalance and weakness Intervention: - Shower/bed bath scheduled per my preference. Monitor and document refusals. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0677 Level of Harm - Actual harm Residents Affected - Few	Further record review showed, Resident #60 is scheduled to have a shower on Wednesday's and Saturday's. Resident #60 received the following showers and/or bed baths from 05/02/24 to present: None noted for the month of May. No refusals noted from 05/02/24 to present. 06/11/24-Shower 06/19/24-Shower 06/22/24-Bed bath 06/23/24-Bed bath 06/25/24-Bed bath 06/26/24-Bed bath 06/27/24-Bed bath 06/29/24-Bed bath 06/30/24-Bed bath 07/04/24-Bed bath 07/11/24-Bed bath 07/18/24-Bed bath 07/21/21-Bed bath During an interview on 07/24/24 at 11:53 AM, The Director of Nursing (DON) stated, We have identified this problem and are working on it. She later confirmed, Resident #60 had not had a shower since 06/19/24, and had not been bathed according to schedule. h) Resident #63 During the initial interview on 07/22/24 at 1:46 PM, Resident #63 stated, The most recent shower I have had I believe was the fourth of July. They haven't offered. Well now that I think about it, I think the fourth of July was a bed bath. I have not had a shower since I have been in this room for about a month and a half. A record review on 07/24/24 at 12:10 PM, revealed the following care plan: Focus: Resident/Patient is at risk for decreased (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0677 Level of Harm - Actual harm Residents Affected - Few	ability to perform ADL(s) in bathing, grooming, personal hygiene, dressing, bed mobility, transfer, locomotion, toileting related to: left AKA with complications of, history of cerebral infarction, spina bifida Intervention: -Provide resident/patient with substantial/maximal assist of staff for bathing. He refuses at times. Further record review showed that Resident #63 is scheduled to have a shower on Wednesday's and Saturday's. Resident #63 received the following showers and/ or bed bath from 05/02/24 to present: No refusals are noted. 05/07/24-Shower 05/19/24-Bed bath 05/20/24-Bed bath 06/12/24-Bed bath 06/23/24-Bed bath 06/25/24-Bed bath 06/26/24-Bed bath 06/27/24-Bed bath 07/04/24-Bed bath 07/06/24-Bed bath 07/11/24-Bed bath 07/16/24-Bed bath 07/21/24-Bed bath (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0677 Level of Harm - Actual harm Residents Affected - Few	During an interview on 07/24/24 at 11:53 AM, The Director of Nursing (DON) stated, We have identified this problem and are working on it. She later confirmed that Resident #60 had not had a shower since 06/19/24 and had not been bathed according to schedule. 49751 50795

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. 49465 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 and failed to provide scheduled one-to-one visits for residents. This failed practice was found true for (1) one of (6) six residents reviewed for activities during the Long-Term Care Survey Process. Resident identifiers #27. Facility Census 71. Findings include: a) Resident #27 During the initial observation on 07/22/24 at 1:30 PM, Resident #27 was sitting in the Television Lounge in front of the TV. Further observation at 3:45PM, showed Resident #27 sitting in the Television Lounge in front of the TV. Further observation at 5:40PM , showed Resident #27 sitting in the Television Lounge in front of the TV. A record review on 07/24/24 at 1:00 PM of Resident #27's Activity care plan read as follows: Focus: While in the facility, I state that it is important that I have the opportunity to engage in daily routines that are meaningful relative to my preferences. GOAL: I receive one-to-one visits three times/week as tolerated through the next review. INTERVENTIONS: During one-to-one visits staff reads to her and provides hand massages. I am of the Protestant religion. Please offer me bible readings during one-to-one (continued on next page)

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 07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	visits. I receive visits from family and friends every few months. This is very important to me. It is important for me to choose what clothing to wear. It is important for you to know which of my personal belongings I prefer to take care of myself. It is important for me to choose a shower. I like to snack between meals and prefer ice cream. It is important for me to choose my bedtime and I prefer to go to bed between 7- 9pm. Further record review of Resident #27's Recreation Quarterly Progress Note and Care Plan Evaluation, under 2c. List Individual engagement opportunities reads as follows: 1:1, Sensory, morning visits. Further record review of Resident #27's activity participation record for the months of 05/2024, 06/2024, and 07/2024 read as follows: 05/01/24 to 05/07/24- Two one-to-one visits were completed. No group activity. 05/08/24 to 05/15/24- Three one-to-one visits were completed. No group activity. 05/16/24 to 05/22/24- Two one-to-one visits were completed. No group activity. 05/23/24 to 05/31/24- Three one-to-one visits were completed. No group activity. 06/01/24 to 06/07/24- No one-to-one visits were completed. No group activity. 06/08/24 to 06/15/24- No one-to-one visits were completed. No group activity. 06/16/24 to 06/22/24- Two one-to-one visits were completed. No group activity. 06/23/24 to 06/30/24- One, one to one visit was completed. No group activity. 07/01/24 to 07/07/24- One, one-to-one visit was completed. No group activity. 07/08/24 to 07/15/24- One, one-to-one visit was completed. No group activity. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	07/16/24 to 07/22/24- Five one-to-one visits were completed. No group activity. 07/26/24 at 12:31 PM, The Activity Director (AD), confirmed the one-to-one visits were not being done as scheduled.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49467 Based on observation, record review, and resident and staff interviews, the facility failed to provide services and/or treatment to Resident #64 to prevent reduction in range of motion. This was true for one (1) of four (4) residents reviewed for limited range of motion during the survey process. Resident identifier: 64. Facility census: 71. Findings include: A) Resident #64 At approximately 9:16 AM on 07/23/24, an interview was conducted with Resident #64. During the interview, it was noted the resident seemed to have contractures in both knees, with his left knee being worse than the right. During the interview, Resident #64 states I don't remember much about when I came in, so I don't really remember when my knees got this way, I know they weren't like this when I came in, but I just don't remember when they got this way. Resident #64 stated no staff member helped him work on range of motion during times when care is being provided. At approximately 10:30 AM on 07/23/24, during a review of Resident #64's medical record, it was noted that the Minimum Data Set (MDS), dated [DATE] indicated Resident #64's range of motion in his lower extremities was within normal limits. Review of physical therapy evaluation and notes (dates of service 03/21/24-04/05/2024) and occupational therapy evaluation and notes (dates of service 03/22/24-04/08/24) indicated Resident #64's range of motion in lower extremities was within normal limits. A review of the MDS for Resident #64 dated 06/26/24 indicated the resident has impairment on both lower extremities. At approximately 12:40 PM on 07/23/24, an interview was conducted with Nurse Aide (NA) #58. During the interview, NA #58 states We don't have time to finish assignments with residents due to not having enough staff. We just don't have enough time with them and aren't able to do the things we should be doing, like working on range of motion with them while we are providing care. NA #58 stated the facility used to have restorative aides which would work with residents on such things, but the restorative aide position was removed from the building due to the facility not having enough staff to provide care. At approximately 1:00 PM on 07/23/24, an interview was conducted with Registered Nurse (RN) #21, RN #20, and RN #31. During the interview, RN #21 stated staffing had not been an issue for nurses, but it had been a serious problem with the aides, knowing the aides were struggling getting assignments completed due to being short staffed, and not having enough time to spend with the residents. RN #31 stated the facility used to have a restorative program and has not used it in quite some time because they don't have enough staff. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	At approximately 11:30 PM on 07/23/24, an interview was conducted with NA #39, who stated the aides are not able to work with residents like we should due to not having enough staff in the facility and not being able to spend the time we need to spend with the residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 42120 Based on observation, policy review, and staff interview the facility failed to ensure the resident environment over which it had control was as free from accident hazards as possible. This was a random opportunity for discovery and had the potential to affect more than a limited number of residents currently residing at the facility. Facility Census: 71. Findings Include: a) Treatment Cart On 07/22/24 at 12:50 PM, an observation found an unlocked, unattended treatment cart in the resident tv room. The cart was in a place which was easily accessible allowing access to these medication/treatment supplies by residents, unauthorized persons, or visitors. On 07/22/24 at 1:42 PM, during an interview with Registered Nurse (RN) #21, it was confirmand the Treatment cart was unlocked. RN #21 verified the treatment cart should not be unlocked when unattended. She closed and locked the cart at this time. b) Resident #57 An observation on 07/22/24 at 1:23 PM found nystatin powder generic myconustatin 60 gm, at Resident #57's bed side, unsecured and unattended and allowing access to this medication by residents, unauthorized staff, or visitors. During an interview on 07/22/24 at 1:28 PM, RN #21 confirmed, the nystatin powder generic myconustatin 60 gm, at Resident #57's bed side should not be left out in the room. RN #21 removed the nystatin powder at this time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0698 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. 49751 Based on record review, observation and staff interview the facility failed to ensure Resident #9 who requires dialysis received such services, in accordance with professional standards of practice. Resident #9 had an arteriovenous (AV) fistula in their left arm. The facility on multiple occurrences documented they were obtaining the residents blood pressure in their left arm. Obtaining blood pressure in the arm where the AV fistula is located may result in clots, clots that can dislodge, loss of use of the fistula and could cause a stroke. All of these things put the resident in an immediate risk of serious injury and/or death. The state agency (SA) determined this failure to be an immediate jeopardy (IJ) situation. The facility was notified of the IJ on 07/25/24 at 11:09 am. The SA accepted the facility's plan of correction (POC) on 07/25/24 at 1:15 PM. After observation of implementation of the POC the IJ was abated at 3:30 PM on 07/26/24. After the immediacy was removed a deficient practice remained for Resident #9 in regard to the completion of Post dialysis assessments at which time the Scope and severity was decreased form a K to an E. These failed practices were true for one (1) of one (1) residents reviewed for the care area of dialysis during the long term care survey process. Resident Identifier: #9. Facility Census: #71. Findings include: a) Resident #9 A review of Resident #9's medical record on 07/25/24 at approximately 10:00 am found the following physician order: A review of Resident #9's electronic medical record on 07/25/24 found under the blood pressure vital signs tab the following dates and times when facility staff documented they had taken Resident #9's blood pressure in his left arm: -- 12/16/23 at 2:25 PM -- 12/18/23 at 11:53 AM -- 01/10/24 at 9:30 AM -- 05/14/24 at :48 PM -- 05/26/24 at 2:41 AM -- 05/28/24 at 6:36 PM -- 05/29/24 at 6:25 PM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0698 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-- 06/08/24 at 11:53 AM -- 06/09/24 at 5:40 PM -- 06/20/24 at 11:26 AM -- 06/21/24 at 1:27 PM -- 06/22/24 at 11:57 PM -- 06/23/24 at 10:42 PM and -- 06/25/24 11:50 PM. Continued record review on 07/25/24 found an order stating, Monitor AV fistula.graft site to left arm for S/S infection, edema, bleeding and upon return from dialysis, notify primary care physician and dialysis if AV fistula/graft site is bleeding apply pressure for 15 minutes and notify MD/Physician if bleeding does not stop. Record review of the Dialysis communication book revealed the facility was not completing POST dialysis assessments on Resident #9 after returning from dialysis. Record review of Residents # 9's care plan revealed the following: - Do not take B/P in my left arm due to my AV - Monitor for s/s of infection, edema, bleeding upon return from dialysis An observation on 07/25/24 at approximately 10:30 AM, revealed Resident #9 had no signage in room stating not to take BP in left arm Further observation of Resident #9 found his room and person was void of any signage and/or bracelet which would have brought awareness to the staff that Resident #9 had a restricted limb. During an interview on 07/25/24 with LPN #68, stated they take blood pressure in the opposite arm of the AV fistula, Record review had previously revealed LPN #68 had documented having taken blood pressure in Resident #9's left arm. On 07/25/24 at 11:30 AM, The Director of nursing (DON) stated, The orders and care plan should have been followed to not take a B/P in the left arm and complete the POST dialysis assessment in the resident's dialysis book. b) Facility plan of correction (typed as written): Resident #9 will be evaluated by the licensed nurse upon return to the facility. All dialysis residents have the potential to be affected. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0698 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	The Unit Managers/designee conducted an audit on 07/25/2024 for all residents on dialysis with specific B/P orders to be taken and POST dialysis assessment is completed upon return to the facility with any corrective action immediately upon discovery. The Order for B/P not to be taken in the Left arm on Resident #9 will be added to the Medication Administration Record in all Capital letters and will be added to the care plan and kardex in capital letters. The Director of Nursing(DON)/designee will reeducate all nursing staff with a posttest to validate understanding regarding hemodialysis graft, fistula care, communication, and documentation (as follows): Procedure: 1. Verify orders and instructions from hemodialysis facility or hospital, if patient is a new Admission. 2. Evaluate access site daily and on completion of hemodialysis (HD) or home hemodialysis (HHD) treatment. Observe for signs of complications. 2.1 Inspect fistula site for decrease or absence of vein dilation. 2.2 Palpate for distal thrill. 2.3 Auscultate for bruit. 2.4 Palpate skin around graft/fistula for warmth. 2.5 Evaluate skin around vascular access noting redness, swelling, local warmth, exudate, tenderness. 3. Observe for presence of fever, chills, hypotension and notify physician/advanced practice provider (APP) and hemodialysis facility staff for. 3.1 Pain, numbness, swelling, redness, odor, bleeding or drainage at site; 3.2 Extreme warmth or coolness of extremity; 3.3 Blebs (ballooning or bulging) of the vascular access site; 3.4 Absence of pulses distal to access site; 3.5 Absence of bruit or thrill. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0698 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	4. Protect access site from getting wet for several hours after HD or HHD treatment. 5. Avoid trauma or treatment procedures in the accessed extremity, such as: 5.1 Limit activity of extremity, 5.2 Blood pressure measurement, 5.3 Venipuncture, injection of any type, 5.4 Use of creams or lotions on the access site. 6. Instruct patient: 6.1 To avoid excessive pressure on the extremity or strain (e.g., laying on it or lifting heavy object with it). 6.2 In strengthening exercises to enhance blood flow such as squeezing small rubber ball, if permitted by physician/APP and dialysis facility. 6.3 In proper care of fistula/graft. 7. Document: 7.1 Location of access site on admission assessment; 7.2 Status of access site in Nurses' 7.3 Status of pulses distal to access area; 7.4 Color and temperature of extremity; 7.5 Presence or absence of pain or numbness; 7.6 Status of bruit and thrill; 7.7 Notification and response of physician/APP and dialysis facility, if indicated; 7.8 Patient education and family involvement; 7.9 Nursing intervention. Policy: Center staff will communicate with the certified dialysis facility regarding the ongoing assessment of the patient's condition by monitoring for complications before (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0698 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	and after hemodialysis (HD) treatments received at a certified dialysis facility. PURPOSE: To ensure ongoing communication and collaboration with the certified dialysis facility regarding hemodialysis (HD) patient care and services. 1. Prior to a patient leaving the Center for HD, a licensed nurse will complete the top portion of the Hemodialysis Communication Record, or the state required form and send with the patient to his/her HD facility visit. 2. Following completion of the HD, the dialysis facility nurse should complete and return the form and return it or other communication to the Center with the patient. 3. Upon return of the patient to the Center, a licensed nurse will: 3.1 Review the certified dialysis facility communication; 3.2 Evaluate/observe the patient; and 3.3 Complete the post-hemodialysis treatment section on the Hemodialysis Communication Record or state required form. 4. Notify the certified dialysis facility if the form is not returned with the patient and ask that it be faxed to the Center. 4.1 Document notification of certified dialysis facility regarding return of form or other Communication. 5. Maintain the Hemodialysis Communication Record or state required form in the patient's medical record. Any licensed nurses not available during this time frame will be provided re-education, including post-test and return demonstration by DON/designee prior to the beginning of the next shift to work. New Licensed nurses will be provided education, including post-test during orientation by the DON/designee. Annual in-servicing will be provided to licensed nurses regarding medication administration. The DON/designee will complete medication pass competencies quarterly x 2 quarters to ensure physician orders are followed including ensuring B/P ' s are not taken in (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0698 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	restricted arm. The Unit Managers (UM)/Designee will conduct observations starting on 7/25/2024 to ensure all licensed nurses are taking B/P and the licensed nurse is completing the dialysis communication sheets POST dialysis daily across all shifts for 2 weeks including weekends and holidays, then 5 times a week for 4 weeks, then 3 times a week for 4 weeks, then randomly thereafter. Results of observations will be reported by the Unit Manager (UM)/designee monthly to the Quality Improvement Committee (QIC) for any additional follow-up and or in-servicing until the issue is resolved, then randomly thereafter as determined by the QIC committee.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49467 Based on observation, record review, and resident and staff interview, the facility failed to have sufficient staff to provide care for residents at the facility. This has the potential to affect all residents currently residing at the facility. Resident identifier: #64. Facility census: 71. Findings include: A) Resident #64 At approximately 9:16 AM on 07/23/24, an interview was conducted with Resident #64. During the interview, it was noted the resident seemed to have contractures in both knees, with his left knee being worse than the right. During the interview, Resident #64 states, I don't remember much about when I came in, so I don't really remember when my knees got this way, I know they weren't like this when I came in, but I just don't remember when they got this way. Resident #64 stated no staff member helped him work on range of motion during times when care is being provided. At approximately 10:30 AM on 07/23/24 during a review of Resident #64's medical record, it was noted that the Minimum Data Set (MDS), dated [DATE] indicated Resident #64's range of motion in his lower extremities was within normal limits. Review of physical therapy evaluation and notes (dates of service 03/21/24-04/05/24) and occupational therapy evaluation and notes (dates of service 03/22/24-04/08/24) indicated Resident #64's range of motion in lower extremities were within normal limits. A review of the MDS for Resident #64 dated 06/26/24 indicates the resident has impairment on both lower extremities. At approximately 12:40 PM on 07/23/24, an interview was conducted with Nurse Aide (NA) #58. During the interview, NA #58 states We don't have time to finish assignments with residents due to not having enough staff. We just don't have enough time with them and aren't able to do the things we should be doing, like working on range of motion with them while we are providing care. NA #58 stated the facility used to have restorative aides that would work with residents on such things, but the restorative aide position was removed from the building due to the facility not having enough staff to provide care. At approximately 1:00 PM on 07/23/24, an interview was conducted with Registered Nurse (RN) #21, RN #20, and RN #31. During the interview, RN #21 stated staffing had not been an issue for nurses, but it had been a serious problem with the aides, knowing the aides were struggling getting assignments completed due to being short staffed, and not having enough time to spend with the residents. RN #31 stated the facility used to have a restorative program and has not used it in quite some time because they don't have enough staff. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	At approximately 11:30 PM on 07/23/24, an interview was conducted with NA #39, who stated the aides are not able to work with residents like we should due to not having enough staff in the facility and not being able to spend the time we need to spend with the residents. b) Staff interviews At approximately 12:40 PM on 07/23/24, an interview was conducted with NA #58. NA #58 stated the facility runs 4 aides during day shift pretty regularly. Very rarely do we have more than that. NA #58 stated weekends are worse than weekdays, although not every weekend has staffing issues. NA #58 stated they were asked to stay late almost all the time due to staffing issues at the facility. NA #58 states, I feel like I have to rush through providing care because we don't have enough staff, and the residents suffer because of it. At approximately 1:00 PM on 07/23/24, an interview was conducted with RN #21, RN #20, and RN #31. During the interview, all three stated they were aware the staffing situation with the Nurse Aides was not good, as they were asked to pick up shifts as an aide regularly because they don't have enough. RN #21 stated I know they have asked for agency multiple times to get help with the situation, but they won't bring them in here. At approximately 11:30 PM on 07/23/24, an interview was conducted with NA #39. During the interview, NA #39 stated, Very rarely do we have time to care for the residents the way we should because we don't have enough staff. When we come in we come bed strips, overflowing trash, trays left in the rooms, trash in the floor. People hanging their feet off the side of the bed because the last shift didn't do their rounds or didn't have time to do their rounds. NA #39 states, We bring staffing concerns to management all the time, but they turn it around on us and make it out to be our fault, saying we call in too much. We have asked for agency, and we don't get it. People here don't get showers on day shift or evening shift because no one has time to do them. NA #39 stated, I get three (3) to four (4) days off every week and every single one of those days I get a call from this place asking me to come in and work on my days off because we don't have enough people. When I am scheduled to work, I am constantly asked to come in early and stay late because of the staffing. At approximately 11:45 AM on 07/25/24 an interview was conducted with the Administrator regarding staffing levels at the facility. The administrator stated the facility needs to have five (5) aides, at least, during day shift, but averages four (4) most days.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. 49467 Based on record review and staff interview, the facility failed to conduct yearly performance evaluations for each Nurse Aide. This was true for three (3) out of five (5) Nurse Aides reviewed during the survey process. Staff identifiers: NA #34, NA #63, NA# 61. Facility census: 71. Findings included: A) Record review At approximately 2:45 PM on 07/23/24 a review of yearly performance evaluations and educations were conducted for randomly selected Nurse Aides (NA). During review, it was discovered the facility was missing yearly performance evaluations for NA #34, NA #63, and NA #61. B) Staff interviews At approximately 3:30 PM on 07/23/24 an interview was conducted with the Administrator. During the interview, the administrator confirmed the absence of performance evaluations for the three (3) NAs. The administrator stated We knew there were some missing and we are aware of it. We are trying to get caught up on them.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 49465 Based on record review and staff interview the facility failed to do behavior and side effect monitoring for psychotropic medications. This failed practice was found true for (1) one of (5) five residents reviewed for unnecessary medications during the Long-Term Care Survey Process. Resident identifier: #54. Facility Census 71. Findings include: a) Resident #54 Record review, on 07/24/24 at 4:00 PM, of Resident #54's orders revealed Resident #54 was ordered Lorazepam Oral Tablet 0.5 Milligrams (MG) on 12/22/23. It further read, (1) one tablet by mouth at bedtime for Anxiety. Monitor for Sedation, morning hangover, ataxia, nausea and report side effects to physician. Further record review of Resident #54's Medication Administration Record (MAR) for behavior and side effect monitoring showed no monitoring for 12/2023, 01/2024, 02/2024, 03/2024, 04/2024, and 05/2024. During an interview on 07/25/24 at 10:00 AM, The Director of Nursing (DON) stated, We did identify a problem and are now working on it. She later confirmed the behavior and side effect monitoring was not being done.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure that residents are free from significant medication errors. 49751 Based on resident interview and record review the facility failed to ensure Resident #65 was free from significant medication errors. Resident #65 was administered an injection of 25 units of insulin on 04/19/24 when the resident was not ordered any insulin nor was he a diabetic. Giving a resident an insulin injection when they are not ordered the medication, nor a diabetic can cause serious consequences including serious harm and or death. The state agency (SA) determined this to be an Immediate Jeopardy (IJ) situation. The facility was notified of the IJ on 07/22/24 at 6:49 PM. The SA accepted the facility's Plan of Correction (POC) on 07/22/24 at 7:40 PM. After completing observations, record reviews, and staff interviews regarding the implementation of the POC the IJ was abated at 07/23/24 at 2:30 pm. This failed practice was a random discovery and was true for Resident #65, but due to the systemic failures the failed practice had the potential to affect more than a limited number of residents. Resident identifier: 65. Facility Census: 71. Findings include: a) Resident #65 During an interview on 07/22/24 at approximately 3:45 PM, Resident #65 stated back in April 2024 a male nurse who he was unable to recall their name gave him an insulin shot and he was not a diabetic. The resident continued to state, the nurse did not verify who they were giving the insulin shot to. Record review revealed a progress note dated 04/19/24 which read as follows: Resident was administered with 25 units of Lantus at 9pm by error. Residents had a room change from this shift from 401A to 107. Resident BS before the insulin was administered was 135. Resident was notified and he was upset because he was given the wrong medication. He said he never took any medications till he was admitted to the facility. On- call Dr called and initial orders were given to monitor resident BS Q for 15 minutes. Resident refused to have his blood sugar checked. At 10:30 after speaking to his wife he allowed a BS check and it was 118. On- Call (Dr Name) was notified and gave orders to check Blood Sugar (BS) at 5AM and Q shift for tomorrow. The facility was unable to provide any documentation to prove they investigated and or implemented any process to ensure this failure never occurred again. Further record review revealed the following change in condition Situation: At the time of evaluation resident/patient vital signs, weight and blood sugar were: - Blood Pressure: BP 112/75 - 4/19/2024 21:08 Position: Lying l/arm - Pulse: P 78 - 4/19/2024 21:08 Pulse Type: Regular (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	- RR (respirations): R 18 - 4/19/2024 21:10 - Temp (Temperature): T 97.7 - 4/19/2024 21:10 Route: Forehead (non-contact) - Weight: W 198.6 lb. - 4/10/2024 08:23 Scale: Wheelchair - Pulse Oximetry: O2 97.0 % - 4/18/2024 22:59 Method: Room Air - Blood Glucose: BS 118 - 4/19/2024 22:30 Nursing observations, evaluation, and recommendations were :No changes noted to resident at this time, will continue to monitor for changes. Primary Care Provider Feedback: Primary Care Provider responded with the following feedback: Recheck Blood Sugar at 5:00 AM and every shift tomorrow. Continue to monitor all shifts. During an interview with LPN#66 the LPN at approximately 4:30 PM stated, they had gotten report on a different resident and when he went to give the meds he didn't verify because he didn't know the residents had switched rooms. An interview on 07/22/24 at approximately 6:00 PM with the facility Administrator revealed at the time of the error a one-to-one education/competency was completed with LPN#66 on 06/19/24, the error occurred on 04/19/24, at this time the DON stated LPN#66 is not full time and works part time or as needed. b) Facility Plan of Correction The facilities Plan of Correction (POC) read as follows. The licensed nurse conducted a change in condition on 04/19/24 with notification to the medical provider for Resident#65. All residents of the facility have the potential to be affected. The Nurse Educator conducted an audit on 07/22/2024 of all licensed nurse's medication administration competencies to ensure all licensed nurses are competent with medication administration within the last 12 months with any corrective action immediately upon discovery. The Administrator/Designee conducted an audit on 07/22/2024 for all residents to ensure they had a photo identification on the eMar with any corrective action immediately upon discovery. No residents were identified. Re-education as provided by the DON/Designee to all licensed nurses starting on 7/22/24 on safe medication administration practices including verification of correct: Patient, drug, route, dose, time, special considerations, and expiration date with a POST test to validate understanding. Any licensed nurse not available during this time frame will be provided re-education, including post-test and return demonstration by DON/Designee prior to the beginning of the next shift to work. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0760 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	New licensed nurses will be provided education, including post-test during orientation by DON/Designee. Annual in-servicing will be provided to licensed nurses regarding medication administration. The unit managers(UM)/Designee will conduct observations starting on 7/22/24 to ensure all licensed nurses are passing medications with verification of right person, drug, route, dose, time, special considerations, and expiration dates across all shifts for two weeks, including holidays, then five times a week for four weeks, then three times a week for four weeks, then randomly thereafter. Results of observations will be reported by the UM/designee monthly to the Quality Improvement Committee(QIC) for any additional follow-up and or in-servicing until the issue is resolved, then randomly thereafter determined by the QIC committee. A review of the facility POST test was reviewed on 07/23/24 at 11:00 AM: The following Licenses nurses were interviewed and confirmed they had got the training and took the posttest and understood what was being educated to them. ~Registered Nurse(RN)#31 ~RN#20 ~RN#13 ~RN#21 ~LPN#35 ~LPN#48 ~LPN#50 ~LPN#52 IJ was abated 07/23/24 at 2:30 PM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 45173 Based on observation, record review and staff interview, the facility failed to record temperatures for the medication refrigerator. This was a random opportunity for discovery and had the potential to affect more than a limited number of residents. Facility Census: 71. Findings Include: On 07/25/24 at 9:25 AM, the medication room was observed. The observation found the medication refrigerator temperatures were not completed for March 2024 through July 2024. The following dates were not completed: --03/16/24 PM --03/17/24 PM --03/18/24 PM --03/19/24 PM --03/20/24 PM --03/21/24 PM --03/22/24 PM --03/23/24 AM --03/25/24 PM --03/26/24 PM --03/28/24 PM --03/29/24 AM --03/29/24 PM --03/30/24 PM --03/31/24 AM --04/01/24 PM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--04/02/24 PM --04/04/24 PM --04/05/24 PM --04/06/24 PM --04/08/24 PM --04/09/24 PM --04/10/24 PM --04/11/24 PM --04/12/24 AM --04/13/24 PM --04/14/24 PM --04/15/24 AM --04/15/24 PM --04/16/24 PM --04/17/24 PM --04/18/24 PM --04/19/24 PM --04/21/24 PM --04/22/24 PM --04/23/24 AM --04/23/24 PM --04/24/24 PM --04/25/24 AM --04/25/24 PM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--04/26/24 PM --04/27/24 PM --04/28/24 PM --04/29/24 PM --04/30/24 PM --05/01/24 PM --05/02/24 PM --05/03/24 PM --05/04/24 AM --05/05/24 AM --05/06/24 PM --05/07/24 PM --05/08/24 AM --05/09/24 PM --05/10/24 AM --05/10/24 PM --05/11/24 AM --05/11/24 PM --05/12/24 AM --05/13/24 PM --05/14/24 PM --05/15/24 PM --05/16/24 PM --05/17/24 PM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--05/20/24 PM --05/21/24 PM --05/22/24 AM --05/22/24 PM --05/23/24 AM --05/23/24 PM --05/24/24 AM --05/24/24 PM --05/25/24 PM --05/26/24 PM --05/27/24 PM --05/28/24 PM --05/29/24 PM --05/30/24 PM --05/31/24 PM --06/01/24 AM --06/01/24 PM --06/04/24 AM --06/04/24 PM --06/05/24 AM --06/05/24 PM --06/07/24 AM --06/07/24 PM --06/11/24 AM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--06/11/24 PM --06/12/24 AM --06/13/24 PM --06/15/24 AM --06/15/24 PM --06/16/24 AM --06/17/24 PM --06/18/24 PM --06/19/24 AM --06/19/24 PM --06/20/24 AM --06/21/24 PM --06/24/24 AM --06/25/24 PM --06/26/24 AM --06/27/24 PM --06/29/24 PM --06/30/24 PM --07/01/24 AM --07/02/24 AM --07/03/24 AM --07/05/24 PM --07/06/24 PM --07/07/24 PM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--07/08/24 PM --07/09/24 PM --07/10/24 PM --07/11/24 PM --07/13/24 PM --07/15/24 PM On 07/25/24 at 9:45 AM, the Administrator and the Director of Nursing (DON) were notified. The Administrator confirmed the medication refrigerator temperature logs were incomplete. b) Policy On 07/25/24 at 2:00 PM, the facility policy entitled, Medication and Vaccine Refrigerator/Freezer Temperatures was reviewed. Under the heading of Policy, the following was listed: Refrigerators and freezers used to store medications and vaccines will operate within acceptable temperature range and will be checked twice a day for proper temperatures.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
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. 49465 Based on observation and staff interview the facility failed to ensure food was discarded after the expiration date. This failed practice had the potential to affect more than a limited number of residents currently residing in the facility. Facility Census 71. Findings included: a) Kitchen During the initial observation on 07/22/24 at 1:30 PM, the following items were found to be out of date and/or covered in an mold like substance in the kitchen: 1. Scalloped potatoes were wrapped in plastic wrap in the walk-in refrigerator with a discard date of 07/11/24. 2. There was a box of onions in the walk-in refrigerator with 8 onions in it, 4 of the onions were covered in what appeared to be mold. During an interview on 07/22/24 at 1:40 PM, The Dietary manager in training (DMT) stated, Yes, those potatoes are out of date. I will get the potatoes and onions thrown out.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 49467 Based on record review and resident and staff interviews, the facility failed to accurately document the dental condition of Resident #227 on the admission assessment. This was a random opportunity for discovery. Resident identifier: #227. Facility census: 71. Findings included: a) Resident #227 At approximately 9:00 AM on 07/24/24 an interview was conducted with Resident #227. During the interview, the resident stated, I only have four (4) teeth and can't chew the food very well. At approximately 9:30 AM on 07/24/24 a review of Resident #227's record was conducted. On the resident's clinical admission evaluation dated 07/19/24 at 4:24 PM, the box has own teeth was marked. However, the rest of the dental portion of the evaluation was incomplete. At approximately 2:00 PM on 07/24/24 an interview was conducted with the Administrator regarding the incomplete assessment. The administrator reviewed the dental section of the assessment and confirmed it was incomplete.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45173 Based on observation, record review and staff interview, the facility failed to maintain an appropriate infection control program for disposal of soiled linen, not wearing proper personal protective equipment (PPE) in enhanced barrier precaution (EBP) rooms, storage of used bedpans, placing a dirty dinner tray on the cart of clean trays and disposal of soiled gloves. These were random opportunities for discovery and had the potential to affect more than an isolated number of residents. Facility Census: 71. Findings included: a) Soiled Linen On 07/23/24 at 11:09 PM, an observation was made of linen laying on the PPE cart and soiled linen on the floor in room [ROOM NUMBER]. Registered Nurse (RN) #48 was notified and removed the soiled linen immediately. On 07/24/24 at 9:55 AM, the Administrator was notified and confirmed soiled linen should be disposed of in the appropriate container. b) Enhanced Barrier Precautions On 07/23/24 at 11:55 PM, an observation was made of RN #48 and Nurse Aide (NA) #39 transferring Resident #42, who was in an EBP room, without wearing the proper PPE. On 07/24/24 at 12:05 AM, a continued observation of NA #39 and NA #65 revealed they were providing incontinence care for Resident #42 without wearing the proper PPE. On 07/24/24 at 12:08 AM, NA #39 was interviewed regarding PPE. NA #39 stated, they have those signs hanging everywhere. NA #65 stated, it could have been from the resident who was in the room before. On 07/24/24 at 12:10 AM, RN #48 was interviewed regarding wearing PPE in EBP rooms. RN #48 nodded his head in regards PPE should be worn in EBP rooms. On 07/24/24 at 9:58 AM, the Administrator was notified. The Administrator confirmed PPE should be worn in EBP rooms. c) Door Signage On 07/25/24 at 10:05 AM, a copy of the door signage entitled Enhanced Barrier Precautions was received. The door signage gives guidance of what PPE should be worn when caring for the residents. The following activities were listed: --dressing --bathing/showering (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	--transferring --providing hygiene --changing linens --changing briefs or assisting with toileting --device care or use of device --wound care On 07/25/24 at 10:06 AM, the Regional Nurse confirmed PPE should be worn in EBP rooms when providing the activities described on the door signage. d) Meal service On 07/22/24 at approximately 5:18 PM, Nurse Aide (NA) #60 removed a tray from the tray delivery cart on the 100 hall of the facility. NA #60 took the tray to a room and the resident refused the tray. NA #60 then proceeded to place the tray back onto the delivery cart. NA #60 acknowledged she placed the tray back onto the cart stating, I don't know what else to do with it. e) Bedpan in floor On 07/22/24 at 1:15 PM, three (3) bedpans were observed laying uncovered in the restroom of room [ROOM NUMBER]. On 07/22/24 at 2:25 PM, three (3) bedpans were laying uncovered in the restroom of room [ROOM NUMBER] On 07/22/24 at 4:43 PM, Nurse Aide(NA) #64 confirmed the three (3) bedpans should not be on the floor uncovered and picked them up to throw away. 50795 An observation, on 07/23/24 at 11:16 PM, revealed a pair of soiled, discarded, gloves on the floor of the 300 hallway. LPN #48 confirmed this was an infection control issue, and the gloves should have been discarded in the appropriate receptacle. During an interview on 07/25/24 at 10:31 AM , LPN #68 stated soiled gloves were to be discarded the in trash can in the resident's room. On 07/23/34 at 12:18 PM, NA #58 stated soiled dressings and gloves were to be discarded in the appropriate receptacle, in resident's room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515167	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shenandoah Center	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)
F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. 42120 Based on observation, and staff interview, the facility failed to ensure the resident call system was functioning as designed. This failed practice had the potential to affect more than a limited number of residents currently residing in the facility. Facility Census: 71. Findings included: a) Observation tour, on 07/22/24 at 2:30 PM, of the 200 and 300 halls, found the call light system turned off at the end of the halls. The volume was too low to be heard throughout the unit. During an interview, on 07/23/24 at 12:26 PM, the Maintenance Assistant verified it was turned off at the end of the hall. At this time, he turned the audible switch back on. He stated the staff turned it off. During an interview, on 07/23/24 at 12:33 PM, the Maintenance Director confirmed the call system was visual and audible. He stated all the call systems in the building were turned down and it had been that way since he started.