

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  515171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/12/2025
NAME OF PROVIDER OR SUPPLIER  Lincoln Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Monday Drive Hamlin, WV 25523	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>Based on record review, and staff interview, the facility failed to accurately complete the Minimum Data Set (MDS) Assessment regarding discharge and dental. This is true for two (2) of (18) reviewed during the Long-Term Care Survey Process (LTCSP). Resident identifiers: #56, #11 and #32. Facility census: 59.</p> <p>Findings include:</p> <p>a) Resident #56.</p> <p>A discharge medical record review of Resident #56 revealed a progress note on 05/22/25 at 12:24 PM stated that Resident #56 was discharged to the emergency room.</p> <p>According to the Minimum Data Set (MDS) Discharge assessment for Resident #56, with an Assessment Reference Date (ARD) May 22, 2025, Section A (Identification information) was marked Planned and was not accurately assessed for,</p> <p>unplanned to an acute Hospital.</p> <p>During an interview on 06/11/25 at 9:58 AM the Director of Nursing confirmed Resident #56's Discharge MDS was incorrect. She stated that Resident #56 discharged was unplanned to an acute hospital.</p> <p>b) Resident #11</p> <p>During an interview on 06/09/25 at 12:19 PM, Resident #11 stated her lower dentures did not fit well and she would like to have them adjusted. The resident stated she also had upper dentures, but her upper dentures fit well.</p> <p>Review of Resident #11's comprehensive care plan showed the following focus, [Resident's name] is at risk for oral/dental problems d/t [due to] edentulous status, dysphagia - oral phase.</p> <p>Resident #11's annual minimum data set (MDS) assessment with assessment reference date (ARD) 06/02/25 answered no to the item as to whether the resident was edentulous, having no natural teeth or tooth fragments, and answered yes to the item as to whether the resident had obvious or likely cavity or broken natural teeth.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 06/11/25 at 9:32 AM, the Registered Nurse Assessment Coordinator (RNAC) confirmed Resident #11's MDS with ARD 06/02/25 was incorrect. She stated she would modify the resident's MDS to indicate the resident was edentulous.</p> <p>No further information was provided through the completion of the survey.</p> <p>c) Resident #32</p> <p>During an interview of 06/09/25 at 4:09 PM, Resident #32's dentures appeared to be loose. She confirmed she had lower dentures which were loose.</p> <p>Review of Resident #32's medical records showed a nursing admission evaluation dated 03/18/25 that indicated the resident had her natural teeth.</p> <p>Review of Resident #32's comprehensive care plan showed the following focus, [Resident's name] has her own teeth with some missing/broken.</p> <p>Resident #32's admission MDS with ARD 10/07/24 indicated the resident was edentulous, having no natural teeth or tooth fragments.</p> <p>On 06/11/25 at 9:12 AM, the Director of Nursing confirmed Resident #32's admission MDS with ARD 10/07/24 was incorrect. She stated Resident #32 had some natural teeth with lower partial dentures. She stated the MDS would be modified to correct this item.</p> <p>No further information was provided through the completion of the survey.</p> <p>The facility failed to ensure a complete and accurate MDS.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on resident interview, record review and staff interview, the facility failed to follow a physician's order for therapy screening for one (1) of one (1) residents reviewed for the care area of position/mobility. Resident identifier: #11. Facility census: 59.</p> <p>Findings included:</p> <p>a) Resident #11</p> <p>During an interview on 06/09/25 at 12:24 PM, Resident #11 stated she had a diagnosis of multiple sclerosis. She stated she had no movement of her lower extremities and limited movement of her upper extremities. Resident #11 stated she was not currently receiving physical therapy. However, she stated she independently works on moving her arms and straightening out her fingers every day.</p> <p>Review of Resident #11's medical records showed the resident was transferred to the hospital at approximately 3:00 AM on 03/28/25 for flu-like symptoms. The resident also reported an increased upper extremity weakness.</p> <p>The resident was evaluated by a neurologist whose final report on 03/28/25 at 5:01 PM stated, Arm strength bilaterally is improved today compared to yesterday - she is not at her baseline but there is definitely improvement. She would benefit from rehab directed at her UEs [upper extremities] at the facility.</p> <p>Resident #11 returned to the facility on [DATE].</p> <p>The resident's medical records showed a physician's order for PT [physical therapy], OT [occupational therapy], ST [speech therapy] to evaluate. There was no order date, but the order was revised on 03/29/25. The order had been discontinued, with an end date of 04/03/25.</p> <p>During an interview on 06/11/25 at 2:10 PM, the Director of Therapy Services stated the therapy department had not received a screening request for Resident #11 around 03/29/25. She stated that an order for therapy services or therapy screening does not go directly to the therapy department. She stated when a therapy screening order is entered into the electronic medical records system, nursing needs to follow-up with the order by sending it to the therapy department.</p> <p>The Director of Therapy Services stated the therapy department was not aware of the order for therapy screening around 03/29/25 and was not aware of the discharging hospital's recommendation for therapy. She stated Resident #11 was scheduled for her quarterly therapy screening today (06/11/25).</p> <p>According to documents provided by the Director of Therapy Services, Resident #11 received occupational therapy from 01/30/25 to 02/26/25 to improve ability to reach for objects and improve ability to feed herself using adaptive aids.</p> <p>No further information was provided through the completion of the survey process.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review, and staff interview, the facility failed to establish and maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections. The facility failed to ensure enhanced barrier precautions for a resident with a chronic wound. This was true for one (1) of three (3) residents reviewed for the care area of transmission-based precautions. Resident Identifier: #14. Facility census: 59.</p> <p>a) Resident #14</p> <p>The facility's policy titled, Enhanced Barrier Precautions, with effective date 04/14/22 and revision date 02/02/23 stated enhanced barrier precautions apply to residents with infection or colonization with a novel or targeted multi-drug-resistant organisms when contact precautions do not apply.</p> <p>According to guidance from the Centers for Disease Control and Prevention, Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes, available on-line, enhanced barrier precautions generally includes residents with chronic wounds, and not those with only shorter-lasting wounds, such as skin breaks or skin tears covered with a Band-aid or similar dressing. Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, and chronic venous stasis ulcers.</p> <p>Review of Resident #14's medical records showed the resident received daily dressing changes to diabetic ulcers to the second and third toes of her left foot. Assessments on 06/10/25 showed the wounds measured 1.3 centimeters (cm) by 1.1 cm by 0.2 cm and 0.8 cm by 1.0 cm by 0.1 cm.</p> <p>The resident did not have a physician's order for enhanced barrier precautions. However, the resident's comprehensive care plan had an intervention initiated 06/26/24 for, Enhanced barrier precautions when dressing/bathing/showering/ transferring/personal hygiene, changing linens, toileting, and peri-care, providing care to wound care for skin openings that require a dressing.</p> <p>During multiple observations on 06/09/25, 06/10/25, and 06/11/25, Resident #11 did not have signage on her door to indicate she required enhanced barrier precautions.</p> <p>During an interview, on 06/11/25 at 10:09 AM, the Director of Nursing (DON) confirmed Resident #11's comprehensive care plan indicated the resident was in enhanced barrier precautions. The DON stated the back of the resident's door had a caddy containing personal protective equipment. She stated the caddy indicated to staff the resident required enhanced barrier precautions. However, she stated Resident #11 should have a sign.</p> <p>On 06/11/25 at 10:57 AM, the Infection Preventionist stated Resident #11 did not require enhanced barrier precautions because her wounds were very small. The Infection Preventionist stated this information came from the corporate office, but she might have misunderstood.</p> <p>No further information was provided through the completion of the survey.</p>		