STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515173	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
E.A. Hawse Healthcare Center	18086 State Route 55 Baker, WV 26801

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation and staff interview, the facility failed to provide a complete and accurate medical record for a resident in the areas of [NAME] Virginia POST Form, care plan, and PASSR. This is true for Resident's #4, #6, #9 and #17. Facility Census 54. Findings included: a) Resident #4 A record review completed on [DATE] of Resident #4's WV POST revealed the following: Section A. Cardiopulmonary Resuscitation Orders. Follow these orders if the patient has no pulse and is not breathing. Resident checked Yes CPR: Attempt Resuscitation, including mechanical ventilation. defibrillation and cardioversion. (Requires choosing Full Treatments in section B) Section B read as follows: Initial treatment orders. Follow these orders if the patient has a pulse and is breathing. Option not checked by the resident was Full Treatments (required if CPR is chosen in section A). Goal: Attempt to sustain life by all medically effective means. Option checked was second option Selective treatments. Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts ventilator, defibrillator and cardioversion.) An interview with Regional Director #74 was conducted on [DATE] at 2:06 PM who acknowledged the discrepancy in the form completion for Resident #4. b) Resident #6 A review of Resident #6's admission paperwork on [DATE] at approximately 1:00 PM, revealed the PASARR dated [DATE] contained incorrect information. In section thirty (30), part M, Major Depression was not selected or listed in the Other area. However, in section forty (40), part A, Major Depression is listed and reviewed. Section thirty (30) shows all active diagnoses (mental) a resident may have and section forty (40) shows what diagnoses the provider is using for the level II screening process. The diagnosis used on this form must also be listed in the patient's active diagnosis area of their charts. (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

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further review of Resident #6's current active diagnoses shows Major Depression is not listed. There is only Depression, Unspecified listed. Copied from charting: F32.A DEPRESSION, UNSPECIFIED N/A, not an acceptable Primary Diagnosis During a follow up interview with the DON on [DATE] at approximately 3:50 PM, they confirmed the records were inaccurate and will ensure they are corrected. c) Resident #17 Resident #17, a male, was admitted to the facility on [DATE]. A care plan was initiated for the resident on [DATE]. The care plan was reviewed with the resident and his daughter on [DATE]. Page one (1) of the care plan has an entry for another person. The entry read (name) wishes to be discharged to home. Resident #17's first name is not (name). This error was reviewed with the MDS RN #5 on [DATE] at 9:10 AM. MDS RN stated, I will fix this. A revision was made and the corrected care plan was presented on [DATE]. d) Resident #9 Record review determined that on [DATE] this resident lacked the capacity to make their own medical decisions. A review of the resident's care plan: (First Name of Resident) has a DNR code Status withability to make health care decisions.Date Initiated: [DATE]Revision on: [DATE] This discrepancy was reviewed with MDS RN #5 on [DATE] at 11:25 AM. The MDS RN stated she would correct this immediately. The resident's Care Plan was corrected prior to survey exit.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based upon observation, resident interviews, staff interviews and record review. the facility failed to maintain an effect pest control program for flies. This failed practice had the potential to affect many residents in the facility. Facility census: 54. Findings included: a) On 06/08/26, during the initial walk through of the facility and resident rooms, the following rooms had flies present: #A01#A03#A11#A12#A15#B04#B06#B10 The residents in these rooms complained about the flies bothering them. Additionally during the course of the survey, flies were observed in the B Hallway and Administration Conference Room. This finding was discussed with the Nursing Home Administrator (NHA) on 06/08/26 at 2:40 PM. The NHA stated the whole area around the nursing home has problems with flies because of the large chicken and turkey processing plants in the area. NHA immediately called their pest control contract agency and asked them to come. A follow-up conversation on 06/10/2026 at 11:43 AM with the NHA asked about the outcome of the call with the pest control company. She stated their first available date to come was 06/16/26, and she had requested to be put on the first available list if they had a cancellation. A review of the pest control records on 06/10/26 at noon found: -Monthly pest control treatments are done by Orkin. Last report dated 05/14/26, included Interior Flylight replacement and replacement of glue boards in fly lights.

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to inform the resident or their representative in advance of treatment risks and benefits, options, and alternatives for an anti-depressant medication prior to the administration of the medication. This failed practice did not allow the resident to be provided an informed choice. Resident identifier: #31. Facility census: 54.Findings included:a) Resident #31Resident #31 was admitted to the facility on [DATE].The resident had the following diagnoses pertaining to mental illness:-DEPRESSION, UNSPECIFIED, 08/16/2024, Admission-ANXIETY DISORDER, 08/16/2024, Admission-MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD, 01/29/2026 During Stay-UNSPECIFIED DEMENTIA, UNSPECIFIED SEVERITY, WITHOUT BEHAVIORAL DISTURBANCE, PSYCHOTIC DISTURBANCE, MOOD DISTURBANCE, AND ANXIETY, 08/16/2024, AdmissionFor these diagnoses, the resident had the following orders:-Mirtazapine Oral Tablet 7.5 MG (Mirtazapine)Give 1 tablet by mouth one time a day for appetite stimulantPharmacy Active 04/22/2026 A review of the electronic health record was done and surveyor was unable to locate informed consent for (Mitrazapine) Remeron. This was then requested from facility. On 06/09/26 at approximately 12:30 PM, Corporate RN #74 stated they were having difficulty locating this consent. Resident had been on Remeron since 2024, with a Gradual Dose Reduction (GDR) completed in April 2026. On 06/09/26 at 4:30 PM, when surveyor asked about the consent again, and whether it had been located, the Corporate RN #74 stated she could not locate it.

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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. Based on observation, record review and staff interview, the facility failed to ensure a resident's comprehensive care plan was revised upon change in physician's orders in regards to a perimeter mattress. This is true for Resident #5. Facility Census: 54. Findings included: a) Reviewed the following documents on 06/10/26: Care plan for Resident #5, page 1. Focus-Resident #5 is at risk for falls r/t pain, limited physical functioning, requires assist with transferring. He has a history of falling at home. Resident also is non-compliant with assistance for transfers. He is observed to independently transfer and ambulate. Date Initiated: 02/07/2026 Revision on: 05/27/2026 Interventions included- Perimeter mattress to aide in identifying the edge of the bed. Date Initiated: 11/25/2025 Revision on: 01/14/2026 Review of physician orders for Resident #5 revealed no orders for perimeter mattress on 06/10/26. b) An interview with Resident #5 on 06/10/26 10:00 AM was conducted. Resident pointed out bruises on his arm and stated he depends on others to help him use his walker to walk up and down the hall. He stated he wears his shoes and or grippy socks and admitted having a history of falling. He was observed in his bed with no perimeter mattress. On 06/10/26 during an interview with Regional Director #74 who reported that Resident #5 was in a perimeter mattress prior to being sent out to the hospital with and injury and returned with a back brace. Per their policy, the facility will not replace perimeter mattress until approval is given from his provider. Resident went out on 05/24/26 and returned on 05/26/26. There were no orders for a perimeter mattress during this time but his care plan was not revised. She reported this intervention was meant to be removed from his care plan at that time.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on record review and staff interview, the facility failed to have a Registered Nurse (RN) on duty for 8 hours per day for seven days a week on 01/01/26. This failed practice had the opportunity to lead to residents not receiving the care and treatment only an RN can provide, and could affect multiple residents. Facility census: 54.Findings included: a) Record Review On 06/10/2026, the surveyor requested posted nurse staffing sheets as well as time detail for hours worked from a report from the facility's time keeping system for twenty dates. These dates included: 02/22/25 thru 03/01/2506/22/25 thru 06/28/2512/31/2501/01/2602/14/2602/15/2605/31/2606/01/26 These records were reviewed for eight (8) hours of RN hours worked per day, plus calculations made to determine if the facility met the 2.25 hours per patient day minimum. It was determined the facility did not have eight (8) hours of RN staffing on 01/01/26. b) Staff interview During an interview with the Nursing Home Administrator (NHA) on 06/10/2026 at 3:19 PM, the NHA indicated an RN worked 1.25 hours and got sick. They replaced the RN with an LPN.