STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515180	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Braxton Healthcare Center	859 Days Drive Sutton, WV 26601

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 45171 Based on observation and staff interview the facility failed to promote a dignified dining experience. These were random opportunities for discovery. Resident identifiers: #1, #3, #6, #8, #9, #14, #20, #24, #26, #38, #61 and #62. Facility Census: #65 Findings Include a) Resident #8 and #62 On 04/21/25 beginning at 11:15 AM during observation of the noon meal in the dining room it was observed that staff were not distributing meals to all residents seated together at an individual table. Resident #8 and #62 were sitting together at a table in the dining room. Resident #62 was served their meal at 11:25 AM. Resident #8 did not received a meal. Staff continued serving meals at various tables throughout the dining room. At 11:50 AM Resident #8 left the dining room. At 11:58 AM it was confirmed with Licensed Practical Nurse #82 that Resident #8 had left without a meal. b) Resident #6, #26 and #61 On 04/21/25 beginning at 11:15 AM during observation of the noon meal in the dining room it was observed that staff were not distributing meals to all residents seated together at an individual table. Resident #6, #26 and #61 were sitting together at a table in the dining room. Resident #26 received their meal at 11:27 AM. Resident #61 received their meal at 11:46 AM (nineteen (19) minutes later). Resident #6 received their meal at 11:50 AM (twenty three (23) minutes later). Staff continued serving meals at various tables throughout the dining room before returning to their table to serve each resident. c) Resident #14 and #20 (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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 04/21/25 beginning at 11:15 AM during observation of the noon meal in the dining room it was observed that staff were not distributing meals to all residents seated together at an individual table. Resident #14 and #20 were sitting together at a table in the dining room. Resident #20 received their meal at 11:30 AM. Staff continued serving meals at various tables throughout the dining room during this time. Resident #14 received their meal at 11:40 AM (ten (10) minutes later). The above observations was confirmed with the Administrator on 04/21/25 at 11:58 AM. d) Resident #3 On 04/21/25 at 1:18 PM it was observed that Licensed Practical Nurse #85 was standing to assist Resident #3 with their noon meal while the resident was in her bed. The nurse was notified that she could not stand to assist the resident. She replied she was not aware. On 04/21/25 at 1:35 PM the findings were confirmed with the Administrator. 49467 e) Resident #24 and #9 At approximately 12:20 PM on 04/22/2025, Licensed Practical Nurse (LPN) #82 was observed going into the room where Residents #24 and #9 reside, to check on Resident #24. Upon entering the room, LPN #82 did not knock on the door or announce himself. When he entered the room, he started to shut the door. As the door was almost shut, LPN #82 reached back around to the outside of the door and then knocked, after he was already in the room, conversing with the Resident #24. At approximately 12:40 PM on 4/22/2025, LPN #82 was observed going back into the same room, both residents present, and did not knock again. LPN #82 entered the room, went to the bedside of Resident #24 and, upon realizing he did not knock, reached outside and knocked on the doorframe. LPN #82 was interviewed after leaving the room at approximately 12:45 PM and confirmed he did not knock before entering the room either time. 49751 f) Resident #38 and Resident #1 On 04/21/25 at 11:35AM Resident #1 was observed setting at the dining room table with Resident #38. Further observation showed Resident #1 was served their tray at 11:40 AM. At approximatly 11:45 AM the table beside Resident #1 and #38 were served their trays. On 04/21/25 11:50 PM Resident #38 was served 10 minutes after Resident #1 (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview with the Administrator on 04/21/25 at 12:10 PM Confirmed Resident #38 should have been served before serving another table.

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51554 Based upon record review and staff interview, the facility failed to complete SNF ABN, Form CMS-10055 and send to the resident or resident's representative in a timely manner. This was true for 1 (one) of 3 (three) residents reviewed during the annual survey process. Resident identifier: #20. Facility census: 65 Findings included: a) Resident #20 Upon entering the survey on 04/21/25, the facility completed the Beneficiary Notices of residents discharged within the last six months form. From this, three(3) residents were selected to review for required notifications. Resident #20, who was discharged on [DATE], but remained in the facility. SNF-ABN Form was not completed until the surveyor requested the SNF Beneficiary Notification Review form be completed during the annual survey process. Notice was not provided to the resident or resident's representative until 04/21/25. On 04/23/25, at approximately 1:35 PM, in discussion with the NHA, NHA stated the facility had discovered this failure during, an audit of ABNs.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. 51554 Based upon record review and staff interview, the Facility failed to ensure preadmission screening and resident review (PASARR) was updated and completed with new diagnoses of Dementia (Non-Alzheimer's) and Alzheimer's . This was true for one (1) of five (5) residents reviewed. Resident identifier: #38. Facility censes: 65. Findings included: a) Resident #38 The resident's PASARR was initially completed on 10/07/24 by the facility. In Section III, MI/MR Assessment, the current diagnoses was marked for major depression. No other selections were marked in this section. The Resident had current diagnoses of: Major Depressive Disorder Anxiety Disorder Vascular Dementia with mood disturbance The last MDS Assessment was completed on 04/18/25. A review of Section I, Active Diagnoses documented: Alzheimer's Disease Non-Alzheimer's Dementia Anxiety Disorder Depression (other than Bi-polar) The PASARR should have been updated when the diagnoses of dementia and Alzheimer's were added for the resident. The resident's record was reviewed with the NHA on 04/23/25 at approximately 12:10 PM. When asked why the PASARR had not been updated, NHA asked if it had to be updated for a diagnosis of anxiety. Surveyor responded that some facilities will include anxiety disorder under other, but the diagnoses of Dementia and Alzaheimer's should have triggered a new PASARR to be completed.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** 49467 Based on record review and staff interview, the facility failed to ensure Residents #24 and #53's care plans included sensory and one (1) on one (1) activities, even though the residents were receiving them. This was true for two (2) of 21 resident care plans reviewed during the survey process. Resident identifiers: #24, #53. Facility census: 65. Findings include: a) Resident #24 During review of Resident #24's activity participation records on 04/22/25, it was noted during the last 30 days, the resident had received one (1) on one (1) activities six (6) times during this period. The resident received one (1) on one (1) activities for the following days: -03/27/25 -03/28/25 -04/09/25 -04/12/25 -04/16/25 -04/18/25 During review of the same activities records, it was noted the resident received sensory activities 12 times. Resident #24 received sensory activities on the following days: -03/26/25 -03/30/25 -03/31/25 -04/01/25 -04/07/25 -04/08/25 -04/10/25 -04/11/25 (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-04/14/25 -04/20/25 -04/21/25 -04/22/25 During review of Resident #24's care plan, it was determined the care plan did not include one (1) on one (1) or sensory activities. Resident #24's care plan reads as follows: Goal- (Resident #24's name) is dependent on staff for activities, cognitive stimulation or social interaction, due to cardiac disease. Date initiated: 04/20/24. Revision: 04/20/24 Focus- Resident will participate activities of choice through review date. Date initiated: 04/20/24. Revision on: 04/16/25. Target date: 07/04/25. Interventions/Tasks (All initiated on 4/20/2024) -Assist with transport to activities as needed. -Assure that the activities are compatible with the resident's physical and cognitive capabilities. -Encourage attendance to entertainment programs, large and small group activities, volunteer demonstrations and religious activities. -Interview to determine resident's activity preferences. -Invite resident to scheduled activities. -Offer technology of interest i.e. laptop, internet access, tablets, etc. -Provide schedule of activities available. During an interview with the Activities Director (AD) on 4/23/2025 at approximately 9:45 AM, she confirmed Resident #24 was on the schedule for one (1) on one (1) and sensory activities for the department. The AD also confirmed the omission of the two from his care plan. 49751 b) Resident #53 Record review completed on 04/22/25 at 9:01 AM on Resident #53's activities revealed the following; Care Plan (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Focus [NAME] is self-directed for activities in and out of room daily. Date Initiated: 04/03/2024 Revision on: 07/17/2024 Goal Resident will participate in activities of choice through review date. Date Initiated: 04/03/2024 Revision on: 04/15/2025 Target Date: 07/03/2025 Interventions Assist with transport to activities as needed Date Initiated: 04/03/2024 Assure that the activities are compatible with resident's physical and cognitive capabilities. Date Initiated: 04/03/2024 Encourage attendance to entertainment programs, small group acclivities, volunteer demonstrations and religious activities Date Initiated: 04/03/2024 Revision on: 04/03/2024 Interview to determine residents activity preferences Date Initiated: 04/03/2024 (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Invite resident to scheduled activities. Date Initiated: 04/03/2024 Provide a schedule of activities available. Date Initiated: 04/03/2024 Provide activity materials of interest, i.e. library books, word puzzles, magazines Date Initiated: 04/03/2024 Further record review revealed the activity preference state weekly one (1) on ones (1), however was not in the careplan to receive one (1) on one (1) activities. During an interview on 04/22/25 at 1:30 PM with the Administrator and Activity Director (AD) who confirmed residents receiving one (1) on one (1) activities should be in Resident #54's care plan.

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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 staff interview, the facility failed to accurately document the completion of behavior monitoring for Resident #18. This was true for one (1) of five (5) residents reviewed for unnecessary medications during the survey process. Resident identifier: 18. Facility census: 65. Findings include: A) Resident #18 During a review of Resident #18's behavior monitoring record for the last 90 days, on 04/22/25, it was determined no behavior monitoring was conducted on March 29th, 2025 on day shift, April 8th, 2025 on day shift, and April 14th, 2025 on day shift. On 4/23/2025 at approximately 11:30 AM, an interview was conducted with the Director of Nursing (DON), she confirmed the behavior monitoring was missing. However, the DON was able to supply CNA documentation with behavior monitoring taking place on the aforementioned days. The DON stated It's expected the nurses will complete their documentation appropriately when referring to the missing dates on the Behavior Monitoring record.