

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  515182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/18/2025
NAME OF PROVIDER OR SUPPLIER  Miletree Center		STREET ADDRESS, CITY, STATE, ZIP CODE  825 Summit Street Spencer, WV 25276	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on record review and staff interview, the facility failed to notify a resident's legal representative, the resident's attending physician, and the dietician about a worsening Moisture-Associated Skin Damage (MASD) area on the resident's body. This was a random opportunity for discovery. Resident identifier: #67. Facility census: 56 Findings included: a) Resident #67A record review, completed on 08/14/25 at 10:00 AM, revealed that Resident #67 had a documented Moisture-Associated Skin Damage (MASD) area on his intergluteal cleft on his buttocks. A Skin and Wound Evaluation, dated 06/11/25, revealed the following details: MASD Type: Incontinence Associated Dermatitis (IAD) In-house acquired Wound measurements: Area - 39.5 cm<sup>2</sup>, Length - 9.3 cm, and Width - 6.7 cm Denuded - loss of epidermis caused by exposure to urine, feces, body fluids, wound exudate or friction. Progress - deteriorating Notification boxes for Physician, Resident's Responsible Party, and Dietician were left blank There was no evidence in the Progress Notes section of the electronic medical record that indicated the physician, resident's responsible party, or the dietician were notified. During an interview, on 06/18/25 at 2:15 PM, the Director of Nursing acknowledged the facility could not produce evidence that the physician, resident's responsible party, or the dietician were notified.</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 - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and staff interview, the facility failed to provide an accurate Minimum Data Set (MDS) including all high risk drug classes for Resident #5. This is true for one (1) of five (5) residents reviewed under unnecessary medications. Resident Identifier: #5. Facility Census: 56. Findings Include:a) Resident #5On 08/14/25 at 9:00 AM, a record review was completed for Resident #5. The review found the MDS quarterly assessment dated [DATE] section N entitled Medications did not indicate the use of an antianxiety medication, Buspar.On 08/14/25 at 10:05 AM, the Director of Nursing (DON) and the Administrator were notified. The DON confirmed the MDS did not include the use of an antianxiety medication.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on documentation review and staff interview the facility failed to ensure resident's Pre-admission Screening reflected a current diagnosis for Resident #1. Resident identifier: #1. Facility Census 56. Findings included:a) Resident #1Resident #1 was admitted on [DATE]. A review of the Resident #1's documentation revealed the following:-Document titled [NAME] Virginia Department of Health and Human Resources Pre-admission SCREENING dated 04/14/25, Question 40. Major Mental Illness or suspected MI is marked i. None/N/A-Document titled Diagnosis Report included a diagnosis of Major Depressive Disorder, Single Episode, Unspecified on 04/18/25 Interview with Administrator on 08/14/25 at 10:50am who acknowledge that a Pre-admission Screening had not been completed to reflect resident's current diagnosis.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on record review and staff interview, the facility failed to develop a care plan including all diagnoses for Resident #5 and #6. This is true for two (2) of five (5) residents reviewed under unnecessary medications. Resident Identifiers: #5 and #6. Facility Census: 56. Findings Include: a) Resident #5 On 08/13/25 at 9:15 AM, a record review was completed for Resident #5. The review found the care plan had not been developed to include all diagnoses. The following diagnoses are as follows: --Non-Alzheimer's disease--Paraplegia--Transient Paralysis --Acute Embolism and Thrombosis, lower extremity--Obstructive and Reflux Uropathy--Retention of Urine On 08/13/25 at 3:00 PM, the Director of Nursing (DON) was notified. The DON did confirm all the diagnoses were not included in the care plan. b) Resident #6 On 08/13/25 at 11:00 AM, a record review was completed for Resident #6. The review found the care plan had not been developed to include all diagnoses. The diagnoses are as follows:--Panic disorder--Dizziness--Muscle Weakness (generalized)--Inflammatory Liver disease--Chronic Viral Hepatitis C--History of Methicillin-Resistant Staphylococcus Aureus (MRSA)--Disorder of Vestibular Function, unspecified ear--Benign Prostatic Hyperplasia (BPH)--Urinary Retention --Obstructive Sleep Apnea (OSA)--Hypertension (HTN)--Hyperlipidemia (HLD)--Age-related Nuclear Cataract, bilateral--Dry Eye Syndrome--Gastroesophageal Reflux Disease (GERD)--Constipation On 08/13/25 at 3:00 PM, the Director of Nursing (DON) was notified. The DON did confirm all the diagnoses were not included in the care plan.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on record review and staff interview, the facility failed to revise a care plan when a psychotropic medication was discontinued and an incorrect diagnosis was listed for Resident #5. This was true for one (1) of five (5) residents reviewed under the care area of unnecessary medications. Resident Identifier: #5. Facility Census: 56. Findings Include: a) Resident #5 On 08/13/25 at 9:15 AM, a record review was completed for Resident #5. The review found the care plan had not been revised when an antidepressant was discontinued and an incorrect diagnosis was listed. The review found the resident was ordered Celexa 10mg (milligram) by mouth daily for depression from 01/12/24 through 11/16/24. Also, the review found a diagnosis of Parkinson's Disease, which the resident has never been diagnosed with. On 08/13/25 at 3:00 PM, the Director of Nursing (DON) was notified. The DON confirmed the Celexa had been discontinued and the resident did not have a diagnosis of Parkinson's Disease. DON notified.</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>Based on record review and staff interview, the facility failed to follow a physician's order for Resident #4 for side effect monitoring and behavior monitoring of a psychotropic medication. This was true for one (1) of four (4) residents reviewed under the care area of hospitalizations. Resident identifier: #4. Facility Census: 56. Findings Include:a) Resident #4On 08/13/25 at 11:30 AM, a record review was completed for Resident #4. The resident had a diagnosis of depression, unspecified and schizophrenia, unspecified. The resident is receiving Prozac 40mg (milligram) by mouth daily for depression. The resident is not currently receiving any medication for the diagnosis of schizophrenia. However, there is no behavior or side effect monitoring documentation for the antidepressant, Prozac. On 08/13/25 at 11:50 AM, the Director of Nursing (DON) acknowledged there is no behavior or side effect monitoring for the antidepressant Prozac.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>Based on record review, staff interview and observations, the facility failed to ensure a resident was served food in the correct consistency according to the National Dysphagia Diet Levels as ordered by the physician. This was a random opportunity for discovery. Resident Identifier: #16. Facility Census: 56. Findings included: a) Resident #16 At approximately 12:40 PM on 8/12/25, Resident #16 was given crackers on her plate with a puree diet. This was verified with the Regional Dietary Manager that Kitchen Aide #49 placed the crackers on the plate for Resident #16. Resident #16 crumbled the crackers up with her hands, dropped the crumbled crackers into the soup, and was getting ready to take a bite before surveyor intervention prevented Resident #16 from eating the soup with crackers. The Regional Dietary Manager produced a speech therapy document that read, Dysphagia Advanced (residents) may have crackers with soups. However, Resident #16 had an order for puree which is a different diet description.</p>

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>Based on record review the facility failed to provide at least three (3) meals daily, at regular times comparable to normal mealtime in the community in accordance with resident needs, preferences, requests and plan of care. Resident identifier: #63. Facility census 56. Findings Included: a) Resident #63A review of the Five-Day Follow-Up investigation completed by the facility on 04/25/25 after resident alleged that she did not receive a breakfast or lunch tray on 04/20/25 revealed the facility substantiated the the report. Nurse Aide (NA) #37 and Licensed Practical Nurse #101 acknowledged that Resident #63 was not given a breakfast tray or lunch tray on 04/20/25. Posted Meal times for residents are as follows: 7:15 AM Breakfast 12:00 PM Lunch 5:15 PM Dinner Interview with Administrator on 08/19/25 at 2:33 PM who acknowledge that Resident's incident report was substantiated by staff who completed investigation prior to current Administrators current position at this facility.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on record review and staff interview, the facility failed to provide an accurate and complete medical record for Resident #10's Physician's Order for Scope of Treatment (POST) form and two (2) transfer forms for Resident #5. This is true for two (2) of 22 residents reviewed during the survey process. Resident Identifiers: #10 and #5. Facility Census: 56. Findings Include: a) Resident #10 On 08/11/2025 at 3:04 PM, a record review was completed for Resident #10. The review found the POST form dated 01/31/25 was incomplete. Section D, entitled Medically Assisted Nutrition, did not list a choice regarding feeding through a new or existing surgical tubes, a time-limited trial of the amount of days but no surgically placed tubes, or no artificial means of nutrition desired or discussed but no decision made (provide standard of care). On 08/14/2025 at 10:08 AM, the Administrator and the Director of Nursing (DON) confirmed Section D of the POST form was incomplete. b) Resident #5 On 08/14/25 at 1:15 PM, a record review was completed for Resident #5 regarding hospitalizations. The review found the resident had been transferred to an acute care facility on two (2) different occasions. The second transfer form listed the transfer date as 11/14/22. However, the correct date was 07/14/25. On 08/14/25 at 2:20 PM, the Administrator did confirm the transfer dates were incorrect due to a system issue.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and staff interview, the facility failed to maintain an infection control program while serving from the tray line in the resident dining room. This was a random opportunity for discovery. This practice had the potential to affect more than an isolated number of residents. Facility Census: 56. Findings Include:a) Resident Dining RoomOn 08/11/25 12:12 PM, an observation was made of Dietary Aide #46 working the tray line in the resident dining room. The Dietary Aide #46 kept her gloves on and pushed a tray cart from the tray line to the dining room door. The Dietary Aide #46 used the telephone in the dining room with the same gloves on. On 08/11/25 at 12:15 PM, the Dietary Aide #46 returned to the tray line and began putting items on the dining tray while continuing to wear the same gloves. After Surveyor intervention, the Dietary Aide #46 stepped away from the tray line. Dietary Aide #46 completed hand hygiene and returned to the tray line and donned a clean set of gloves.On 08/11/25 at 2:00 PM, Regional Dietary Manager #62 was notified. The Regional Dietary Manager #62 confirmed the dietary aide should have removed her gloves and completed hand hygiene prior to returning to the tray line.</p>