

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2025
NAME OF PROVIDER OR SUPPLIER Pocahontas Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5 Everett Tibbs Road Marlinton, WV 24954	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to ensure an investigation was completed accurately and thoroughly for a Facility Reported Incident (FRI) for an allegation of abuse. This failed practice had the potential to affect a limited number of residents. Resident Identifier: #29. Facility Census: 59. Findings included: The FRI summary stated Resident #29 was referred to as [NAME] (not the resident's real name) and was capacitated. The resident was deemed incapacitated by the facility's physician on 12/22/24. The resident's most recent Brief Interview for Mental Status (BIMS) score was a three (3) on 08/01/2025. The resident's BIMS was completed on 08/03/2025 per documentation on the resident's medical record. On 09/30/2025 at 10:45 AM, Corporate Registered Nurse #72 stated that it was an error and that they (the facility) had complete multiple FRI's. The incorrect BIMS date, capacity statement discrepancies and documentation on the reportable with incorrect name were confirmed by the Corporate Registered Nurse.</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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on record review and staff interview, the facility failed to ensure sufficient nursing staff across all shifts. This was true for 18 of 45 days reviewed under the care area of staffing. Facility Census: 59. Findings Include: a) Staffing On 09/30/2025 at 2:00 PM, 45 daily nurse staff postings were reviewed. The minimum staffing requirement is 2.25. The review found the following days did not meet the minimum of nursing hours per patient days (NHPPD): 09/21/24 2.1104/19/24 2.0904/20/25 2.2005/17/25 2.2005/24/25 1.4805/25/25 2.1505/31/25 2.1806/01/25 1.8806/07/25 1.6406/21/25 1.8206/22/25 2.0106/23/25 1.9506/25/25 2.2106/27/25 2.0806/28/25 1.9306/29/25 2.0706/30/25 2.2007/05/25 2.05 On 09/30/25 at 4:40 PM, the Administrator and the Regulatory Compliance Advisor #73 confirmed the minimum NHPPD were not met.</p>

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>Based on record review and staff interview, the facility failed to ensure nurse aide performance reviews were completed annually. This was true for three (3) of five (5) nurse aides' annual performance reviews during the survey process. Facility Census: 59. Findings Include: a) Performance Review On 09/30/25 at 3:45 PM, a review of the five (5) nurse aides (Nas) performance reviews was completed. The review found three (3) of the five (5) performance reviews were not completed. The following were incomplete: --NA #50 due 09/18/25--NA #46 due 06/27/25--NA #38 due 07/25/25 On 09/30/25 at 4:40 PM, the Administrator and the Regulatory Compliance Advisor #73 confirmed the performance reviews were not completed.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on record review and staff interview, the facility failed to provide an accurate and complete daily staff postings. This was true for four (4) of 45 daily staff postings reviewed. Facility Census: 59. Findings Include:</p> <p>a) Daily Staff Postings On 09/30/2025 at 2:00 PM, a review of daily staff postings was completed. The following days did not include the census: --05/10/25 day shift, evening shift, night shift--05/22/25 day shift, evening shift, night shift --06/06/25 day shift, evening shift, night shift--06/24/25 night shift On 09/30/25 at 4:40 PM, the Administrator and Regulatory Compliance Advisor #73 confirmed the daily staff postings did not list the census number.</p>		