

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 12/17/2025
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 0807</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration.</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
---	-------	-----------

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 12/17/2025
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 0807</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and staff interview the facility failed to ensure Resident #8 was served liquid in a form which met his individualized needs. Resident # 8 was ordered and care planned to receive nectar thickened liquids however during the noon time meal on 12/16/25 the resident was served regular consistency milk and regular consistency coffee. The resident did drink the thin liquids and experienced coughing. This was a random opportunity for discovery and was true for Resident #8. The State Agency (SA) determined the facility's failure to serve Resident #8 with nectar thickened liquids place him at immediate risk for serious harm and/or death. Consuming thin liquids when you have been assessed to need a thicker consistency can create an immediate risk for choking, aspiration, and/or death. The facility was notified of the immediate Jeopardy (IJ) at 1:41 pm on 12/16/25. The facility's plan of correction (POC) was accepted at 2:35 pm on 12/16/25. Once the steps contained in the plan of correction were reviewed for completion the Immediacy was abated at 12:45 PM at 12/17/25. Resident Identifier #8. Facility Census: 58. Based on record review, observation, and staff interview the facility failed to ensure Resident #8 was served liquid in a form which met his individualized needs. Resident # 8 was ordered and care planned to receive nectar thickened liquids however during the noon time meal on 12/16/25 the resident was served regular consistency milk and regular consistency coffee. The resident did drink thin liquids and experienced coughing. This was a random opportunity for discovery and was true for Resident #8. The State Agency (SA) determined the facility's failure to serve Resident #8 with nectar thickened liquids place him at immediate risk for serious harm and/or death. Consuming thin liquids when you have been assessed to need a thicker consistency can create an immediate risk for choking, aspiration, and/or death. Resident Identifier #8. Facility Census: 58. Findings include:a) Resident #8Observation of the noon meal, on 12/16/25 beginning at 12:15 pm, found Resident #8 was sitting at a table in the dining room. About 12:30 PM Resident #8 was observed drinking coffee and milk with his meal. The resident then coughed twice after taking a drink of milk. The surveyor at this time reviewed the resident's tray card and found the resident was supposed to have Nectar like consistency liquids. The surveyor observed the coffee and milk which was served to the resident by facility staff and neither had a nectar consistency. At about 12:35 pm on 12/16/25 the interim Director of Nursing (DON) was asked to look at the liquid with the surveyor. The liquid was poured from one cup to another and the Interim DON confirmed it was thin liquid and was not thickened at all. A review of the physician orders found the following active orders for Resident #8: -- Regular/Liberalized diet, Dysphagia Pureed texture, Thick Liquids-Nectar consistency this was ordered on 12/13/25. -- Speech Therapy to treatment 3 times a week for 4 weeks to address dysphagia. This was ordered on 12/15/25 at 10:34 am. Further review of Resident #8's medical record found the resident was readmitted to the facility on [DATE]. A review of the discharge summary from the hospital stay found the following:Pt (Patient) was seen by SLP (Speech Language Pathologist) for swallowing difficulty, and was recommended to be on aspiration precautions, feed by staff. puree diet with nectar thick liquids.While in the hospital the resident was also treated for pneumonia and COVID - 19. b) Facility's Plan of CorrectionResident #8 was served a liquid that did not match the ordered consistency on 12/16/2025. Resident was assessed, with no negative outcomes noted, and a change in condition was completed. MD notified at 1:38 PM on 12/16/2025. Immediate education was conducted with the employee that served the resident incorrect consistency, and the drink was immediately removed. All residents of the facility have the potential to be affected.The Director of Nursing (DON)/designee conducted an audit on 12/16/2025 of all residents with diet orders specifying thickened liquids (nectar/mildly thick, honey/moderately thick, pudding/extremely thick) to ensure: Liquid consistency orders are current, accurate, and clearly listed in the medical record. Correct consistency is reflected on the electronic health record. All cups, pitchers, and beverage containers delivered to residents match the ordered consistency. Nursing staff who hand beverages to residents are using the correct consistency.Any discrepancies identified were immediately corrected, and all impacted diet slips and Kardex entries were updated.Re-education was provided by the DON/designee/Speech-Language Pathologist (SLP) or Dietary Manager starting on 12/16/2025 to all staff involved in meal pass, including nursing assistants, licensed nurses. Education included: Review of the standardized liquid consistency levels (e.g., nectar/mildly thick, honey/moderately thick, pudding/extremely thick). How to verify consistency before serving. The importance of cross-checking diet orders, tray tickets, and posted consistency lists. A post-test and return demonstration of preparing each</p>		