

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 02/02/2026
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 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 staff interview and record review, the facility failed to notify a resident's physician and responsible party of a significant change when resident attempted elopement from the facility. This was found while investigating a complaint. Resident identifier: #48. Facility Census: 62. Findings Included: a) Review of documents including resident's progress notes, care plan and incident report log had no record of resident's attempted elopement, contact to resident's physician or Resident #48's responsible party. b) Interview with Licensed Practical Nurse # 46 on 02/02/26 at 12:19 PM, acknowledged the incident occurred and that she reported it to her Director of Nursing. c) Interview with Director of Nursing #40 on 02/02/26 at 3:19 PM who acknowledged the attempted elopement occurred on 01/17/26. When asked for documentation of notification of incident to physician and responsible party or any progress notes pertaining to the incident she stated we don't have any records of notifying.</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