

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Seneca Trail Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 Maplewood Avenue Lewisburg, WV 24901	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49650</p> <p>Based on medical record review and staff interview the facility failed to ensure the Minimum Data Set (MDS) record was completed correctly for a resident's discharge. This was true for one (1) of 24 residents whose MDS records were reviewed during the long-term care survey process. Resident Identifier: #78. Facility Census: 78.</p> <p>a) Resident # 78</p> <p>During a medical record review on 09/05/24 at approximately 9:00 AM the MDS dated [DATE] was reviewed and identified the following;</p> <ul style="list-style-type: none"> * Section (A) A 0310- (f) that the discharge assessment anticipated the resident to return. * Section (A) A 2105 the resident is discharged to home/community. * Section (A) A 2123 was not completed to identify if the provision of the current reconciled medication list for the resident at discharge was provided at time of discharge. <p>A review of the notes by Social Services Designee (SSD) #90 dated 09/17/24 at 9:03 AM revealed the resident admission paperwork was unable to be completed by the Social Services Designee (SSD) #90 because the resident had discharged against medical advice (AMA) shortly after arriving to the facility and that the discharge planning had not been completed.</p> <p>SSD #90 noted the resident discharged was unplanned/AMA on 06/15/24.</p> <p>An additional note was entered on 06/17/24 at 8:55 AM that an Adult Protective Services (APS) referral was completed due to the discharge being AMA.</p> <p>During an interview on 09/05/24 at approximately 12:50 PM the Director of Nursing and the Administrator agreed the MDS was not coded correctly and that the discharge was AMA.</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: 515185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Seneca Trail Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 Maplewood Avenue Lewisburg, WV 24901	
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50552</p> <p>Based on record review and staff interview the facility failed to implement Resident #77's care plan. For Resident #77, the facility failed to implement the care plan to educate on end-of-life decisions. This was true for one (1) of two (2) residents reviewed for the Long-Term Care Survey Process. Resident identifier: #77. Facility census: 78.</p> <p>Findings include:</p> <p>a) Resident #77</p> <p>On [DATE] at 11:37 AM, a review of Resident #77's medical record was conducted revealing that on [DATE], Resident #77 had been seen by the facility Nurse Practitioner (NP) after an acute hospitalization for urinary tract infection, pneumonia and chronic obstructive pulmonary disease. At that time, the facility Nurse Practitioner documented, Unable to perform complete chart review due to no hospital documentation available at this time. Code status was discussed with facility leadership and resident made decision to change Physician's Order for Scope of Treatment (POST) form to DNR-CC (Do Not Resuscitate-Comfort Care), no labs, no weights and do not send to hospital. In addition, a review of Resident #77's POST form revealed No CPR, comfort focused treatments, no artificial means of nutrition, no labs, no weights, do not transfer to hospital an no appointments.</p> <p>At this time, Resident #77's care plan was also reviewed revealing the following care plan:</p> <p>Focus:</p> <p>Resident has a DNR code status with comfort care.</p> <p>Goal:</p> <p>Resident's code status will be honored through review date.</p> <p>Interventions:</p> <p>Code status will be established at time of admission/readmission. To be reviewed quarterly and as needed (PRN).</p> <p>Obtain copies of advanced directives from resident/resident representative to have on file.</p> <p>Obtain medical provider order for code status.</p> <p>Obtain the state specific form regarding code status (state specific DNR forms).</p> <p>Provide resident/resident representative with education as needed regarding end-of-life decisions.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Seneca Trail Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 Maplewood Avenue Lewisburg, WV 24901	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 12:40 PM, a review of the Policy and Procedure entitled, Advanced Directive (Resident's Right to Choose) revealed that should the resident refuse treatment of any kind, the facility will document what the resident refused, the reason for the refusal, the education provided to the resident about the consequences of refusing, offering of alternative treatments and the continuing of all other services provided in the resident's medical record.</p> <p>On [DATE] at 09:23 AM, an interview was conducted with the facility NP. At this time the NP stated that when educating resident's and/or resident representative's related to end-of-life decisions, I focus on the heart stopping and what they would want done. When asked if the resident or resident representative was educated on the risks verses benefits of discontinuing care such as weights, labs and sending to the hospital for an acute event, the NP responded, I document what I review with the resident and/or resident representative and their preference on what care to continue. If I see something on my end, that the resident is not doing well and they have all these co-morbidities, and the likelihood of surviving a cardiac arrest is poor, that's when I discuss what to do if the heart stops.</p> <p>On [DATE] at 01:53 PM, an interview was conducted with the facility Director of Nursing (DON), Administrator and Regional Director of Clinical Operations (RDCO). The Administrator acknowledged that the facility was unable to provide documentation related to the education provided to Resident #77 regarding end-of-life decisions.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Seneca Trail Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 Maplewood Avenue Lewisburg, WV 24901	
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 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>49650</p> <p>Based on medical record review and staff interview the facility failed to revise the comprehensive care plan for anxiety. This was true for 1 of 5 residents reviewed for unnecessary medications, psychotropic medications, and medication regimen review during the long term care survey process. Resident Identifier: #60. Facility Census: 78.</p> <p>a) Resident #60</p> <p>During a medical record review on 09/05/24 it is identified that Resident #60 has a diagnosis of anxiety order date 03/09/23. It is further identified that the resident has a past medical history of anxiety, depression, insomnia, mood disorder and inappropriate sexual behaviors.</p> <p>It is identified that the resident has been seen for psychiatric services since 01/26/24 due to behaviors including but not limited to sexual behaviors. The physician visit encounter note documented in Gehrmed on 04/16/24 under the clinical education section referenced to the anxiety disorder for non-pharmacological interventions recommendations is noted: (Typed as written) Offer a calm environment, offer own support as well as from family and peers, reassurance during panic attacks, music therapy, pet therapy, massage, art therapy or other relaxing activities, relaxation training, breathing exercises to encourage relaxation, guided imagery, exercise, outdoor walks, and aromatherapy.</p> <p>A care plan review identified that the resident was care planned for the behaviors of (typed as written) Resident #60 [Residents first name written] has been observed to have sexually inappropriate behaviors including grabbing at staff and making inappropriate sexual and derogatory comments to staff and masturbating when others are present. Resident has been observed to masturbate and leave his penis out of the brief and in view of others. Resident has a behavior of voiding in inappropriate places. Resident has a behavior of being resistant to care, with physical and verbal behaviors exhibited. This care plan is dated 08/21/23 and was revised on 02/29/24</p> <p>Further review of the residents care plan, it is identified that Resident #60 had been care planned upon admission 03/08/24 for the use of medications for the anxiety disorder diagnosis. It is further identified that the care plan was not revised to reflect the recommended non-pharmacological interventions of (Typed as written) Offer a calm environment, offer own support as well as from family and peers, reassurance during panic attacks, music therapy, pet therapy, massage, art therapy or other relaxing activities, relaxation training, breathing exercises to encourage relaxation, guided imagery, exercise, outdoor walks, and aromatherapy documented on 04/16/24.</p> <p>Medical record review further identifies that the anxiety medication was discontinued on 07/02/24 and the care plan for the use of the anxiety medication was resolved on 07/02/24.</p> <p>During an interview with the Director of Nursing (DON) on 09/09/24 at approximately 1:30 PM the DON stated Resident #60's care plan had been resolved when the medication was discontinued. The DON further agreed that with the ongoing behaviors of the resident that she could see where it would be appropriate to care plan non-pharmacological interventions for the anxiety disorder.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Seneca Trail Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 Maplewood Avenue Lewisburg, WV 24901	
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50552</p> <p>Based on record review and staff interview the facility failed to ensure care and services provided to one (1) of three (3) resident's were in accordance with professional standards of practice to meet the resident's highest possible level of functioning and well being of the resident. Resident #67 received enteral feeding. The resident experienced a weight loss. The facility had not ensured the resident's enteral feeding volume was being documented and the nurse practitioner did not follow up for concerns regarding the resident's weight loss. Resident identifier: #67. Facility census: 78.</p> <p>Findings include:</p> <p>a) Resident #67</p> <p>On 09/03/24 at 02:03 PM, a record review was conducted for Resident #67.</p> <p>On 03/03/2024, Resident #67 weighed 199 pounds (lbs.).</p> <p>On 09/02/2024, Resident #67 weighed 178 lbs., which was a -10.55 % Loss.</p> <p>A review of Resident #67's physician's orders was then performed, Resident #67 was noted to be receiving the following orders for nutrition:</p> <ol style="list-style-type: none"> 1. Regular diet, Dys Puree texture, Honey Thickened Liquids consistency, Double Portions, Kennedy cup with meals and at bedside. No oatmeal. 2. Med Pass Product (2 Cal), two times a day 4 oz (110 ml) Thickened to Honey Consistency <p>Supplement</p> <ol style="list-style-type: none"> 3. Frozen Nutritional Treat, two times a day with lunch and dinner Supplement 4. Enteral Feed, at bedtime for weight loss Formula: 2 TwoCal via indicate: Peg Tube. <p>Enteral Feed</p> <p>In addition to the following care plan:</p> <p>Focus:</p> <p>The resident has a feeding tube r/t Dysphagia. He was ordered a PO diet post swallow study and progress with Speech Therapy.</p> <p>Enteral feedings and a PO diet are ordered at this time.</p> <p>Goal:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Seneca Trail Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 Maplewood Avenue Lewisburg, WV 24901	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident will maintain adequate nutrition and hydration status though review date.</p> <p>Resident will remain free of complications through review date.</p> <p>Interventions/Tasks:</p> <p>Administer flushes per medical provider's order.</p> <p>Administer medications via tube, per orders.</p> <p>Check for placement and residuals per policy.</p> <p>Head of bed elevated 30 degrees or higher.</p> <p>Resident will lower his head of bed frequently, discourage this if observed and assist with elevation as he allows.</p> <p>Monitor intake of enteral tube feeding--- if ordered.</p> <p>Notify medical provider and resident representative of unplanned weight changes.</p> <p>Nutritional consult on admission, quarterly, and as needed.</p> <p>Obtain labs per medical provider's order.</p> <p>Obtain weights as ordered/indicated.</p> <p>Provide diet as ordered.</p> <p>Provide flushes per medical provider orders.</p> <p>Provide insertion site care, per orders.</p> <p>Provide oral care.</p> <p>Secure tube to prevent dislodging.</p> <p>ST/OT eval and treat, as ordered/needed.</p> <p>Furthermore, a review of Resident #67's progress notes was conducted which revealed the following weight change notes:</p> <p>03/08/24 2:18 PM</p> <p>Weight Change Note</p> <p>Value: 200 (pounds)</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Seneca Trail Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 Maplewood Avenue Lewisburg, WV 24901	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Res (Resident) with sig (significant) weight loss x 1 month and x 6 months. Originally weight loss had been felt to be therapeutic however current goal to maintain. IDT (interdisciplinary team) have identified Resident to seem more withdrawn and refusing to get up out of bed. After further investigation Resident requests a room move r/t (related to) incompatibility. Resident's intake at meals continues to be good at 76-100% most meals on Regular diet, Dys Mech texture, Thin liquids consistency, [NAME] Cup with meals and at bedside. Res had been ordered 8 oz Glucerna QD with 100% intake so recommend changing supplement to 8 oz Boost Glucose control BID (twice a day). Res (resident) also ordered ProSource QD (everyday) with good intake. Recommend d/c'ing (discontinuing) ProSource and starting double entree portions with meals. Resident's order for Remeron also being increased from 7.5 mg (milligram) to 15 mg. Will continue to follow.</p> <p>03/26/24 2:03 PM</p> <p>Weight Change Note</p> <p>Value: 187.7 lbs. (pounds)</p> <p>Note Text: WEIGHT WARNING:</p> <p>Res (resident) RA w/dx acute metabolic encephalopathy, severe sepsis, pyelonephritis, bronchopneumonia, HCAP (healthcare-associated pneumonia), AKI (acute kidney injury), A-Fib (atrial fibrillation) , T2DM, (Type 2 Diabetes Mellitus) Seizure d/o, HLD (hyperlipidemia), and dysphagia. Skin is intact per documentation. Regular diet, Dys Puree texture, Honey Thickened Liquids consistency- 63% intake average. Res requires total assistance with meals. Res lost weight while oof with acute illness. Meds include: Pantoprazole, Senna-Dok, Linezolid, PEG, Metformin 500mg BID, Maalox, DOK, and Lactobacillus. Recommend starting 4 oz MedPass 2.0 Thickened to Honey consistency BID and Frozen nutritional treat BID with lunch and dinner."</p> <p>05/15/24 9:20 AM</p> <p>Weight Change Note</p> <p>Note Text: WEIGHT WARNING:</p> <p>Value: 185.4</p> <p>6 months. Majority of loss r/t acute illness requiring hospitalization . Resident's PEG tube remains intact however currently on PO diet with current order: Regular diet, Dys Puree texture, Honey Thickened Liquids consistency, Double Portions- 76-100%. Double portions added on 5/7 r/t additional weight loss with most recent weight obtained showing a trend up. Res is also being encourage (encourage) to sit up in chair for meals. Other supplements ordered include a Frozen Nutritional Treat with lunch and dinner, and 4 oz MedPass 2.0 thickened to honey consistency- both with 100% intake per EMAR (electronic medical record). Skin is intact per documentation. Meds include Pantoprazole, Senna, PEG, Metformin 500 mg BID, DOK, and Maalox TID (three times a day). Will continue to follow weekly weights making recs (recommendations) as appropriate.</p> <p>07/09/24 2:45 PM</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Seneca Trail Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 Maplewood Avenue Lewisburg, WV 24901	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Weight Change Note</p> <p>Note Text: WEIGHT WARNING:</p> <p>Value: 177.9</p> <p>Res with a 10% weight loss x 6 months. Weight stable x 2 months with weights being obtained twice weekly for close monitoring. Food preferences obtained via Resident, and Resident's sister. Regular diet, Dys Puree texture, Honey Thickened Liquids consistency, Double Portion entree and Kennedy cup with meals and at bedside- intake is 76-100% most meals. Resident is encouraged to take meals in dining room with assistance as needed. Resident is able to feed self past setup most meals. Resident is also ordered Frozen Nutritional Treat BID and 4 oz MedPass thickened to honey consistency BID- with 100% intake most passes. Res is ordered TwoCal 2 Bolus via Peg tube QHS, flushing 60 mls (milliliters) before and after each bolus. No recs at this time.</p> <p>08/09/24 8:56 AM</p> <p>Weight Change Note</p> <p>Note Text: WEIGHT WARNING:</p> <p>Value: 177.0</p> <p>Res weight seems to be stabilizing at this time. Diet is Regular diet, Dys Puree texture, Honey Thickened Liquids consistency, Double Portions, and Kennedy cup with meals and at bedside- intake is 76-100% most meals. Resident is also ordered a frozen nutritional treat BID with lunch and dinner and 4 oz MedPass thickened to Honey consistency BID. Supplemental enteral nutrition order is 237mls TwoCal before bedtime flushing 60mls before and after. With current diet order, supplements and snacks as well as enteral nutrition Resident is exceeding est. nutritional needs. Resident is weighed twice weekly for monitoring. No recs at this time. Will continue to follow.</p> <p>On 09/10/24 at approximately 10:00 AM, a review of Resident #67's Medication Administration Record was conducted revealing that while the facility staff documented that Resident #67's enteral feed was administered. The amount given was not documented.</p> <p>On 09/10/24 at approximately 11:20 AM, a review of the Policy and Procedure entitled, Enteral General Nutritional (tube feeding) Guidelines was conducted revealing that flush volumes were to be recorded.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Seneca Trail Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 Maplewood Avenue Lewisburg, WV 24901	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/10/24 at 01:03 PM, an interview was conducted with the facility Dietician. At this time, the Dietician acknowledged she monitored Resident #67's intake related to food consumption, however, the volume of enteral feed consumed by Resident #67 was not documented. At that time, this Surveyor asked the facility Dietician if the entire enteral feed was not consumed, how she was able to know, to which the facility dietician responded, I guess the staff would make a note, I am assuming he (Resident #67) is receiving the full bolus. The facility Dietician then stated, His (Resident #67) caloric intake far exceeds his (Resident #67) needs. This Surveyor then asked the facility Dietician if there could be an underlying cause not yet identified that could be causing Resident #67's weight loss to which the facility Dietician stated, I have not talked with the physician since May, when the TwoCal was started back. Since then, I have just been monitoring his weight. So, I really couldn't answer that question.</p> <p>On 09/10/24 at 01:53 PM, an interview was conducted with the facility Director of Nursing (DON), Administrator and Regional Director of Clinical Operations (RDCO). At this time, an encounter note was given to this Surveyor documented by the facility Nurse Practitioner (NP) dated for 05/13/24 at 01:00 AM. The NP documented that Resident #67 was seen this date for a stop & watch visit for eating less. During visit, resident was sitting up in gerichair. During chart review, resident ate 51-75% of previous date at lunchtime. Resident then noted to eat 75-100% of other meals. In addition the weight loss experienced by Resident #67 was discussed. In addition, Resident #67's orders, care plan and progress notes were reviewed. At this time, the Administrator acknowledged the following:</p> <ol style="list-style-type: none"> 1. Resident #67's enteral feeding volume was not being monitored as per the care plan. 2. It would be reasonable to assume if the flush volume is to be recorded, the enteral feeding volume would be also. 3. Resident #67 had been seen by the facility NP, however, the NP had acknowledged Resident #67's weight loss,. Resident #67 was not examined or treated for the weight loss by the NP. 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Seneca Trail Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 Maplewood Avenue Lewisburg, WV 24901	
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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>49650</p> <p>Based on a review of the facility records and staff interviews, the facility failed to ensure the staff posting forms were accurate with direct care nursing staff totals and direct care nursing staff hour totals. The facility also failed to retain the staff posting form for 18 months. This was identified during the long term survey process and had the ability to affect a limited number of residents. Facility Census: 78.</p> <p>Findings included:</p> <p>a) Inaccurate total count of direct care nursing staff and the direct care nursing staff total hours;</p> <p>During a review of the staff posting forms on 09/09/24 at approximately 11:00 AM it is identified that the total count of direct care nursing staff and the direct care nursing staff total hours includes nursing staff with administrative duties and their nursing staff administrative hours.</p> <p>-09/04/23</p> <p>Registered Nurse (RN) count of staff total 3</p> <p>RN hours 24</p> <p>During a review with Medical Records (MR) #44 on 09/09/24 at approximately 11:45 AM the total count of direct care staff included 8 hours of the RN Unit Manager hours. MR #44 agreed that the RN count of staff total and the RN hours was inaccurate.</p> <p>-02/12/24</p> <p>Licensed Practice Nurse (LPN) with administrative duties - 1 (one) total count with 8 administrative hours.</p> <p>RN with administrative duties - 3 (three) total count with 24.25 administrative hours.</p> <p>During a review with MR #44 09/09/24 at approximately 11:45 AM, MR #44 agreed that 1 (one) LPN with administrative duties and the 8 LPN administrative hours as well as the 3 (three) RN with administrative duties total count with 24.25 administrative hours should not have been added as direct care staff to the staffing posting form.</p> <p>During an interview with the Administrator on 09/09/24 at 2:37 PM a review was completed of the Labor Classification/ Job Title section of the Centers for Medicare & Medicaid Services- Electronic Staffing Data Submission- Payroll-Based Journal- Long-Term Care Facility- Policy Manual Version 2.6.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Seneca Trail Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 Maplewood Avenue Lewisburg, WV 24901	
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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This section defines that the Labor Classification/Job Title Reporting shall be based on the employee's primary role and their official categorical title. It is understood that most roles have a variety of non-primary duties that are conducted throughout the day (e.g., helping out others when needed). Facilities shall still report just the total hours of that employee based on their primary role.</p> <p>CMS recognizes that staff may completely shift primary roles in each day. For example, a nurse who spends the first four hours of a shift as the unit manager, and the last four hours of a shift as a floor nurse. In these cases, facilities can change the designated job title and report four hours as a nurse with administrative duties, and four hours as a nurse (without administrative duties).</p> <p>During this review, the Administrator agreed that the Nursing staff with administrative duties and the Nursing staff with administrative duties hours should not have been included in the staffing posting form.</p> <p>b) Maintaining staffing posting forms</p> <p>During a review of the staff posting forms on 09/09/24 at approximately 11:00 AM it was identified that documents did not have any specific information for call outs or changes in the daily staffing activities.</p> <p>During an interview with Medical Records (MR) #44 she stated that the facility did not keep the staffing posting forms that were posted as they did not know they needed to. MR #44 stated the corporate office has them to enter the data in the computer of any changes each shift and to dispose of the forms. MD #44 agreed the staffing forms should have been maintained but that the facility does not have them.</p> <p>During an interview with the Administrator on 09/09/24 at approximately 2:40 PM the Administrator agreed the original staffing posting forms were required to be maintained for 18 months but the facility did not do that.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Seneca Trail Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 Maplewood Avenue Lewisburg, WV 24901	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50551</p> <p>Based on observation, record review and staff interview the facility failed to ensure food was stored and served under sanitary conditons and that food temperatures were logged for three (3) meals. There were items not labeled, opened and expired. Census 78.</p> <p>Findings included:</p> <p>a) Initial Tour of Kitchen-Freezer</p> <p>-On [DATE] at 11:15 AM a bag of breakfast sandwiches were observed in the walk-in freezer having no label and no date.</p> <p>-On [DATE] at 11:15 AM interview with Culinary Director #3 (three), revealed that this was food served at that mornings breakfast and someone failed to label it.</p> <p>b) Initial Tour of Kitchen-Walk in Cooler</p> <p>-On [DATE] at 11:30 AM observed a large container of unknown beverage not labeled or dated.</p> <p>-On [DATE] at 11:30 AM an interview with [NAME] #17 who stated the liquid in the large container was tea, and acknowledged it was not labeled or dated and disposed of it.</p> <p>c) Initial Tour of Kitchen- Dry Storage</p> <p>-On [DATE] at 11:35 AM it was observed that 4 bags of grits with best by date of [DATE] and marked [DATE] were in the dry storage.</p> <p>-On [DATE] at 11:35 AM Culinary Director #3 (three) reported to be honest, these are no longer on the menu, they have just been overlooked and I will throw them out now.</p> <p>d) Tour of Floor Pantry</p> <p>-On [DATE] at 3:00 PM, an open packet of coffee exposed to the air was found in the shelf with no dates.</p> <p>-On [DATE] at approximately 4:00 PM, during an interview, the Administrator acknowledged the coffee had since been disposed of and normally the entire bag would be used at time of opening or remainder disposed of.</p> <p>e) On [DATE] at 11:15 AM review of Service Line Checklist temperature logs in kitchen revealed that cooking temperatures and holding temperatures were not recorded for the following days between [DATE] to [DATE]</p> <p>-[DATE] Dinner meal Chicken salad and peaches.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Seneca Trail Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 Maplewood Avenue Lewisburg, WV 24901	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-[DATE] BBQ Chicken, Macaroni and cheese, fruit and pea salad.</p> <p>-[DATE] Pork, Potatoes, and Lima Beans</p> <p>On [DATE] at 11:30 AM interview with Culinary Director #3 (three) who acknowledged the temperatures had been taken but failed to be recorded. He stated the person was new and he, himself should have ensured it was completed.</p> <p>On [DATE] a review of facility policy form titled Healthcare Services Group Policy 016 revealed under Food Preparation included the following:</p> <p>-Procedure #9 (nine) the cook will prepare all cooked food items in a fashion that permits rapid heating to appropriate minimum internal temperature.</p> <p>-Procedures #14 temperature for Time/Temperature Control for Safety (TCS) will be recorded at time of service and monitored periodically during meal and service periods.</p> <p>f) Staff handling of used cups.</p> <p>During a dining room observation in the second floor dining area on [DATE] at 12:00 PM a staff member was observed to assist a resident who had requested a refill of their thickened drink. The staff member was observed to take the adaptive equipment cup in her left hand and the staff member then asked another resident if they needed another thickened drink in their adaptive equipment cup. The staff member then placed both used adaptive cups together in her bare left hand. The staff member took the adaptive cups into the nutritional room adjacent to the dining room.</p> <p>When exiting the nutritional room with the refilled adaptive cups, Activities Leader (AL) #79 stated she had prepared the refill for both thickened drinks and acknowledged that she had held them together in her bare left hand into the nutritional room and prepared the refill of the thickened drinks. AL #79 stated she should have taken one cup at a time to refill and that she was returning both adaptive cups to the nutritional room to obtain clean adaptive cups for the requested refill of thickened drinks.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Seneca Trail Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 Maplewood Avenue Lewisburg, WV 24901	

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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>50551</p> <p>Based on observation and staff interview, the facility failed to ensure trash and debris were stored in a safe and sanitary manner to prevent harborage of pests. The facility failed to keep the dumpster closed when not in use. This failed practice had the potential to affect more than a limited number of residents. Facility census: 78.</p> <p>Findings included:</p> <p>a) On 09/09/24 at 12:43PM observation revealed the facility dumpster lid was open while not in use and no staff present.</p> <p>b) On 09/09/24 at 12:46PM during an interview, the Administrator acknowledged the dumpster lid was open on facility dumpster and that it should be closed. She had dumpster door closed after interview.</p> <p>c) 09/09/24 at 3:55 PM, during an interview the Culinary Director reported there was no policy or procedure on waste disposal regarding the dumpster or otherwise.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Seneca Trail Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 Maplewood Avenue Lewisburg, WV 24901	
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 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>49650</p> <p>Based on medical record review and staff interview the facility failed to ensure the residents medical record was completed accurately when completing the skilled documentation. This was true for one (1) of 24 residents' medical records reviewed during the long-term care survey process. Resident Identifier: #56. Facility Census: 78.</p> <p>a) Resident #56</p> <p>During a medical record review on 09/10/24 at 12:31 PM it is identified that the Skilled Documentations (User Defined Assessment) UDA's from 08/15/24 through 09/02/14 was completed with the functional status under section (A), number four (4), that Resident #56 was receiving occupational and physical therapy services per each day from 08/15/24 through 09/02/14.</p> <p>Further review of the resident's orders, the occupational and physical therapy services had been discontinued as of 08/14/24. The occupational and physical therapy services were not identified in the resident's care plan.</p> <p>During an interview, with the Director of Nursing and the Administrator, on 09/10/24 at approximately 10:00 AM it was agreed that the Skilled Documentations (User Defined Assessment) UDA's from 08/15/24 through 09/02/14 was completed inaccurately under section (A), number four (4) as the residents occupational and physical therapy services had been discontinued as of 08/14/24.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Seneca Trail Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 Maplewood Avenue Lewisburg, WV 24901	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>49650</p> <p>Based on observation, resident interview and staff interview, the facility failed to maintain an effective pest control program for flies. This was a random opportunity for discovery during the long term care survey process. This had the opportunity to affect a limited number of residents. Resident #55. Facility Census. 78.</p> <p>Findings included:</p> <p>a) Resident #55</p> <p>On 09/05/24 at 01:56 PM during an interview with Resident #55, the resident was observed to be lying in her bed with her lower legs uncovered. A fly was identified to be sitting on the inside of her left ankle. The resident stated, The flies are terrible here.</p> <p>During an interview, on 09/05/24 at approximately 2:00 PM, with Licensed Practice Nurse (LPN) LPN #87 acknowledged the fly as it was still sitting on the residents leg and would fly around and land again on the residents leg/ankle on different areas. LPN # 87 stated the flies stay in there and that she would notify maintenance.</p> <p>During an interview with the Administrator on 09/05/24 at approximately 3:20 PM the Administrator stated that with the facility being so close to the [NAME] Virginia State Fair Grounds it creates an issue with flies because the Fair Grounds dumpster's set along the property line behind the facility. The Administrator further stated she has contacted their contracted company to come and treat for flies again.</p>