

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  515186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/23/2025
NAME OF PROVIDER OR SUPPLIER  Bluestone Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1600 Bland Street Bluefield, WV 24701	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and staff interview the facility failed to provide a safe, clean, comfortable, homelike environment. This failed practice was a random opportunity for discovery, and had the potential to effect more than a limited number of residents during the complaint survey process. Facility Census 59. a) Packaged Terminal Air Conditioner (PTAC) unitsAn observation on 10/20/25 at 11:10 AM, revealed that the PTAC units in rooms 113, 125, 130, 131 and 132 had dirty filters that were covered with layers of dust. Additionally, room [ROOM NUMBER]'s PTAC unit had a dried, brown substance inside of the unit's vents.During an interview on 10/20/25 at approximately 11:20 AM, The Maintenance Director verified that room [ROOM NUMBER], 125, 130, 131, and 132 had dirty filters that were covered in dust and that the PTAC unit in room [ROOM NUMBER] had dried, brown substance inside of the vents. The Maintenance Director stated, Housekeeping normally cleans those vents when they clean the residents room.</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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>Based on record review, and staff interview the facility failed to provide a staff posting that was accurate with actual nurse staffing numbers. This failed practice was a random opportunity for discovery during the complaint survey. Facility Census 59.a) Nursing staff postingsA review on 10/21/25 at 2:00 PM, of the Nurse Staff Postings from 09/2025 to present, revealed that of the 50 days reviewed, 16 of those appeared to be under the staff minimum of 2.25 for the day.Further review on 10/22/25 of the staff punch forms for the days in question, revealed punches for all days in questions, that put the staffing above the minimum. During an interview on 10/22/25 at 9:30 AM, the Director of nursing confirmed that the staff punch forms were correct and accurate and that the staff posting for the 16 days was incorrect.</p>		