STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515186	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bluestone Health and Rehabilitation	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on record review, observation, and staff interview, the facility failed to ensure precautions were taken for resident's when the smoking assessment and the resident's care plan indicated a need for the resident to wear a smoking apron for safety when smoking. This was true for one (1) of three (3) residents reviewed during the complaint survey process. Resident Identifier: #7. Facility Census: 54. Findings Included: a) Resident #7 A record review, completed on 06/17/26 at 8:50 PM, revealed Resident #7 had a smoking safety evaluation that was dated 05/08/26. The evaluation noted the resident was safe to smoke with a smoking apron and supervision.During an observation on 06/18/26 at 8:50 AM, Resident #7 was brought to the smoking area. Resident #7 was permitted to begin smoking with no smoking apron. At 8:53 AM, the Corporate RN #100 verified the active smoking evaluation indicated that a smoking apron was necessary for the resident's safety. At 8:55 AM, CNA #50 verified a smoking apron was not used for Resident #7.

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