

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2026
NAME OF PROVIDER OR SUPPLIER Princeton Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 315 Courthouse Rd. Princeton, WV 24740	
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 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to ensure water and other liquids consistent with residents' needs and preferences were provided at bedside. This failed practice had the potential to affect more than a limited number of residents. Resident Identifiers: #10, #13, #39, #49, #81, #103, and #113. Facility Census: 110. Findings included: a) On 02/02/26, Resident #103 had no drinks at bedside. The resident stated, I'm burning up. I need a drink. Please .I need a drink. On 02/02/26 at 03:20 PM, Licensed Practical Nurse (LPN) #87 confirmed the resident had no drinks at bedside and stated, I'll bring her a drink. Resident #10 had no water pitcher or [NAME] Cup at bedside. LPN #87 confirmed there were no drinks at the resident's bedside for the resident or the roommate and stated, I will get them drinks. At 01:00 PM , Nursing Assistant (NA) #9 confirmed there was no water or water pitcher at bedside and reported they would get the water in [NAME] Cups for the following residents: Resident #81 - No water/water pitcher only juice in Kennedy cup from lunch at bedside Resident #49 - No water/water pitcher, only juice in Kennedy cup from lunch at bedside. Resident #39 - No water/water pitcher or [NAME] Cup at bedside. Resident #13 - No water/water pitcher or [NAME] Cup at bedside. Resident #113 - No water/water pitcher or [NAME] Cup at bedside. Policy and Procedure for the Hydration Program stated, It is the policy of this facility to follow a hydration program to ensure each resident has sufficient fluid intake to maintain proper hydration and health. The policy and Procedure for Bedside Water Containers stated, The facility will provide patients/residents with fresh drinking water at their bedside daily. The Procedure included: Each patient/resident should have two complete water container sets for water at bedside. Night shift will be responsible for collecting used water containers and replacing clean water containers, filled with fresh water and ice on a daily basis. Soiled water containers will be taken to the food and nutrition services department dish room to be cleaned and sanitized the next day. Clean water containers will be returned to the unit the following day. Clean water containers will be stored inverted in a designated location until needed. This procedure is to be followed on a daily basis. On 02/03/2026 at 11:40 AM, the Dietary Manager (DM) reported the water pitchers are replaced and washed in the morning. Dietary delivers the clean pitchers in the early morning and staff distributes the ice/water. The DM reported they just put additional water pitchers out of storage to be washed and they have another box in storage. 2/03/2026 at 09:41 AM, the Administrator reported, We do a hydration pass twice a day.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 515187
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