STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515187	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Princeton Health Care Center	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	Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration. **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.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515187	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Princeton Health Care Center	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on record review, staff interview and observation, the facility failed to ensure dishes were cleaned under sanitary conditions in accordance with professional standards This failed practice had the potential to affect more than a limited number of residents. FACILITY:FACILITY. Facility Census: 110 Findings included: a) The following are general recommendations according to the U.S. Department of Health and Human Services, Public Health Services, FDA Food Code for each method. High Temperature Dishwasher (heat sanitization): Wash - 150-165 degrees F; Final Rinse - 180 degrees F. b) The facility's policy stated, The dish machines will be checked prior to meals to assure proper functioning and appropriate temperatures for cleaning and sanitizing. The procedure included, Prior to use, proper temperatures and/or chemical concentrations and machine function should be verified. c) At 02/04/2026 at approximately 10:00 AM, the dishwasher temperatures were were observed during three cycles. The temperatures for the wash cycle ranged from 160-162 degrees Fahrenheit and the rinse cycles 140-142 degrees Fahrenheit. The facility's dishwashing log notes: Corrective action must be taken if wash temperature does not reach 152 degrees Fahrenheit, or if rinse does not meet 182 degrees Fahrenheit. Dietary Aide #163 reported they did not know the temperature while washing the breakfast dishes. At 9:50 AM the Assistant Dietary Manger confirmed the temperatures and asked Dietary Aide # 63 to drain it and refill the dishwasher. The Assistant Dietary Manager reported they take the dishwasher temperatures at the end of all the dishwashing. On 02/04/2026 at 10:05 AM, the dishwashing temperatures were rechecked and were found to be within the acceptable range. The was temperature was 162 degrees Fahrenheit and the rinse temperature was 195 degrees Fahrenheit. The Assistant Dietary Manager stated they know what to do if it doesn't temp . Drain it, refill it and re-temp. The dishwashing temperatures were confirmed with the Administrator at 10:08 AM At 11:05 PM, the Administrator and Maintenance Director reported the gauge does not appear to be working correctly and they have emailed Ecolab to come out to fix the problem. Moisture was observed in the gauge.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515187	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Princeton Health Care Center	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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on observations, staff interviews, and record reviews, the facility failed to maintain accurate and complete clinical records related to treatment documentation for two (2) of two (2) resident reviewed for brace use and one (1) resident for weight documentation. This failed practice had the potential to affect more than a minimal number of residents during the long term care survey process. Resident Identifier: #92, #4, and #7. Facility census: 110a) Resident #7 On 02/05/26 at 10:25 AM, during the record review a weight was documented on 01/15/2026 for Resident #7 in the electronic medical record. Progress Notes dated 01/08/2025 and 01/19/2026 documented the resident had refused to be weighed in January 2026.The Dietary Manager (DM) confirmed the progress note with weight refusal and the documented weight logged in the resident's electronic medical record The DM reported the resident was marked as refused in her note and on her weight sheet. The DM stated, I don't know how they got that weight. I have on my copy and note he refused . Not sure why that weight is in there. On 02/05/2026 at 10:35 AM, the DM stated, I'm going to go strike it out because I don't know why it is in there.b) Resident #4The initial observation and interview with Resident #4 on 02/02/26 at 3:11PM, revealed that Resident #4 had a contracture to the left hand. Resident #4 stated, I am supposed to have a carrot, but they don't always put it on. My boot for my right leg is broken and they have to order a new one. They do help when they are put on.A review on 02/04/25 at 9:42 AM, revealed that Resident #4 had the following orders:Right podus boot be worn for up to 6 hours on day shiftapply carrot orthotic to left hand for contracture every day shift.Further record review of the Treatment Administration Record (TAR), revealed that both devices were marked off, as if they were applied.An observation on 02/04/25 at 10:14 AM, revealed that neither the carrot to the left hand or the podus boot to the right foot were on, although they were checked on the TAR that both devices were applied.02/04/2026 10:31 AM During an interview and observation, the Administrator confirmed that the podus boot or carrot was not on Resident #4 as ordered, and as documented on the TAR. c) Resident #92Record review completed on 02/04/26 identified a physician order directing staff to apply a brace to the resident's right upper extremity for six (6) hours during day shift. Review of the Treatment Administration Record (TAR) indicated the brace was documented as applied per order.Surveyor observation on 02/02/2026 at 11:00 AM (day shift) revealed Resident #92 was not wearing the ordered brace to the right lower extremity. Continued observation on 02/04/26 revealed the brace remained off and was not applied until surveyor intervention at approximately 1:30 PM. The TAR continued to reflect the brace had been applied during this time period. This was confirmed by the Administrator who was present at the time the treatment nurse placed the brace on Resident #92.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515187	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Princeton Health Care Center	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interview the facility failed to maintain an infection control program to aid in preventing the spread of disease. This failed practice was a random opportunity for discovery and had the potential to affect more than a limited number of residents during the Long-Term Care Survey Process. Facility census: 110. Findings Include: a) Resident hand hygiene An observation of the noon time meal on 02/02/25 being served on 300 hall, revealed that room [ROOM NUMBER] thru #306 were served their lunch tray and no hand hygiene had been performed on the residents before eating their meal. During an interview on 02/02/25 at 1:10 PM, Nursing Assistant (NA) # 35 stated, We usually do wash their hands, but no I did not do it today. Now the one I just served I was gonna wash hers at the sink Further observation showed that the resident's hands NA #35 was going to wash at the sink, and was sitting in bed with her tray in front of her. b) Hall 200 ice pass On 02/02/26 during Lunch tray pass the surveyor observed Nurse Aide#39 (NA) passing ice by using a clear cup to dip the ice from the pitcher and leaving the cup in the ice pitcher while serving. When asked by NA #39 if this is how they pass ice she stated this is how i normally do it. An interview on 02/02/26 at 12:30 PM with the Administrator was completed and the Administrator confirmed the cup being left in the ice pitcher was an infection control issue.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515187	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Princeton Health Care Center	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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review and staff interview, the facility failed to develop and implement a comprehensive, person-centered care plan that provided sufficient and specific instructions to guide staff in the use of a prescribed splint/brace for Resident #92. This was a random opportunity for discovery and had the potential to affect more than a minimal number of residents residing in the Long Term Care Facility. Resident identifier:#92 Facility Census: 110 Findings include:Record review completed on 02/04/26 of the Care Plan Report revised 01/23/2026 identified multiple interventions related to splint/brace use, including ~monitoring effectiveness~ provide Range of Motion (PROM)prior to application~ observing for redness or skin breakdown~ washing hands prior to application of a hand splint~ reporting concerns to nursing or restorative staff.Further record review revealed the care plan failed to identify the specific anatomical placement/location of the splint/brace.The lack of clear placement instructions resulted in incomplete guidance for staff responsible for implementing the care plan and created the potential for inconsistent application and ineffective use of the splint/brace.On 02/04/26 at approximatly 1:00 PM the Administrator confirmed the care plan was not accurate regarding where to place the splint/brace.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515187	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Princeton Health Care Center	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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on record review and staff interview, the facility failed to revise two (2) of 23 resident care plans when changes occurred. This deficient practice had the potential to affect two (2) of 23 residents reviewed in the long-term care survey sample. Resident Identifiers: #64 and #7. Facility Census: 110. Findings included: a) Resident #7 Resident #7's diet order stated, :Mechanical soft diet ground meats diet, Mechanical Soft texture, Nectar/Mildly Thick consistency two handled sip cup for sugar substitute. The resident's care plan stated, Mechanical soft ground meat nectar thick per order. and Staff to offer additional fluids such as jello, ice cream and popsicles. On 02/05/2026 at 10:47 AM, the Director of Nursing (DON) confirmed the care plan stated the resident was to have nectar thickened liquids, but additional fluids such as jello, ice cream and popsicles were recommended which are not considered thickened liquids. The DON confirmed the additional fluids were thinner than nectar consistency liquids, especially popsicles. According to the National Dysphagia Diet, a patient receiving thickened liquids must avoid foods that melt into thin liquids such as ice cream and gelatin. According to the International Dysphagia Diet Standardization Initiative. liquids that are not allowed with the classifications of thickened liquids included: thin liquids, ice cream, and gelatin. b) Resident #64 Review of Resident #64's electronic health record showed he experienced a fracture of the ankle upon which a walking boot was placed on 01/12/26. Review of Resident #64's comprehensive care plan showed the following focus, [Resident] has an ADL self-care performance deficit r/t [related to] Disease Process. On 01/15/26, the following intervention was initiated, Mobility: Ambulate times one assist with roller walker, wheelchair long distance. Further review of Resident #64's comprehensive care plan showed the following focus, [Resident] is at risk for falls r/t [related to] history of falls, medication use and impaired mobility. On 05/23/23, the following intervention was initiated, Ambulate independently with roller walker. On 02/05/26 at 10:46, the Administrator confirmed Resident #64's comprehensive care plan contained two (2) different interventions related to mobility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515187	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Princeton Health Care Center	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observation, record review, staff interview and resident interview the facility failed to provide care and services in accordance with professional standards of practice, by not applying devices ordered by the physician. This failed practice was found true for (2) two of (2) two residents reviewed for position and mobility during the Long-Term Care Survey Process. Resident identifiers: #4, and #92. Facility census: 110. .Findings include: a) Resident #4 The initial observation and interview with Resident #4 on 02/02/26 at 3:11 PM, revealed that Resident #4 had a contracture to the left hand. Resident #4 stated, I am supposed to have a carrot, but they don't always put it on. My boot for my right leg is broken and they have to order a new one. They do help when they are put on. A review on 02/04/25 at 9:42 AM, revealed that Resident #4 had the following orders: Right podus boot be worn for up to 6 hours on day shift apply carrot orthotic to the left hand for contracture every day shift. Further record review of the Treatment Administration Record (TAR), revealed that both devices were marked off, as if they were applied. An observation on 02/04/25 at 10:14 AM, revealed that neither the carrot to the left hand or the podus boot to the right foot were on, although they were checked on the TAR that both devices were applied. 02/04/2026 10:31 AM During an interview and observation, the Administrator confirmed that the podus boot or carrot was not on Resident #4 as ordered, and as documented on the TAR. b) Resident #92 Record review identified a physician order directing staff to apply a brace to the resident's right lower extremity for six (6) hours during the day shift. Surveyor observation on 02/02/2026 (day shift) revealed Resident #92 was not wearing the ordered brace to the right lower extremity as directed. Continued observation revealed the brace remained off and was not applied until 02/04/2026, after surveyor intervention. The facility's failure to ensure implementation of the ordered brace had the potential to result in decreased therapeutic effectiveness, decline in range of motion, discomfort, and increased risk for contractures and skin integrity concerns for Resident #92.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515187	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Princeton Health Care Center	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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to offer pneumococcal vaccines in accordance with professional standards of practice. This deficient practice had the potential to affect one (1) of five (5) residents reviewed for the care area of immunizations. Resident Identifier: #7. Facility Census: 110. Findings included: a) Resident #7 The facility's policy titled, Pneumococcal Vaccine with effective date 01/01/17 and revision date 10/10/23 stated it was the facility's policy to offer residents immunizations in accordance with current Centers for Disease Control (CDC) guidelines and recommendations. The policy also included the following recommendations for adults aged over [AGE] years old who received both pneumococcal conjugate vaccine (PCV) 13 and pneumococcal polysaccharide vaccine (PPSV) 23, and the PPSV 23 was administered at age [AGE] or older, Together, with the patient, vaccine providers may choose to administer a single dose of PCV20 The interval should be five (5) years or more since the last PCV13 or last PPSV23 dose. These recommendations are also the current CDC recommendations, which are available on-ine. Review of Resident #7's electronic medical record showed the resident had received a PSV13 vaccination on 12/26/16 and a PPSV23 vaccination on 01/27/18. The resident is currently [AGE] years old. He had been a resident at the facility since 2022. The resident's medical records contained no documentation that a PCV20 vaccination had been considered for the resident. On 02/05/2026 at 9:38 AM, Registered Nurse (RN) #14 confirmed PCV20 vaccination had not been considered for the resident in accordance with the facility and CDC policies. He stated he would contact the resident's health care provider.