

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/04/2025
NAME OF PROVIDER OR SUPPLIER Fairmont Rehabilitation and Healthcare Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 130 Kaufman Drive Fairmont, WV 26554	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to provide dependent residents with the assistance needed for showers and personal hygiene. This was true for three (3) of four (4) residents sampled. Resident Identifiers: #24, #72 and #76. Facility Census: 106. Findings Include: a) Resident #24 During an interview on 07/29/2025 at 10:39 AM, Resident #76 stated that she was scheduled for showers on Tuesday and Friday. The resident explained that the availability of showers depended on staffing levels. She further stated that she was admitted on [DATE] and her first shower occurred on 07/15/25. Record review on 07/29/25 at approximately 10:45 AM revealed that Resident #24 had received a shower on 07/15/25 and 07/19/25. The record also revealed that Resident #24 refused showers on 07/22/25 and 07/25/25. Resident denies refusing showers. She stated, I'll take anything that I can get. b) Resident #72 During an interview with Resident #72 on 07/29/25 at approximately 12:06 PM, the resident stated that she was admitted on [DATE]. Resident #72 stated that she had received a bed bath on 07/14/25. Record review on 07/29/25 at 11:30 AM revealed that Resident #72 received the following: bed bath 07/14/25 shower 07/16/25 bed bath 07/23/25 Resident #72 went on to state that she would be lucky if she could get two baths a week. c) Resident #76 On 07/29/25 at approximately 1:13 PM, Resident #76 stated that she was scheduled for two (2) showers a week. She said that she could request showers, but it depended on who was working. If the staff didn't feel like showering her, she would get a bed bath instead. Resident #76 denied refusing a shower or a bed bath. 07/29/25 2:00 PM record review revealed the following: Refused to shower at 8:45 PM on 07/01/25 Shower at 8:44 PM on 07/04/25 Shower at 8:33 PM on 07/08/25 Bed bath at 9:34 PM on 07/11/25 Refused a shower at 10:05 PM on 07/15/25 Bed bath at 7:31 PM on 07/25/25. Records reveal that Resident #76 did not receive a bed bath or shower for a period of nine (9) days, between 07/15/25 and 07/25/25 During an interview with the Administrator on 07/30/25 at approximately 10:55 AM, the Administrator provided shower logs and stated that they were accurate. During an interview on 07/29/25 at approximately 3:45 PM, with Nursing Assistants (NAs) #34, #53, and #107, they stated that there were times when, in the evenings, it was difficult to get all the residents on the schedule.</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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