STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515195	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elizabeth Care Center	83 Little Kanawha Pkwy Elizabeth, WV 26143

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on documentation review, resident interview, and staff interview, the facility failed to allow residents the right to file a grievance anonymously without having to ask for assistance from staff. This was true for five (5) of five (5) residents interviewed for for grievances. Resident identifiers: #15, #20, #24, #6, and #27. Facility Census: 35 Findings Included: Review of the facility policy titled, Grievances/Complaints, revealed that grievances and/or complaints may be submitted orally, or in writing, and may be filed anonymously. a) Resident Council Meeting During a Resident Council meeting, held on 03/24/26 at 2:30 PM, residents reported they did not know how to file their own grievance. If they had a complaint they would talk to staff, who would file the complaint and generally resolve the issue. They were not aware of any way to file a complaint anonymously. The Resident Council members agreed they had to go through a nurse or administrative staff directly. They denied having access to any forms or knowledge of any other manner in which to anonymously file a grievance within the facility. The following residents were in attendance and agreement: Resident's #15, #20, #24, #6, and #27. b) Interview with the Administrator During an interview on 03/24/26 at 3:38 PM, the Administrator acknowledged there was no anonymous grievance procedure within the building. She reported the facility had never had any anonymous grievances. She later stated there is a 1-800 number posted on the wall in which she did not know where the complaints went to and that the Ombudsman information was posted for grievances.

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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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. Based on record review and staff interview, the facility failed to complete a performance review of nurse aides at least once every 12 months. This was true for one (1) of five (5) nurse aides reviewed for the care area of sufficent and competent nurse staffing. This deficient practice had the potential to affect more than a limited number of residents. Facility census: 35. Findings included:a) Nurse Aide #56 Review of Nurse Aide #56's personnel file showed a performance review was conducted on 11/14/24. On at 03/25/2026 at 1:05 PM, the Office Coordinator confirmed Nurse Aide #56 continued to work in the facility as a per diem employee. The Office Coordinator also confirmed the nurse aide's last performance review was on 11/14/24. The Office Coordinator stated Nurse Aide #56 had required some time off work. When she returned, the office software changed her hire date, causing her yearly performance review to be missed. No further information was provided through the completion of the survey.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Post nurse staffing information every day. Based on observation and staff interview, the facility failed to ensure staffing information was posted in a prominent place readily accessible to residents, staff and visitors. This failed practice had the ability to affect more than a limited amount of residents and/or visitors to the facility. Facility Census 35. Findings Included: a) Daily Staff Posting On 03/24/2026 at 10:35 AM, the daily staffing post at the nurse's desk was observed to be dated for 03/23/26. b) Interview with Administrator On 03/24/26 at 10:45 AM, interview with Administrator who reported the Director of Nursing had the staffing sheet in her hand this morning and she was unsure what might have occurred. She returned around 10:55 AM and reported the staff posting had been placed behind yesterday's posting and has now been corrected. She also stated the nurse's station is the only place in the facility in which daily staffing is posted.

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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, observation, and staff interviews, the facility failed to store and prepare food in accordance with professional standards for food safety. There were foods not labeled and dated in the freezer and pantry refrigerator, there were missing temperatures for the kitchen equipment, outdated food in the refrigerator, dented cans, and kitchen utensils that needed cleaned. This deficient practice had the potential to affect all residents receiving nutrition from the kitchen. Census: 35. Findings Included: A policy titled, Food Preparation and Service, states the temperatures of foods held in steam tables are monitored throughout the meal by food and nutrition services. A policy titled, Refrigerators and Freezers, states Food Service Supervisors or designated employees will check and record refrigerator and freezer temperatures daily with first opening and at closing in the evening. It also states, all food shall be appropriately dated to ensure proper rotation by expiration dates. Received dates (dates of delivery) will be marked on cases and on individual items removed from cases for storage. Use by dates will be completed with expiration dates on all prepared food in refrigerators. Expiration dates on unopened food will be observed and use by dates indicated once food is opened. A policy titled, Sanitization, states for fixed equipment or utensils that do not fit in the dishwashing machine, washing shall consist of the following steps: equipment will be disassembled as necessary to allow access of the detergent/solution to all parts and removable components will be scraped to remove food particle accumulation and washed according to manual or dishwashing procedures. Another policy titled, Food Receiving and Storage, states all foods stored in the refrigerator or freezer will be covered, labeled, and dated (use by date) and all foods belonging to residents must be labeled with the resident's name and the use by date. a) Kitchen Tour During the initial kitchen tour, on 03/23/26 at 11:45AM, the following issues were identified:-there were missing temperatures on the food temperature log. None of the temperatures for meals served on 03/01/26 and 03/02/26 were logged.-the curly fries in the freezer were in a ziploc bag with no label or date.-there were two (2) dented cans, one of spaghetti sauce and the other a cheddar cheese sauce, on the shelf to be used.-the can opener had leftover food on the cutting edge.-the refrigerator and freezer temperatures for 03/02/26 were missing on the temperature logs -the dishwasher and three (3) compartment sink temperatures were missing from the temperature logs for 03/01/26 and 03/02/26.-there was a jar of outdated pickle relish in the refrigerator dated best by 03/19/26. All of these findings were confirmed by Dietary Services Director at 12:00 PM on 03/23/26. b) Tour of Pantry A tour of the pantry, at 8:45 AM on 03/24/26, revealed a bag of grapes with no label of resident's name or a received or use by date. This was confirmed by Certified Nursing Assistant #34 at 8:45 AM. c) Second Kitchen Tour On 03/24/26 at 3:00 PM, a second tour of the kitchen was conducted. The following findings were identified:-the knife rack had dust layered on top and the inside of the knife rack was full of crumbs.-Wet nesting (the practice of placing recently washed items together restricting air flow which can lead to bacterial growth) was identified in the drying rack with several wet cups stacked on top of each other. These findings were confirmed by Dietary Services Director on 03/24/26 at 3:15 PM.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on resident interview, observation, and staff interview, the facility failed to ensure resident dignity during dining. The facility failed to ensure tablemates in the dining room received their meal trays at the same time. This was a random opportunity for discovery. Resident Identifiers: #3, #16 and #5. Facility Census: 35. Findings included: a) Resident Rights Review of the facility's documentation on Resident Rights revealed that employees shall treat all residents with kindness, respect, and dignity. b) Lunch Dining Observation During a dining observation, on 03/24/2026 at 12:05 PM, it was noted that Resident #16, Resident #5, and Resident #3 were all sitting together at a table. Two (2) of the three (3) residents sitting at that table were served: Resident #16 and Resident #5. Then four (4) more tables were served before Resident #3 received her meal. Resident #3 let the nursing staff know she was hungry and still waiting for her food at 12:13 PM. The nursing staff informed the cook that they needed Resident #3's meal tray. During an interview at 12:14 PM, [NAME] #63 was asked why Resident #3 was not served at the same time as the other residents at her table. [NAME] #63 replied, It was on me. I did not realize she was sitting there.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on documentation review, resident interview, observation, and staff interview, the facility failed to ensure one (1) of two (2) residents received the assistance needed with activities of daily living. Resident #6 did not receive the assistance needed to maintain personal grooming according to her preferences. Resident identifier: #6. Facility census: 35.Findings included:Review of the facility policy titled Activities of Daily Living (ADLs) revealed, residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). The policy further stated residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. Hygiene was described as bathing, dressing, grooming, and/or oral care. a) Resident #6 During an interview on 03/23/26 at 1:38 PM, Resident #6 stated that the only concern she had was she had facial hair located on her chin that the staff used to shave for her, but they have not done it lately, and she would be tickled if someone would take care of it for her. Surveyor did observe many hairs growing from her chin. During an interview, on 03/23/26 at approximately 3:40 PM, the Administrator acknowledged Resident #6 had unwanted facial hair and she stated, I will take care of it. On 03/24/2026 at 11:00 AM, Resident #6 reported she was happy that the nursing staff shaved her chin for her.

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. Based on observation, record review, and staff interview, the facility failed to ensure residents had appropriate assistive devices for eating and drinking. Resident #12 did not have a Kennedy cup (a lightweight open handle cup used to prevent spills) at bedside. Resident #14 had a suction divided plate that was set inside of the plate cover and therefore unable to suction to the table. This was true for one (1) of one (1) residents sampled for nutrition and one (1) of twelve (12) residents sampled for dining during the Long-Term Care Survey Process. Resident Identifiers: #12, #14 Census: 35. Findings included: A policy titled, Food and Nutrition Services, states nursing staff will ensure that assistive devices are available to residents as needed. a) Resident #12 Review of the electronic medical record revealed: -An order, dated 02/25/26, that read, Devices: Kennedy cup. -Resident #12's care plan had a Kennedy cup listed as an intervention with the focus of Nutrition: [Resident #12] is at risk for alteration in nutritional status [related to] R/T cognitive deficits, moderate protein calorie malnutrition (MNA) 02/05/26, [history] HX vitamin D deficiency, mechanically altered diet, therapeutic diet, low BMI (body mass index), HX nausea. -Section GG of the annual minimum data set (MDS), with an assessment reference date of 02/26/26, showed resident had an impairment in one upper extremity requiring partial assistance with eating and drinking. Resident #12 was observed lying in bed, at 11:00 AM on 03/24/26, with a regular cup and a straw on the bedside table. Certified Nursing Assistant #34 confirmed resident did not have a Kennedy cup in her room at 11:17 AM. b) Resident #14 A brief record review revealed Resident #14 had an order for a suction divided plate with meals. During dining observation, on 03/24/2026 at 12:04 PM, Resident #14 did receive the suction divided plate, but it was not suctioned to the table. It was suctioned to the plate base, and the plate base could still move around the table. At 12:18 PM, Certified Nursing Assistant (CNA) #34 did take the suction divided plate out of the base and suctioned it to the table. Surveyor asked Resident #14 if that was better? She said,Yes. CNA #34 was asked if it should have been suctioned to the table when Resident #14 was served. She replied, As far as I know, it should have been.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and staff interview, the facility failed to ensure complete and accurate medical records for Resident #13 and Resident #4. This was true for one (1) of three (3) residents sampled for beneficiary notification and one (1) of five (5) residents sampled for unnecessary medications during the Long-Term Care survey process. Resident identifiers: #13, #4. Facility Census: 35.a) Resident #13 During a record review, it was noted the Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNF-ABN) form was missing a check in the boxes under the options category. These options explain how the resident or Power of Attorney (POA) want the facility to bill Medicare for their continued stay after Medicare A stops paying.It was confirmed by Business Office Manager, at approximately 12:00 PM on 03/24/26, the boxes were not checked and should have been. b) Resident #4 During a record review, the Psychotropic Medication Informed Consent form was missing a check in the boxes labeled statement of consent. The following are the options provided that were not marked:-I do desire the use of the medication(s) listed above and do consent to their use. I understand that once the target symptom or behavior is controlled, the dose should be gradually decreased to the lowest possible dosage and frequency, or discontinued unless contraindicated by physician.-I have been informed of non-pharmacological interventions that have been attempted.-I have received education regarding this medication, including side effects and Black Box Warnings.-I do consent to the use of medication interventions but only on a temporary basis for treatment of life-threatening medical symptoms only.-I do not desire, nor consent to, the use of this medication intervention on a regular or temporary basis. I realize the risks of not taking this medication may result in uncontrolled symptoms or behaviors which may make it difficult for the nursing staff to appropriately provide care. During an interview with the Director of Nursing, on 03/24/26 at approximately 3:30 PM, it was confirmed none of the boxes were checked.