

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER Fairmont Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1325 Locust Avenue 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on record review, and staff interview the facility failed to provide care in accordance with professional standards by not following physicians orders for pain medication administration. This failed practice was found true for (1) one of (5) five residents reviewed for unnecessary medications during the Long-Term Care Survey Process. Resident Identifier #45. Facility Census 17. Findings include: a) Resident #45 A record review on 08/19/25 at 1:00 PM, revealed an as needed (PRN) order for Resident #45 for Tramadol 50 Milligram (mg) tablets up to 3 times per day for pain indication of severe numbered as (7) seven to 10. Further record review of Resident #45's pain indicators and Medication Administration Record (MAR) from admission to present revealed the following: On 07/24/25 at 11:10 PM, pain Level 6, was administered Tramadol. On 07/26/25 at 12:42 AM, pain level 5, was administered Tramadol. On 07/31/25 at 10:02 PM, pain level 5, was administered Tramadol. On 08/04/25 at 8:45 PM, pain level 6, was administered Tramadol. On 08/06/25 at 9:21 PM, pain level 6, was administered Tramadol. On 08/08/25 at 10:36 PM, pain level 6, was administered Tramadol. On 08/09/25 at 8:54 PM, pain level 4, was administered Tramadol. On 08/10/25 at 4:07 PM, pain level 6, was administered Tramadol. On 08/15/25 at 8:54 PM, pain level 5, was administered Tramadol. During an interview on 08/19/25 at approximately 2:00 PM, The Nursing Manager (NM), confirmed that the PRN Tramadol was not given as ordered according to the pain scale. NM further stated, I am starting education on this now.</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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