STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	51A013	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Minnie Hamilton Health Care	186 Hospital Drive Grantsville, WV 26147

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 observation, Resident Council interview, and staff interview the facility failed to ensure residents know how to file a grievance and could do so anonymously if they desired. This failed practice was a random opportunity for discovery and had the potential to affect more than a limited number of residents. Facility Census 23.Findings Include:a)Resident CouncilDuring the Resident council meeting on 08/12/25 at 10:30 AM, The Resident Council as a whole said that they did not know how to file a grievance.An observation on 08/12/2025 at 11:06 AM, revealed that there are no grievance forms readily available to residents on the unit.During an interview on 08/12/25 at 11:10 PM, The Activity Director (AD) went behind the nurses station and pulled a concern form out of the file cabinet and stated, I didn't know these had to be available for residents to get on their own. I will get something to put them in and get them put out for the residents to get.

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 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 observation and staff interview the facility failed to treat each resident with respect and dignity during a meal. This is a random opportunity of discovery. Resident Identifier: #14. Facility Census: #23. Findings Include: a) Resident #14 On 08/12/2025 at 12:23 PM Certified Nurse Aide (CNA) #28 was observed standing in the dining room assisting Resident #14 with her lunch meal. When the CNA was told she can not stand and assist a resident with meals, she stated I can't get a chair in here. I replied that she can move the resident if needed but she can not stand, it is a dignity issue. She obtained a chair and assisted the resident. This was confirmed with Cheif Exeucitive Officer on 08/12/2025 at 1:15 PM.

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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 observation, record review, and staff interview the facility failed to develop/implement a care plan related to hand rolls for contractures. This failed practice was found true for (1) one of 12 residents reviewed for care plan accuracy during the Long-Term Care Survey Process. Resident identifier #16. Facility Census 23.Findings Include:a)Resident #16An observation on 08/11/25 at 2:50 PM, revealed that Resident #16 had contractures to both left and right hands.A record review on 08/11/25 at 3:30 PM, of Resident #16's order shows an order that reads as follows: Hand rolls to both hands due to immobility, contractures, and seizures.An observation on 08/12/25 at 9:00 AM, revealed Resident #16 in his room watching television in his Geri Chair. Resident did not have hand rolls in place as ordered by the physician.A record review on 08/12/25 at 10:30 AM revealed a care plan dated 07/09/25 for Resident #16 that reads as follows:Problem: (Resident #16 name) demonstrated no signs or symptoms of pain during the interview process, but does have multiple contractures, poor postures, broken teeth, muscle/bladder spasms and muscle rigidity putting him at risk for pain.Goal:(Resident #16 named) will demonstrate no sign or symptoms of discomfort through the next review.Interventions include:Hand rolls to both hands due to immobility and contractures.During an interview and observation on 08/12/25 at 9:17 AM, Licensed Practical Nurse (LPN) #37 stated, Therapy usually puts them on after they do the splints, but I am not sure. Let me see what I can find out and get back to you. LPN #37 confirmed that Resident #16 did not have on hand rolls as written in the care plan.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and staff interview the facility failed to follow Physicians orders for neurological checks for unwitnessed falls and hand rolls for a resident. These findings were true for one (1) of three (3) residents reviewed during the Long Term Survey Process for falls. Resident Identifier: #10 and #16. Facility Census: #23. Findings Included: a) Resident #10 On 08/13/25 at 1:48 PM record review shows Resident #10 had an unwitnessed fall on 4/29/25 at 10:30PM (Event ID# WJX19620431). It is documented that Resident was noted to be on knees beside bed holding onto blanket. Pad on bed hanging on side of bed and wedge on floor. With each sound of thunder the resident was noted to jump and grab for nurse. Severe thunderstorms in area at time of fall. According to the event summary it states at approximately 10:30 PM resident was found rocking up onto her knew beside the bed, with a blanket being held by her. The pad on the bed was hanging off the side and the wedge was on the floor, every time the thunder from the storm boomed Resident would jump and grab ahold of my arm. No injuries noted. No redness noted, no s/s of pain or discomfort. Further record review shows an additional fall (Event ID #KQF19685358) on 06/13/25 when the resident was noted to be lying on the floor beside the bed wrapped in blankets sleeping. The bed was in the lowest position, and the call light was lying on the bed. The resident was noted to have rolled out of bed. The Event summary states: Resident was found lying on her left side by the bed wrapped up in her blanket asleep. Bed was in lowest position, call light on bed, non-skid socks were on, head to toe assessment was done, no injury found, no discoloration found. Resident followed commands as her normal. Pads were hanging off the side of the bed as if residents slid to the floor. Resident was not wet and had been to the bathroom [ROOM NUMBER] hours prior. I asked Resident if she slid on her buttocks to the floor and Resident shook her head yes. According to the facility policy on falls it reads: Procedure: 9. If resident received head injury or if fall was unwitnessed, nursing staff will complete neuro checks for 72 hours as follows: Every 15 minutes x 2 hours Every 30 minutes x 2 hours Every hour x 4 then (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Every 8 hours x 72 hours then discontinue if resident is stable. There were no neurological checks documented for either of these unwitnessed falls. This was confirmed with the Licensed Social Worker #54 on 08/13/25 at 9:50 AM at which time she agreed they were not documented. b) Resident #16 An observation on 08/11/25 at 2:50 PM, revealed that Resident #16 had contractures to both left and right hands. A record review on 08/11/25 at 3:30 PM, of Resident #16's order shows an order that reads as follows: “Hand rolls to both hands due to immobility, contractures, and seizures.” An observation on 08/12/25 at 9:00 AM revealed Resident #16 in his room watching television in his Geri Chair. Resident did not have hand rolls in place as ordered by the physician. A record review on 08/12/25 at 10:30 AM revealed a care plan dated 07/09/25 for Resident #16 that reads as follows:Problem:“(Resident #16 name) demonstrated no signs or symptoms of pain during the interview process, but does have multiple contractures, poor postures, broken teeth, muscle/bladder spasms and muscle rigidity putting him at risk for pain. Goal:(Resident #16 named) will demonstrate no sign or symptoms of discomfort through the next review. Interventions include:Hand rolls to both hands due to immobility and contractures.” During an interview and observation on 08/12/25 at 9:17 AM, Licensed Practical Nurse (LPN) #37 stated, Therapy usually puts them on after they do the splints, but I am not sure. Let me see what I can find out and get back to you. LPN #37 confirmed that Resident #16 did not have on hand rolls as written in the physician order.

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and staff interview the facility failed to promptly provide and/or obtain from an outside resource routine and emergency dental services to meet the needs of medicaid funded residents. This failed practice was found true for (1) one of (1) one resident reviewed for dental during the Long-Term Care Survey Process. Resident identifier #2. Facility Census 23.Findings Include:a)Resident #2The initial observation on 08/11/25 at 1:13 PM, revealed Resident #2 lying in bed. Residents' teeth appear to be broken off with the gum line.A record review on 08/12/25 at 1:54 PM, revealed a dental assessment worksheet completed on 05/16/24 and 08/12/24 marked as the Resident #2 having no problems with his teeth and/or gums.Further record review revealed a dental assessment worksheet completed on 05/01/25, marked yes for obvious cavities and yes for inflamed or bleeding gums.An readmission assessment dated [DATE] is marked that Resident #2 has his own teeth, and has inflamed gums. A record review on 08/13/25 at 1:45 PM, revealed a dental care plan for Resident #2 that reads as follows:Focus: (Resident #2 named) has self care deficit due to history of CVA, non ambulatory, poor condition and deconditioning. Has natural teeth with cavities and occasional bleeding gums.Goal: Resident's ADL needs will be met always appearing clean, neat and free of odor and will have no complaints of discomfort with moth care through next review.Approaches include:Dental Consult as needed.Provide gentle mouth care due to the history of bleeding gums. During an interview 08/13/25 at 3:30 PM, Licensed Practical Nurse/Medical Record Auditor (LPN,MRA) #39 stated, I can not find a dental consult for (Resident #2 named). We only do a consult if we find a problem or they tell us there is a problem. I do not feel how he is now that he would be able to tell us. I consider a change or a problem to be things like a new cavity or bleeding gums.