STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	51E154	A. Building B. Wing	01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Main Street Care	115 Summers Hospital Road, Suite 300 Hinton, WV 25951

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 - Few	Provide and implement an infection prevention and control program. Based on observation, and staff interview, the facility failed to maintain an appropriate infection control program for storage of personal hygiene products in a shared bathroom. This was a random opportunity for discovery. Facility Census: 30. Findings Included: a) Personal hygiene products On 01/14/25 at 11:05 AM, an observation was made of personal hygiene items sitting on the safety bar and on the floor of the shower. The personal items were two (2) cans of shaving cream, one (1) bottle of shampoo/conditioner/body wash, one (1) container of eczema soothing lotion, and one (1) stick. The personal hygiene items were not labeled. On 01/14/25 at 11:07 AM, Resident #12 was asked, Are these your personal items? Resident #12 stated, I think they are (Name of Resident #18). On 01/14/25 at 11:10 AM, Nurse Aide (NA) #10 was asked, do you know which resident these belong to? NA #10 said, I'm not sure .I will throw them away. On 01/14/25 at 1:00 PM, the Director of Nursing (DON) confirmed the items should be labeled.

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