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	01/08/2026

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on record review and staff interview, the facility failed to employee a Registered Nurse for eight (8) hours per day, seven (7) days a week as required. Facility:Faciity. Facility Census: 28Findings include: a) Registered Nurse Staffing On 01/07/26 at 11:00 AM observation of the Daily Staffing Report for the time period of 12/23/25 through 01/05/26 (14 days) finds there was not a Registered Nurse (RN) on duty for eight (8) consecutive hours daily as required. The facility employees four (4) Registered Nurses. They are the Director of Nursing (DON) (#28), The Assistance Director of Nursing (ADON) (#35) and two (2) part time Registered Nurses, #18 and #19. According to a review of the Employee Period Total Report, RN #19 did not work at all during the above time period. RN #18 worked 7.3 hours over the fourteen (14) days in the time period. According to the Administrator on 01/07/26 at 12:10 PM the DON and ADON usually work Monday through Friday but she can not provide documentation or state for sure the DON and ADON performed resident care. Review of the time frame of 12/23/25 through 01/05/26 show one (1) RN on eight (8) of the fourteen (14) days of which, according to the Administrator, may have been the DON or ADON. The above was confirmed on 01/07/26 at 12:30 PM with the Administrator at which time she agreed they needed to hire additional RN's.

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 0731 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Request a waiver if it can't meet the nurse staffing requirements. Based on record review and staff interview the facility failed to ensure a new, current Registered Nurse waiver was completed. Resident Identifier: Facility:Facility. Facility Census: #28 Findings include: a) Registered Nurse Waiver On 01/07/26 at 11:00 AM observation of the Daily Staffing Report for the time period of 12/23/25 through 01/05/26 (14 days) finds there was not a Registered Nurse (RN) on duty for eight (8) consecutive hours daily as required. The facility employees four (4) Registered Nurses. They are the Director of Nursing (DON) (#28), The Assistance Director of Nursing (ADON) (#35) and two (2) part time Registered Nurses, #18 and #19. According to a review of the Employee Period Total Report, RN #19 did not work at all during the above time period. RN #18 worked 7.3 hours over the fourteen (14) days in the time period. According to the Administrator on 01/07/26 at 12:10 PM the DON and ADON usually work Monday through Friday but she can not provide documentation or state for sure the DON and ADON performed resident care. The facility may apply for and request a waiver for exemption of such if they have attempted to employee additional RN's and are unable to do so based on location in a rural area and the supply of RN's may not be sufficient to hire. The facility failed to re-apply for such a waiver. The above was confirmed on 01/07/26 at 12:30 PM with the Administrator at which time she agreed they needed to hire additional RN's or apply and renew the waiver.

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on record review and staff interview the facility failed to ensure the continuing competence of nurse aides to include no less than 12 hours per year which include dementia management training and resident abuse/neglect prevention training. Facility Census: 28.Findings include: a) Certified Nurse Aide Training On 01/07/26 at 1:10 PM review of Certified Nurse Aide (CNA) training documentation for the following staff members were missing required training documentation on Abuse/Neglect. Staff Members:Nure Aide: #4, #9, #11, #15, #33 On 01/07/26 at 1:32 PM during an interview with the Administrator and Director of Nursing they stated there is no training for abuse/neglect. They felt this was covered under the Ethics in Healthcare in Medline University. A review of the description for Ethics in Healthcare revealed the following:Ethics in healthcare are the backbone of patient centered care, guiding decisions that respect autinomy, justice and human deginity. A strong ethical foundation is privotal in navigating the moral complexities of clinical practice, ensuring every patient is treated with fairness and respect. On 01/07/26 at 1:40 PM the above was confirmed with the Administrator at which time she agreed the abuse/neglect training was not completed as required by staff members.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on record review and staff interview, the facility failed to ensure a new Preadmission Screening and Resident Review (PASRR) was completed when residents received a diagnosis of a newly evident psychiatric disorder. This deficient practice had the potential to affect three (3) of three (3) residents reviewed for the care area of PASRR. Resident identifiers: #24, #3, and #5. Facility census: 28. Findings included:a) Resident #24 Review of Resident #24's medical record showed a Preadmission Screening and Resident Review (PASRR) was completed on 03/22/22. No diagnoses of mental illnesses were documented on the PASRR. On 10/01/24, while a resident at the facility, Resident #24 received a diagnosis of major depressive disorder, recurrent, moderate. On 01/07/2026 at 11:20 AM, the Director of Nursing (DON) confirmed a new PASRR had not been completed when Resident #24 received the new diagnosis of major depressive disorder. No further information was provided through the completion of the survey process. Findings include: b) Resident #3 On 01/06/26 at 12:58 PM record review of the Preadmission Screening and Resident Review (PASSR) dated 05/12/21 for Resident #3 found a new diagnosis of psychosis of which they receive Seroquel that is absent on the PASSR. On 01/06/26 at 2:10 PM during an interview with the Social Services Director #6 he stated he did not resubmit the PASSR because he was not aware he had to do such. The above was confirmed with Director of Nursing and the Administrator on 01/07/2026 10:43 AM at which time they agreed the PASSR should have been resubmitted. c) Resident #5 On 01/06/2026 1:30 PM record review of the Preadmission Screening and Resident Review (PASSR) dated 10/17/23 for Resident #5 found a new diagnosis of depression of which they receive Remeron for that is absent on the PASSR. On 01/06/26 at 2:10 PM during an interview with the Social Services Director #6 he stated he did not resubmit the PASSR because he was not aware he had to do such. The above was confirmed with Director of Nursing and the Administrator on 01/07/2026 10:43 AM at which time they agreed the PASSR should have been resubmitted.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interviews the facility failed to ensure resident hand hygiene was performed before meals in order to maintain an effective infection control program to prevent spread of disease and infections. Facility Census: #28 Findings Include: a) hand hygiene in rooms On 01/05/26 at 12:05 PM observation of the lunch meal tray pass found thygiene was not provided to residents on the [NAME] Hall specifically room [ROOM NUMBER] and #338. On 01/05/26 at 12:10 PM an interview with Certified Nurse Aide (CNA) #4 when asked if the residents were provided hand hygiene prior to the meal she stated, I usually give them a wipe or I give them a wet washcloth. When the surveyor stated they did not see them provide hand hygiene care, she stated, I didn't do it. On 01/05/26 at 12:25 PM observation In the dining room found hand hygiene was not performed. Residents had their meal and was eating their lunch at this time. Licensed Practical Nurse (LPN) #42 was ask if they provided hand hygiene to residents prior to all meals, she stated We usually do but haven't today. The above observations were confirmed with the Administrator #29 on 01/05/26 at 1:01 PM at which time she agreed they should have been provided hand hygiene.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities Based on record review and staff interview, the facility failed to ensure a Preadmission Screening and Resident Review (PASRR) was completed and accurate when residents were admitted with a diagnosis of an evident psychiatric disorder. This deficient practice had the potential to affect one (1) of three (3) residents reviewed for the care area of PASRR. Resident identifier: #5. Facility census: 28. Findings include: a) Resident #5 On 01/07/26 at 11:55 AM during a review of the PASSR for Resident #5 it was found this resident has a diagnosis of anxiety and visual hallucinations on the PASSR dated 10/17/23 which the Social Services Director #6 confirmed was the latest PASSR. Review of the current medical diagnosis for Resident #5 also reflected a diagnosis of Delusional disorders which was present on admission and receives Depakote and Seroquel for the diagnoses. The PASSR did not have this diagnosis listed. On 01/07/26 at 1:30 PM the above was confirmed with Director of Nursing and Administrator when they agreed the PASSR was incorrect.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, record review, and staff interview, the facility failed to maintain medication in accordance with accepted standards of practice. Multi-dose insulins had been in use longer than was recommended by the manufacturer. This was a random opportunity for discovery. Resident Identifiers: #6 and #3. Facility census: 28. Findings included: a) Medication Preparation Room - Insulins On 01/06/26 at 9:15 AM, the facility medication preparation room was inspected. A multiple-dose vial of Lantus insulin for Resident #6 was noted to have an opening date of 12/05/25. A multiple-dose prefilled pen of Lantus insulin for Resident #3 was noted to have an opening date of 12/05/25. Both opening dates were written on the medications in pen by the nurse who had first accessed the medication. The multiple-dose vial of Lantus insulin had a package insert which stated the following: - A multiple-dose vial of Lantus insulin can be used for 28 days refrigerated or at room temperature.- A multiple-dose prefilled pen of Lantus insulin can be used for 28 days at room temperature.Licensed Practical Nurse (LPN) #39 confirmed the Lantus insulins for Residents #6 and #3 had been in use for longer than recommended by the manufacturer. No further information was provided through the completion of the survey process.