STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515144	A. Building B. Wing	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lewisburg Healthcare Center	979 Rocky Hill Road Ronceverte, WV 24970

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 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure residents have reasonable access to and privacy in their use of communication methods. 49465 Based on Resident Council and staff interview the facility failed to provide reasonable access to mail services to residents by not delivering mail on Saturday's. This failed practice had the potential to affect more than a limited number of residents. Facility Census: 86. Findings Include: During a meeting with Resident Council on 02/06/24 at 10:30 AM the Resident Council made a complaint that the mail is not delivered on Saturdays. An interview on 02/06/24 at 11:11 AM, with Receptionist #(4) four confirmed The mail is delivered to the mailbox at the top of the road. Sometimes the mailman will bring mail into the facility, but if not activities will go get it. I sort the mail from the weekend on Monday's and give it to the Activity department to pass out to resident'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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515144	A. Building B. Wing	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lewisburg Healthcare Center	979 Rocky Hill Road Ronceverte, WV 24970

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 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. 49465 Based on Resident Council, observation, and staff interview the facility failed to display the most recent State inspection in a readily accessible area frequented by residents. It was discovered the State inspection was placed too high for residents in a wheelchair to reach. This had the potential to affect more than a limited number of residents. Facility census 86. Findings include: a) State inspection During the Resident Council meeting on 02/06/24 at 10:30 AM, Resident Council voiced they did not know if they had access to the State inspection or where it was located. An observation on 02/06/24 at 11:21 AM, revealed the State inspection was located in the lobby beside the receptionist office at a height too high for residents in wheelchairs to reach. During an interview on 02/06/24 at 1:26 PM the administrator stated, Someone can hand it to them, we have people here all the time. This statement confirmed residents in wheelchairs could not reach the State inspection with having to ask a staff member for help.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515144	A. Building B. Wing	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lewisburg Healthcare Center	979 Rocky Hill Road Ronceverte, WV 24970

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. 31498 , Based on record reviews and staff interviews, the facility failed to ensure the completion of a new Preadmission Screening and Resident Review (PASARR) for residents with a newly added psychiatric diagnosis. This deficient practice had the potential to affect three (3) of three (3) residents reviewed for the PASAAR care area. Resident identifiers: #62, #12 and #6. Facility census: 86. Findings include: a) Resident #62 During a medical record review on 02/06/24, revealed a new PASARR had not been completed when the psychiatric diagnosis of a major depressive disorder had been added to the medical diagnoses list on 11/02/22. In an interview with the Director of Nursing (DON) on 02/07/24 at 10:45 AM, they verified the new PASARR had not been completed when Resident #62 received a new diagnosis of major depressive disorder on 11/02/22. b) Resident #6 On 02/07/24, a record review of the resident's electronic medical record (EMR), the resident's Pre-Admission Screening (PAS), dated 03/22/21, indicated no level II was needed. Section lll #30 MI/MR Assessment indicated None. A continued record also revealed the resident received a psych diagnosis of Major Depressive Disorder, Recurrent on the diagnosis listed on admission 03/23/21 and Delusional Disorder on 11/01/23 but did not receive a new PAS to address whether or not specialized services were needed. On 02/07/24 at 10:00 AM, an interview with the Director of Nursing confirmed the admission PAS presented to the surveyor did not indicate a diagnosis of Major Depressive Disorder or Delusional Disorder. She verified a new PAS was not completed when she received the psychiatric diagnosis. She confirmed a new pas should have been completed. c) Resident #12 Review of Resident #12's medical records showed a Preadmission Screening and Resident Review (PASRR) had been completed for the resident on 09/27/19. The PASRR showed the resident had diagnoses of dementia and major depressive disorder. Further review of Resident #12's medical records showed the resident was diagnosed with schizoaffective disorder, bipolar type, on 01/10/23. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515144	A. Building B. Wing	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lewisburg Healthcare Center	979 Rocky Hill Road Ronceverte, WV 24970

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The medical records showed no updated PASARR was completed for the resident after the diagnosis of schizoaffective disorder, bipolar type, was made. During an interview on 02/06/24 at 1:41 PM, the Director of Nursing (DON) confirmed no updated PASAAR had been completed for Resident #12 when the resident received a diagnosis of schizoaffective disorder, bipolar type, to determine whether the resident's placement in the facility was appropriate. No further information was provided through the completion of the survey process. 39043 42120

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515144	A. Building B. Wing	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lewisburg Healthcare Center	979 Rocky Hill Road Ronceverte, WV 24970

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 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. 45171 Based on record review and staff interview the facility failed to develop a comprehensive person-centered care plan for bladder incontinence and dehydration. Resident Identifiers: #86 and #111. Facility Census: 86 Findings Include: a) Resident #86 On 02/05/24 at 2:00 PM during an interview with the resident, she discussed her needs for bladder incontinence. On 02/06/24 at 01:57 PM a record review found documentation of 73 urinary episodes, she was incontinent 67 of the 73 episodes. Further review of the record found there was no comprehensive care plan in place for bladder incontinence. This was confirmed with the Director of Nursing on 02/06/24 at 2:20 PM. b) Resident #11 An observation on 02/05/24 at 3:19 PM revealed, Resident #11 had an IV in his hand. A record review of Resident #11's order on 02/05/24 at 3:30 PM revealed Resident # 11 was receiving Sodium Chloride Intrevenous Solution for dehydration. Further review of the medical record showed no care plan was developed for Dehydration. During and Interview on 02/06/24 at 9:30 AM with the Director of Nursing it was confirmed a careplan was not developed for dehydration for Resident #11. 49465

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515144	A. Building B. Wing	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lewisburg Healthcare Center	979 Rocky Hill Road Ronceverte, WV 24970

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 31498 Based on record review and staff interview the facility failed to revise a person-centered care plan for a change in a resident's condition. This was true for one (1) of 23 care plans reviewed during the Long Term Care Survey Process. Resident #27 had a change in nutritional status which was not revised on the person centered care plan. Resident identifiers: #27. Facility census: 86. Findings include: a) Resident #27 During a medical record review on 02/07/24, the care plan had an intervention to educate and limit resident's salt intake. There was an order on 01/20/24 for sodium chloride tablet one (1) gram four (4) times a day as a supplement. Her diet orders were a regular diet, mechanical texture and regular consistency with a start date of 01/12/24. An interview with the Director of Nursing (DON) on 02/06/24 at 3:05 PM, verified the care plan had not been revised to remove the intervention for limiting salt intake.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515144	A. Building B. Wing	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lewisburg Healthcare Center	979 Rocky Hill Road Ronceverte, WV 24970

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 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. 42120 Based on observation, record review, resident, staff interview the facility failed to assist a dependent Resident with activities of daily living (ADL's) in accordance with the Residents assessed needs for care. This is true for one (1) of two (2) residents reviewed for ADL care. Resident Identifier: #240. Facility census: 86. Findings Include: a) Resident #240 showers On 02/05/24 at 12:12 PM, Resident #240 stated he hasn't received or been offered a shower or bath since his admission. A review of Resident #240's ADL documentation found; no showers documented. During an Interview on 02/06/24 at 11:09 AM the Director of Nursing (DON) verified there was no documentation that Resident #240 received showers. She stated, he should have been put on the shower list and been offered a shower before 02/05/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515144	A. Building B. Wing	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lewisburg Healthcare Center	979 Rocky Hill Road Ronceverte, WV 24970

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 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** 39043 Based on observation, record review, and staff interview, the facility failed to ensure residents received treatment and care in accordance with professional standards of practice. This deficient practice had the potential to affect three (3) of 23 residents reviewed in the long-term care survey sample. The facility failed to follow physician's orders for Resident #12 and Resident #90. The facility also failed to complete neurological evaluations after an unwitnessed fall for Resident #240. Resident Identifiers: #12, #240, #90. Facility census: 23. Findings included: a) Resident #12 Review of Resident #12's medical records showed a physician's order written on 03/16/22 for no water pitcher at bedside. Further review of Resident #12's medical records showed the resident had a diagnosis of hyponatremia, or low sodium in the blood. During an observation on 02/06/24 at 10:30 AM, Resident #12's room was noted to have a large plastic glass, or pitcher, on the overbed table. The large plastic pitcher had some water in it. A small glass of water and ice was also on the resident's bedside table. However, the resident was not in the room at this time. On 02/06/24 at 11:08 AM, Resident #12 was observed to be in bed. The large plastic pitcher containing water and the small glass of water and ice were still on the resident's overbed table. On 02/06/24 at 3:11 PM, Resident #12 was observed to be in bed. The small glass of water and ice was empty. The large plastic pitcher containing water was still on the resident's overbed table. The Director of Nursing (DON) confirmed Resident #12 had a water pitcher at her bedside despite a physician's order to not have a water pitcher. The DON stated the reason for the order for no pitcher at bedside was due to the resident's diagnosis of hyponatremia. (Limiting the amount of fluids taken in can help balance sodium levels.) The DON stated she would remove Resident #12's water pitcher. No further information was provided through the completion of the long-term care survey process. Review of facility policy titled, Neurological Checks (Neuro-Checks), read in part, Frequency of Neuro-checks: For stable or unchanged neuro-checks use the following schedule: 1. Every 15 minutes times four (4) 2. Every 60 minutes times four (4) 3. Every four (4) hours times four (4) 4. Daily times four (4) days (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515144	A. Building B. Wing	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lewisburg Healthcare Center	979 Rocky Hill Road Ronceverte, WV 24970

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	b) Resident #240 During an interview and observation on 02/05/24 at 12:12 PM, Resident #240 was in a low bed with two fall mats located on each side of the bed. He stated that he fell after his admission to the facility. A medical record review for Resident #240 found, unwitnessed fall on 01/26/24 at 1:45 AM. Subsequent review of medical record and neurological assessments (Neuro Check) for Resident #240 showed neuro checks started on 01/26/24 at 1:45 AM for the unwitnessed fall. The neuro checks were not completed on 01/29/24 or 01/30/24. Neuro-checks were not completed per protocol. During an Interview on 02/06/24 at 2:37 PM the Regional Director, verified the neuro-checks were not completed as ordered. c) Resident #290 According to record review on 02/06/24 at 2:07 PM, Resident #290 was admitted on [DATE] status post left hip replacement. On 02/01/24 there was a Physicians order to: Cleanse post op surgical site to left hip with saline wound cleanser, pat dry, skin pre & apply dry dressing every day shift for skin care treatment. According to review of the Treatment Administration Record (TAR) the physicians order was not followed on 02/03/24 when the surgical site was not treated. This was confirmed with the Director of Nursing on 02/06/24 at 2:10 PM. 42120 45171

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515144	A. Building B. Wing	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lewisburg Healthcare Center	979 Rocky Hill Road Ronceverte, WV 24970

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 45171 Based on observation and staff interview, the facility failed to ensure that the resident environment remains as free of accident hazards as possible when a medication cart was left unlocked and unattended. This was a random opportunity for discovery. Facility Census: #86 Findings included: a) Medication cart 200 Hall On 02/06/24 at 8:40 AM an observation was made of the medication cart on the 200 hall cart left unattended and unlocked. There were numerous residents near the medication cart. According the the facility Policy # NS-1197-05 Medication Administration it is stated . Procedure: I. General Procedures: k. Do not leave medication cart unlocked . According to a list provided by the Director of Nursing there are six (6) residents that are at risk for elopement. This was confirmed with Licensed Practical Nurse (LPN) #7 at 8:41 AM. This was also confirmed with the Administrator on 02/06/24 at 9:28 AM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515144	A. Building B. Wing	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lewisburg Healthcare Center	979 Rocky Hill Road Ronceverte, WV 24970

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 39043 Based on observation, record review, and staff interview, the facility failed to ensure care of a resident with a tracheostomy within professional standards of care. The facility failed to follow the physician's order to always have a smaller size of trach tube at the bedside. This deficient practice had the potential to affect one (1) of one (1) residents reviewed for the care area of tracheostomy. Resident Identifier: #68. Facility census: 86. Findings included: a) Resident #68 Review of Resident #68's physician's orders showed an order written on 01/11/24 which stated, Trach-Type: cuffed size: Shiley 6XLT. Another physician's order also written on 01/11/24 stated, Have same size trach and one smaller at bedside at all times. A smaller tracheostomy tube may be needed in case of emergencies. An observation of the emergency equipment at Resident #68's bedside was made on 02/07/24 at 10:23 AM. Shiley size 6XLT tracheostomy tubes were located at the bedside. However, no smaller size tracheostomy tube could be found at the bedside. On 02/07/24 at 10:27 AM, Registered Nurse (RN) #64 confirmed no smaller size tracheostomy tube was located at Resident #68's bedside. RN #64 stated she would obtain a smaller size tracheostomy tube to keep at the resident's bedside. No further information was provided through the completion of the survey process.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515144	A. Building B. Wing	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lewisburg Healthcare Center	979 Rocky Hill Road Ronceverte, WV 24970

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 39043 Based on record review and staff interview, the facility failed to document specific behaviors to monitor the efficacy of psychotropic medications. This deficient practice had the potential to affect one (1) of five (5) residents reviewed for the care area of unnecessary medications. Resident Identifier: #12. Facility census: 86. Findings included: a) Resident #12 Review of Resident #12's physician's orders showed the resident was receiving the following psychotropic medications: - Ativan (lorazepam) for anxiety - Risperdal (risperidone) for schizoaffective disorder, bipolar type - Cymbalta (duloxetine) for depression - Depakote (divalproex sodium) for schizoaffective disorder, bipolar type Further review of Resident #12's physician's orders showed an order written on 12/21/22 to monitor behaviors every shift. The behaviors to be monitored were as follows: - Cursing, physical aggression, hitting - Yelling - Suicidal ideation Non-pharmacological Interventions to be implemented were as follows: - If resident is able to physically able, involve in activity such as walking or some other physical activity to burn off excess energy. - If resident refuses care attempt redirection, if unable, ensure resident safety, leave and attempt care at a later time. - Redirect when restless and fidgety by folding clothes, dusting, sort/rearrange collection of items such as paperwork. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515144	A. Building B. Wing	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lewisburg Healthcare Center	979 Rocky Hill Road Ronceverte, WV 24970

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(Non-pharmacological interventions typed as written.) Behavior monitoring was documented on Resident #12's Treatment Administration Records (TARs). Review of the resident's TARs since 12/01/23 showed only one instance when behaviors were reported. On 02/04/24 on night shift, the TAR showed the response yes for behaviors observed. No further information regarding the specific behaviors observed or the non-pharmacological interventions implemented to manage the behaviors. During an interview on 02/06/24 at 1:48 PM, the Director of Nursing confirmed the medical records contained no information regarding Resident #12's specific behaviors on 02/04/24 during night shift or the non-pharmacological interventions implemented. No further information was provided through the completion of the survey process.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515144	A. Building B. Wing	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lewisburg Healthcare Center	979 Rocky Hill Road Ronceverte, WV 24970

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 42120 Based on observation resident interview and staff interview, the facility failed to serve a balanced meal. A resident was not served all items listed on the tray ticket. This was true for one (1) of two (2) residents reviewed for food. Resident identifier: #10. Facility census: 86. Findings Included: a) Resident #10 Review of the Menu for the lunch meal on 02/07/24 was homestyle meatloaf, au gratin potatoes, seasoned green peas, dinner roll, caramel apple upside down cake. An observation on 02/07/24 at 1:00 PM of lunch meal pass found Resident #10 was served meatloaf, peas, and caramel apple upside down cake. A review of Resident #10's tray ticket found dislikes: scalloped potatoes. During an interview with the Dietary Manager (DM) on 02/07/24 at 1:07 PM verified Resident #10 was only served meatloaf, peas, and caramel apple upside down cake. She stated that she should have had a roll and a substitute of mashed potatoes. The DM continued to say that she has a new employee working the tray line.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515144	A. Building B. Wing	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lewisburg Healthcare Center	979 Rocky Hill Road Ronceverte, WV 24970

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 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. 39043 Based on observation, record review, and staff interview, the facility failed to provide an assistive device to help a resident receive hydration. Resident #15 did not have a Kennedy cup as ordered. This deficient practice had the potential to affect one (1) of five (5) residents reviewed for the care area of nutrition. Resident identifier: #15. Facility census: 86. Findings included: a) Resident #15 Review of Resident #15's physician's records showed an order written on 01/24/24 for a Kennedy cup with meals and at bedside. A Kennedy cup is a small lightweight cup with a handle and a lid, which allows residents with disabilities to independently take fluids better. Review of Resident #15's medical records showed the resident had diagnoses of unspecified lack of coordination and generalized muscle weakness. On 02/06/24 at 11:05 AM, Resident #15 was noted to be in bed. A large plastic water pitcher with a handle and lid with a straw was noted on the overbed table. The resident did not have a Kennedy cup at the bedside. On 02/06/24 at 3:10 PM, Resident #15 was noted to be in bed. The large plastic water pitcher remained on the overbed table. A bottle of orange soda was also on the overbed table, along with a small plastic cup with a straw but no handle or lid. The small plastic cup contained orange soda. The resident did not have a Kennedy cup at the bedside. On 02/06/24 at 3:15 PM, the Director of Nursing (DON) confirmed Resident #15 did not have a Kennedy cup at the bedside, as ordered by the physician. The DON stated she would obtain a Kennedy cup for the resident's bedside. No further information was provided through the completion of the survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515144	A. Building B. Wing	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lewisburg Healthcare Center	979 Rocky Hill Road Ronceverte, WV 24970

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 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. 31498 Based on observation and staff interview, the facility failed to maintain the kitchen in a safe and sanitary manner in accordance with professional standards of practice. During the kitchen tour it was discovered the reach-in freezer floor was dirty and the ice machine was not draining properly. The deficient practice had the potential to affect any residents receiving nourishment from the kitchen. Facility census: 86. Findings included: a) Kitchen tour During the kitchen tour on 02/05/24 at 11:45 AM, it was discovered the reach-in freezer had a large amount of crusted particles on the floor and the ice machine drain line did not have the proper spacing of one (1) inch above the floor drain to prevent back flow. The Dietary Manager (DM) on 02/05/24 at 11:55 AM, verified the floor of the reach-in freezer needed to be cleaned and the ice machine was not draining properly to prevent back flow.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515144	A. Building B. Wing	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lewisburg Healthcare Center	979 Rocky Hill Road Ronceverte, WV 24970

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. 42120 Based on observation, record review, staff interview, the facility also failed to ensure staff donned appropriate personal protective equipment (PPE) prior to entering an Enhanced Barrier room. These failed practices had the potential to affect every resident currently residing in the facility. Resident Identifier: #5. Facility census: 86. Findings included: a) Resident #5 An observation on 02/05/24 at 1:50 PM found Nurse Aide (NA) #5 and NA #63 in Resident #5s room. The signage on Resident #5s door showed the room was on Enhanced Barrier. The TBP sign stated, Providers and Staff Must: put on gloves and gown before room entry. Both NA #5 and NA #63 was observed in Resident #5's room without gowns providing care. A medical record review for Resident #5 revealed, an active Physician orders: -- Enhanced barrier precautions related to: MDRO When dressing/bathing/showering/transferring/personal hygiene, changing linens, toileting and peri-care, providing care to resident with history of or colonized multi-drug resistant organism. Start date 12/26/23. During an interview on 02/05/24 at 1:59 PM, with NA #5 stated that there was a PPE cart outside the door. NA #5 and #63 stated that they should have had a gown on while providing personal care since the sign was still on the door. No further information was provided prior to the end of the survey on 02/07/24 at 2:00 PM.