

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515083	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/18/2002
NAME OF PROVIDER OR SUPPLIER SUNDALE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 800 J D ANDERSON DRIVE MORGANTOWN, WV 26505		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 324 SS=D	<p>483.25(h)(2) QUALITY OF CARE</p> <p>The facility must ensure that each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, staff interview, medical record review, and a review of the Risk Management reports, the facility failed to ensure that one (1) randomly observed resident received adequate supervision to prevent accidents. (Facility Census 95) Resident identifiers: #87.</p> <p>Findings include:</p> <p>a) Resident #87</p> <p>Resident #87 was an 81 year old female who was admitted to the facility on 10/05/01. The resident's diagnoses included diabetes, essential hypertension, confusion, renal failure, osteoarthritis, and orthostatic hypotension.</p> <p>A review of the Risk Management Reports for the facility and the resident's nursing notes, found that this resident had incurred (6) falls in January 2002. A review of the reports found that on 01/04/02, the resident fell in the bathroom with no injuries. A probable cause was listed as ill-fitting slippers. On 01/08/02 the resident fell four (4) times, again with no injuries. Probable cause listed for some of these falls was severe cellulitis in the left foot and leg. The resident was warned to leave the bandages on her feet, according to one of 01/08/02 actions/interventions listed. On 01/12/02 at 6:10 p.m., the resident fell with no injuries. Again, the probable cause of the fall was listed as ill-fitting shoes and leg and knee weakness.</p>	F 324	PLEASE SUBMIT CREDIBLE EVIDENCE IN ADDITION TO AN ACCEPTABLE PLAN OF CORRECTION FOR THIS CITATION.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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	<p>A review of the resident's medical record with the facility medical director, on 1/18/02 at 10:00 a.m., and interviews with the director of nursing and a facility RN at 2:00 p.m., found that the resident also had dressings on her left foot due to diabetic ulcers. An interview with the physical therapist, on 01/18/02 at 10:00 a.m., found that the resident had a 01/15/02 physician's order for diabetic shoes, but had not been fitted yet. The physical therapist also indicated that the resident was very non-compliant in the use of restraint free alarms, often removing them. The resident also often ambulated without assistance, after being cautioned to ask for help.</p> <p>Observations of this resident, on 01/17/02 and 01/18/02, found that the resident was wearing slip-on shoe-type house slippers with no elastic or give to the slippers. Interviews with the RN and DON, on 01/18/02 at 2:00 p.m., found that, although the resident had an order for diabetic shoes, she had not been assessed for more suitable foot wear until the diabetic shoes could be fitted and obtained.</p>			