

WV DHHR, Office of Health Facility Licensure and Certification

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/10/2025 |
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| NAME OF PROVIDER OR SUPPLIER HARMONY AT SOUTHRIDGE (ALR/ALZ) | STREET ADDRESS, CITY, STATE, ZIP CODE 801 PEYTON WAY Charleston, WV 25309 |
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| (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) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| Z 000 | Initial Comments Investigation of Complaint #39996 Start Date: 09/02/25 End Date: 09/10/25 Census: Assisted Living- 69, Memory Care- 29. The complaint was unsubstantiated, and unrelated deficiencies were cited. | Z 000 | | |
| Z 128 | 64CSR85-9.1. Activities 9.1. The alzheimer's/dementia special care unit and program shall provide activities appropriate to the needs of the individual residents. The residents' routine should be developed and structured seven (7) days per week and incorporate the possible need for therapeutic programming twenty four (24) hours per day in an alzheimer's/dementia special care unit and during the hours of operation of the alzheimer's/dementia special care program. Based on observation and interview, the Licensee failed to ensure the Alzheimer's/dementia special care unit provided activities appropriate to the needs of the individual residents and developed and structured the residents ' routine seven (7) days per week. This deficient practice had the potential to affect all residents who resided within the Alzheimer's/dementia special care unit. Census: 29. Findings included: During the course of the survey, this Surveyor was present at the facility for approximately six (6) and one (1) half days. This Surveyor spent half of this time reviewing medical records and | Z 128 | Facility's Plan of Correction Z 128 Life Enrichment Director (LED) will review requirements for activities in Alzheimer ' s unit and ensure calendar of scheduled activities is structured appropriately to cover regulations and ensure activity coverage is available 7 days per week. LED will also ensure accurate records are kept with daily log of activities competed, and manage on a daily basis to ensure compliance. Completion Date: 11/10/25 | 11/10/25 |

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| Office of Health Facility Licensure and Certification LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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10/13/2025

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| Z 129 | <p>speaking with staff members in the memory care unit. While in the memory care unit, this Surveyor observed only 1 activity taking place with resident participation.</p> <p>No memory care unit activities calendar was observed during the survey. This calendar was requested from Memory Care Coordinator (MCC) #2 on two (2) separate occasions. However, the activity calendar for memory care was unavailable for review during the survey.</p> <p>During an interview on 09/02/25 at approximately 11:45 AM, MCC #2 stated that when the previous Activities Director separated, the schedule they had developed and a schedule corporate developed became corrupted. MCC #2 stated the calendar was currently being worked on and would be available soon.</p> <p>During an interview on 09/10/25 at approximately 9:45 AM, MCC #2 stated they would retrieve the calendar for this Surveyor. However, the activity calendar for memory care was unavailable for review prior to exit.</p> <p>64CSR85-9.2.a.-d. Activities</p> <p>9.2. The activities program shall be directed by a person who is a therapeutic recreation specialist, occupational therapist, or activities professional who has:</p> <p>9.2.a. Two years of experience in a social or recreational program in the past five years, one of which was full-time in a resident activities program in a health care setting;</p> <p>9.2.b. Demonstrated the ability to provide for an</p> | Z 129 | <p>Facility's Plan of Correction Z 129</p> <p>Life Enrichment Director (LED) position will be filled with a team member that fulfills all requirements outlined in the regulations. This will be in place by November 15, 2025.</p> | 11/15/25 |

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| | <p>ongoing program of activities designed to meet the residents needs;</p> <p>9.2.c. Completed a training course approved by the state; and</p> <p>9.2.d. Completed the training required in subdivision 4.1.c. of this rule.</p> <p>Based on observation, record review, and interview, the Licensee failed to ensure the activities program was directed by a person who met all regulatory requirements for the position. This deficient practice had the potential to affect all residents who resided within the Alzheimer's/dementia special care unit. Census: 29.</p> <p>Findings included:</p> <p>During the course of the survey, this Surveyor was present at the facility for approximately six (6) and one (1) half days. This Surveyor spent half of this time reviewing medical records and speaking with staff members in the memory care unit. While in the memory care unit, this Surveyor observed only 1 activity taking place with resident participation.</p> <p>A review of the employee roster revealed no evidence that an Activities Director meeting all regulatory requirements for the position was employed by the facility.</p> <p>During an interview on 09/02/25 at approximately 10:40 AM, Memory Care Coordinator (MCC) #2 confirmed the Activities Director had separated from the facility approximately two (2) weeks prior to the survey and the facility did not have an</p> | | | |

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| | <p>Activities Director in its employ.</p> <p>During an interview on 09/09/25 at approximately 2:15 PM, Corporate Liaison (CL) #0 confirmed there was no Activities Director employed, but they said they were going to make an offer to a candidate for the position.</p> | | | |