WV DHHR, Office of Health Facility Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	506140	A. BUILDING: _____ B. WING _____	09/22/2003

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE INN AT WYNGATE	750 PEYTON STREET Barboursville, WV 25504

(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
E 186	64CSR14-7.1.a. Health Care Standards The licensee shall not admit to the assisted living residence individuals requiring ongoing or extensive nursing care and shall not admit or retain individuals requiring a level of service that the residence is not licensed to provide or does not provide. (Class I) DEFICIENT PRACTICE and FINDINGS: Complaint investigation #WV00000785 conducted on September 22, 2003 at The Inn at Wyngate, Barboursville Based on interview and review, on September 22, 2003, the administrator has failed to ensure that individuals requiring ongoing or extensive nursing care are not admitted or retained in the facility. Any resident who requires a level of service that the residence is not licensed to provide, must be admitted to the next level of care facility. Findings include: 1. Resident #C1's record was reviewed on September 22, 2003. The resident was admitted to the hospital on or about April 11, 2003. During this hospitalization a feeding tube was inserted secondary to dysphagia. The resident was re-admitted to the facility on May 6, 2003, with the feeding tube in place. 2. Resident #31 was admitted to the facility on May 2, 2003, with a diagnosis of "left parietal	E 186	Complaint investigation # 785 conducted on September 22, 2003 Directed Plan of Correction: The administrator must ensure that residents who require extensive and on-going nursing care are not admitted or readmitted to the facility. Residents who reside in the home and their care needs exceed what the home is licensed to provide must be discharged to an appropriate level of care. Date of Completion: Upon receipt of this document and on-going.	

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

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	stroke with expressive dysphagia requiring PEG tube feedings, with a history of right temporal embolic stroke in 1996." Review of the resident's facility record on September 22, 2003, at approximately 1:45 p.m., verifies the resident was admitted with a PEG tube and post hospital discharge orders dated April 28, 2003, state the resident is to receive one (1) and one half (1/2) cans of Glucerna four (4) times per day along with two hundred and fifty (250) milliliters of water three (3) times per day between the Glucerna feedings. An order dated July 2, 3003, states to discontinue the PEG tube because the resident is eating well. A nurse's note dated July 15, 2003, states the feeding tube was discontinued per a physician. The resident is currently on a mechanical soft diet. 3. During interview on September 22, 2003, at approximately 2:30 p.m., the administrator stated she had spoken with residential program manager regarding resident # C1. The administrator stated the program manager did not want the resident to remain at the facility but was understanding in the fact the resident had been at the facility prior to the feeding tube being inserted and the resident was terminal and not expected to live long. After resident file review it was determined no documentation was evident. The administrator verified there was no written confirmation of her conversation with the program manager. The administrator added she had not notified the Office of Licensure and Certification regarding resident #31.			