STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING: _____ B. WING _____	12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CELEBRATION VILLA OF MARTINSBURG (ALR/AI	200 GLOUCESTER DRIVE Martinsburg, WV 25401

(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 250	The Licensee. The licensee shall report major incidents, as defined in subsection 2.23. of this rule, to the Office of Health Facility Licensure and Certification as soon as possible, and no later than the next business day. (Class III) Based on record review and interview the facility failed to report to the Office of Health Facility Licensure and Certification (OHFLAC) a major incident involving a resident. This deficient practice was found for one (1) of four (4) closed records reviewed during the survey. Resident identifier: CR #1. Census 49. Findings included: A record review during the survey found no evidence that the Office of Health Facility Licensure and Certification (OHFLAC) was notified of a major incident involving CR #1 which occurred on 11/17/23 and resulted in CR #1 transferring to the emergency room. An interview was conducted on 12/20/23 at approximately 2:30 PM with the Assisted Director of Nursing (ADON), who stated they did not know the incident had to be reported.	E 250	Survey Date: 12/20/23 Plan of Correction Administrator has educated all leadership staff on regulation 250. Administrator has educated all staff on notification to RN or designee immediately of further incidents. Director of nursing and Administrator will monitor all major incidents that further occur will be reported within 24 hours and have confirmation documentation that OHFLAC has been notified attached. Will audit with QA monthly meeting to confirm confirmation of submission within 24 hours. Date of Completion: 1/23/24	01/23/24
E 247	The Licensee. The licensee shall maintain accurate records and reports required by this rule. (Class II)	E 247	Survey Date: 12/20/23 Plan of Correction E 247	01/23/24

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	Based on record review and interview the facility failed to maintain accurate closed records. This deficient practice was found for four (4) of 4 closed records reviewed during the survey. Resident identifiers: CR #1, CR #2, CR #3, CR #4. Census 49. Findings included: A record review during the survey revealed there were no past medication administration records (MARs) or physician notes for the closed records for CR #1, CR #2, CR #3, and CR #4. An interview was conducted on 12/21/23 at 8:00 AM with the Area Director. They stated, "All the information should be in the resident's chart. Everything is usually put together when the resident is discharged or passed away."		Administrator has audited charts CR#1 CR#2 CR#3 and CR#4. See attached MARs and notes. All files were in electronic record but not printed in closed files. All records placed in above closed files. All staff have been trained on proper closing of records. See attached training. Director of Nursing or designee will maintain the closed records and ensure MARs and notes be included during QA monthly meeting. Date of completion: Jan 23, 2024	
E 364	Health Care Standards. Based on record review and interview the facility failed to maintain documentation that they sent all required information with a resident upon the resident's transfer out of the facility. This deficient practice was found for one (1) out of four (4) closed records reviewed during the survey. Resident identifier: CR #1. Census 49 Findings included: A record review during the survey revealed there was no documentation that the facility sent the required information with CR #1 upon their transfer to the emergency room on 11/17/23.	E 364	Survey Date: 12/20/23 Plan of Correction E 364 Administrator has educated staff on information that is to accompany resident when transferred out of community and the importance of the transfer form being completed in its entirety as well as immediate notification to the RN of all incidents. Director of nursing or designee will monitor for compliance on a monthly basis during QA to ensure all information	01/23/24

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		A. BUILDING: _____ B. WING _____	12/20/2023

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	An interview was conducted on 12/13/23 at approximately 3:30 P.M. with the Assistant Director of Nursing. They stated, "I believe everything was sent out with the resident. I will make sure the nurses fill out the transfer/discharge forms correctly."		is sent at the time of transfer and transfer form is completed in its entirety. Date of Completion: 1/23/24	
E 001	Initial Comments Investigation of Complaint #29790 Start/End Date: 12/11/23 - 12/20/23 Census:49 The complaint was substantiated, and deficiencies were cited.	E 001	Survey Date: 12/20/23 Plan of Correction E 364 Administrator has educated staff on information that is to accompany resident when transferred out of community and the importance of the transfer form being completed in its entirety as well as immediate notification to the RN of all incidents. Director of nursing or designee will monitor for compliance on a monthly basis during QA to ensure all information is sent at the time of transfer and transfer form is completed in its entirety. Date of Completion: 1/23/24	01/23/24