

WV DHHR, Office of Health Facility Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 507441	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01-ASSISTED LIVING B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2003
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NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING AT EVERGREEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3705 COLLINS FERRY ROAD Morgantown, WV 26501
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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
R 350	<p>64CSR65-11.2.g. SANITATION</p> <p>The home shall ensure that rooms are painted and undamaged; carpets, furniture and linoleum are in minimal need of replacement; the interior of the house is maintained in a clean, safe and sanitary condition and is in good repair overall. (Class I)</p> <p>Environmental survey conducted June 17, 2003 at Assisted Living of Evergreen</p> <p>Based on observations on June 17, 2003 the administrator fails to maintain a clean, sanitary environment.</p> <p>Findings Include:</p> <ol style="list-style-type: none"> The area behind the washer and dryer in the laundry is dirty with an excessive amount of accumulation of lint, dust, old tissues, pieces of duct tape and debris. A single bar of soap is being shared in resident bathrooms. Individual bars of soap were not provided with an identified container for each resident. 	R 350	<p>Plan of Correction for Environmental Survey conducted at Assisted Living at Evergreen on June 17, 2003</p> <p>Area behind the washer is set up to be cleaned every Monday.</p> <p>We provide individual containers for the soap and also residents have individual medicine cabinets for the soap to be kept. Staff has been informed that if they find soap in shower it is to be thrown away.</p>	09/04/03

Office of Health Facility Licensure and Certification
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **09/08/2003**