

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:  <b>515058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01-MAIN BUILDING 01</u>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/02/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>MORGANTOWN HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>30 MON GENERAL DRIVE Morgantown, WV 26505</b>		
(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	
K 000	<p>INITIAL COMMENTS</p> <p>42 CFR 483.70(a)</p> <p>K3 BUILDING: 0101 K6 PLAN APPROVAL: 1970, 1980, 1993 K7 SURVEY UNDER: 2000 Existing K8 SNF/NF</p> <p>Type of Structure: A one story building with multiple construction types. The 1970 original building, the 1980 South Hall addition and the 1993 North Hall addition are of Type II (000) unprotected, noncombustible construction. The 1993 Office/Front Lobby addition is of Type III (200) unprotected, ordinary construction. Compartmental separation of the different construction types by two hour fire rated barriers was not provided. The building was classified with the overall lowest protection factor (LPF) found in the building, Type III (200) unprotected, ordinary construction, for the purpose of evaluating the building's code compliance. The facility has a complete automatic (wet) sprinkler system with the exception of the attached, combustible overhangs at the front entry, at the exit at Room 107, at the exit at Room 117 and at the exit at Room 207. The facility has a total of seven smoke compartments.</p> <p>A Comparative Federal Monitoring Survey was conducted on 02/02/12, following a State Agency Annual Survey on 12/16/11 in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Mapleshire Nursing &amp; Rehabilitation Center was found not to be in compliance with the Requirements for Participation in Medicare</p>	K 000			

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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K 056 SS=E	<p>and Medicaid.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq. (Life Safety from Fire).</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to provide complete coverage by the automatic sprinkler system as required for a structure of unprotected, ordinary type of construction. The deficient practice affected three of seven smoke compartments, staff and 33 residents. The facility has the capacity for 120 beds with a census of 81 the day of survey.</p> <p>Findings include:</p> <p>1. Observation on 02/02/12 at 11:11 a.m.</p>	K 056			

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	<p>revealed that sprinkler coverage was not provided for the two attached combustible overhangs at the front entry. One overhang was approximately 10 feet in width by 20 feet in length and the other was approximately 10 feet in width by 15 feet in length. Interview with the Maintenance Supervisor on 02/02/12 at 11:11 a.m. revealed that the facility was not aware that the attached combustible overhangs are required to be provided with sprinkler protection.</p> <p>2. Observation on 02/02/12 at 11:40 a.m. revealed that sprinkler coverage was not provided for the attached combustible overhang at the exit adjacent to Room 107. The overhang was approximately six feet in width by eight feet in length. Interview with the Maintenance Supervisor on 02/02/12 at 11:40 a.m. revealed that the facility was not aware that the attached combustible overhang is required to be provided with sprinkler protection.</p> <p>3. Observation on 02/02/12 at 11:50 a.m. revealed that sprinkler coverage was not provided for the attached combustible overhang at the exit adjacent to Room 117. The overhang was approximately six feet in width by eight feet in length. Interview with the Maintenance Supervisor on 02/02/12 at 11:50 a.m. revealed that the facility was not aware that the attached combustible overhang is required to be provided with sprinkler protection.</p> <p>4. Observation on 02/02/12 at 12:09 p.m. revealed that sprinkler coverage was not provided for the attached combustible overhang at the exit adjacent to Room 207. The overhang was approximately six feet in width by eight feet in length. Interview with the Maintenance Supervisor on 02/02/12 at 12:09 p.m. revealed</p>				

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	<p>that the facility was not aware that the attached combustible overhang is required to be provided with sprinkler protection.</p> <p>The census of 81 was verified by the Administrator on 02/02/12. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 02/02/12.</p> <p>Actual NFPA Standard: NFPA 101, Table 19.1.6.2 and 19.3.5.1. Existing healthcare facilities with construction Type III (200) require complete sprinkler coverage for all parts of a facility.</p> <p>Actual NFPA Standard: NFPA 13, 5-13.8.1. Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft (1.2 m) in width.</p> <p>Actual NFPA Standard: NFPA 101, 19.3.5.1. Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.</p>			