

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: 515121	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/01/2015
NAME OF PROVIDER OR SUPPLIER RAINELLE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 276 Pennsylvania Avenue RAINELLE, WV 25962		
(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	
F 000	INITIAL COMMENTS An unannounced complaint survey was conducted at Heartland of Rainelle on April 29, 2015 to May 1, 2015. Complaint #13452 was unsubstantiated with one unrelated deficiency cited. The deficiency contained in this report was based on observations, staff interviews, and/or review of other facility documentation as indicated. The facility's census on the first day of the complaint investigation was 54 residents. The complaint sample consisted of 6 residents.	F 000			
F 354 SS=F	483.30(b) WAIVER-RN 8 HRS 7 DAYS/WK, FULL-TIME DON Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. Based on record review and staff interview the facility failed to use the services of a registered nurse (RN) for at least eight (8) consecutive hours a day, seven (7) days a week. This practice has the potential to harm every resident currently residing in the facility. Facility Census: 54.	F 354	Please submit credible evidence in addition to an acceptable plan of correction for this citation F354 The facility will ensure that the deficient practice related to Federal Regulation 354 is corrected and monitored in the following manner: I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? There were no residents negatively affected. Immediately on May 1st 2015 the administrator implemented 8 hrs of RN coverage per day 7 days a week.	06/08/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

06/01/2015

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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	<p>a) A review of the nurse staff postings on 04/29/15 at 12:30 p.m. revealed for the time period of 04/01/15 through 04/28/15 found no RN hours recorded for 04/11/15, 04/12/15, 04/18/15, 04/25/15, and 04/26/15.</p> <p>An interview with the Director of Nursing at 1:52 p.m. on 04/29/15, revealed the facility does not have an RN in the building for eight (8) consecutive hours, seven (7) days a week. The director of nursing stated, "We do not have an RN here every other weekend." The director of nursing indicated that she or the Director of Care Delivery RN #27 were on call but were not in the building for eight (8) consecutive hours. She stated they were on the phone with the facility quite a bit when they were on call but they were not physically in the facility.</p>		<p>II. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective active will be taken.</p> <p>The center will maintain RN coverage 6 hrs per day 7 days a week. All residents have the potential to be affected.</p> <p>III. What measures will be put into place or what systemic changes you will make to ensure that me deficient practice does not recur.</p> <p>Daily staffing meeting will be held Monday through Friday with The Administrator, Director of Nurses and the Human Resource Director to review and ensures daily 8 hr RN coverage 7 days per week.</p> <p>IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur.</p> <p>Utilization of the APIA Scheduling and Staffing Tool the administrator will monitor the center has RN coverage for 8 hours per day weekly x 4 weeks, then monthly and prn thereafter.</p>		