

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: 515066	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/13/2008
NAME OF PROVIDER OR SUPPLIER DUNBAR CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 501 CALDWELL LANE DUNBAR, WV 25064		
(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 Complaint references #2-8023, #2-8047, and #2-8060 Substantiated complaint records with deficiencies cited.	F 000			
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) STAFF TREATMENT OF RESIDENTS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.	F 225	PLEASE SUBMIT CREDIBLE EVIDENCE IN ADDITION TO ACCEPTABLE PLAN OF CORRECTION FOR THIS CITATION.	04/25/08	

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

TITLE

(X6) DATE

04/15/2008

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>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on staff interview, review of allegations of resident abuse / neglect received by facility staff and reported to state agencies, and review of the log of self-reported allegations of abuse / neglect received by the State survey and certification agency, the facility failed to maintain evidence of a thorough investigation into an allegation of resident neglect. Facility staff was unable to locate their internal investigation into an allegation of neglect involving Resident #115, which had been reported on or around 01/30/08. At the close of the survey, the facility staff was unable to produce evidence that the allegation was thoroughly investigated. This was true for one (1) of over twenty-five (25) investigations reviewed. Resident identifier: #115. Facility census: 113.</p> <p>Finding include:</p> <p>a) Resident #115</p> <p>On 03/11/08, a facility representative provided copies of all allegations of abuse, neglect, and misappropriations of resident property, as well as injuries of unknown origin, that had been reported to state agencies within the past three (3) months. A comparison of the facility's copies of the reported allegations to the log of self-</p>			

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F 353 SS=F	<p>reported events maintained by the Office of Health Facility Licensure and Certification (the State survey and certification agency) revealed the facility failed to maintain a copy of the internal investigation of an allegation of neglect involving Resident #115 which occurred on or around 01/30/08.</p> <p>On the morning of 03/12/08, the social services director (Employee #43) was unable to locate the facility's investigation of the allegation involving Resident #115. This employee did relate that the facility took statements from therapy staff and administrative staff at the time of the investigation and reported its findings to all required agencies. At the close of the survey on 03/13/08, facility staff was still unable to produce a copy of their internal investigation.</p> <p>There was no evidence that this allegation was thoroughly investigated.</p> <p>483.30(a) NURSING SERVICES - SUFFICIENT STAFF</p> <p>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this</p>	F 353	PLEASE SUBMIT CREDIBLE EVIDENCE IN ADDITION TO ACCEPTABLE PLAN OF CORRECTION FOR THIS CITATION.	04/25/08	

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	<p>section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>Based on observation, resident interview, staff interview, and medical record review, the facility failed to deploy sufficient direct care staff to meet the needs of its residents. During confidential interviews, residents stated they did not always get showers as scheduled, did not receive restorative nursing services, and had to wait extended periods of time for their call lights to be answered. Confidential interviews with nursing staff and family members revealed concerns with current staffing levels. This deficient practice had the potential to affect all residents residing at the facility. Facility census: 113.</p> <p>Findings include:</p> <p>a) During a confidential resident group meeting held on 03/11/08 at 2:00 p.m., eight (8) of the fourteen (14) residents in attendance expressed concerns with staffing issues. Residents expressed that showers were not given as scheduled, and they had noticed an increase in the amount of time it took the nursing assistants (NAs) to answer their call lights. One (1) resident stated that he/she had missed an activity, because they couldn't get their clothing changed after an episode of incontinence. One (1) resident stated that staff have said "we just cannot give showers today, because there are not enough of us." Several residents reported that the meals trays would often sit for prolonged</p>			

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	<p>periods of time before they were passed.</p> <p>Residents expressed that the problems have escalated in the past month. "They tell us they are hiring more people, but they have not." Residents expressed that staffing levels are "worse on the weekends".</p> <p>All the residents concerned about staffing issues stated that the staff who does take care of them is good to them. They explained that the staff apologizes for not being able to respond to the call lights quickly. "We know the staff are busy, and they do their best."</p> <p>b) A random audit of the monthly activities of daily living (ADL) flow sheets was conducted for the month of March 2008. Residents #93, #92, #102, #111, #74, and #110 were to receive a shower at least two (2) times a week, with the exception of Resident #110 who was to be showered three (3) times a week. All of these residents had missed at least two (2) showers in the past eleven (11) days. These missed showers were not attributed to resident refusal; documentation was present for only Resident #93, which stated she had refused one (1) of her showers.</p> <p>The director of nursing (DON - Employee #118) was interviewed regarding the shower schedules at 3:20 p.m. on 03/12/08. She was unable to explain why resident did not receive their scheduled showers.</p> <p>c) A random audit of restorative nursing services for March 2008 was conducted for the facility's Dogwood unit on 03/13/08. Residents #79 and #65 had physician orders to receive restorative nursing services seven (7) days a week. Neither</p>				

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	<p>resident had received the restorative nursing services for the weekend of 03/08/08 - 03/09/08 (Saturday and Sunday).</p> <p>The DON was interviewed regarding restorative nursing services at 9:45 a.m. on 03/13/08. When asked about the documentation provided on a February 2008 restorative flow sheet which read, "I had to work 100 hall," the DON did verify that sometimes the restorative aide is pulled to work the hall. "We try to just pull them for half of the day."</p> <p>d) Confidential interviews with two (2) residents who did not attend the group meeting and two (2) family members revealed concerns with staffing. One (1) resident stated that he/she had to call for a NA about one-half hour before he/she thinks he/she may need to go to the bathroom "because that is how long it takes them to get here." Another resident expressed the concern that "there just are not enough of them here," and he/she sometimes had to wait for assistance with ADL's and did not always get showered as scheduled.</p> <p>Both family members expressed that they had noticed a decrease in the amount of NAs available to provide direct care to residents. They related that they had been visiting more often to help out their family member because of the decrease in staff.</p> <p>Two (2) members of the nursing staff, who wished to remain anonymously, were interviewed during the survey. When asked about the amount of staff present at the facility, a nursing staff member replied, "You know there is not enough staff here. You just hit the high spots." Another staff member stated, "I was the only</p>			

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F 356 SS=C	<p>CNA (certified nursing assistant) here on a weekend day shift. I had about twenty-six residents to care for. I answered call lights and kept them dry. Two nurses had to help me feed or I would have never been finished. I have to be honest with you, I did not get anyone up that required two people to lift."</p> <p>On the afternoon of 03/11/08, the DON related that she had eleven (11) vacant positions for nursing assistants. When questioned how she was trying to fill these positions, she replied that the facility had advertised, offered bonuses for staff who work extra shifts, and currently had a nurse aide class in progress. Several students attending class have already been hired as hospitality aides. She related that some licensed nurses have work as nurse aides (providing primary care).</p> <p>483.30(e) NURSE STAFFING</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p>	F 356	PLEASE SUBMIT CREDIBLE EVIDENCE IN ADDITION TO ACCEPTABLE PLAN OF CORRECTION FOR THIS CITATION.	04/25/08	

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	<p>o Clear and readable format.</p> <p>o In a prominent place readily accessible to residents and visitors.</p> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation and staff interview, the facility, on 03/10/08 at 6:45 p.m., failed to post any information regarding the nursing staff present and their actual hours of work for the afternoon shift which began at 3:00 p.m. on 03/10/08. This deficient practice had the potential to affect residents or visitors who wished to view the information. Facility census: 113.</p> <p>Findings include:</p> <p>a) On 03/10/08 at 6:45 p.m., the nursing staff posting information was observed in the entrance of the facility. The required information had been posted for the day shift working on 03/10/08. The facility had failed to post the required information of the total number of nursing staff working and their actual hours of work for the afternoon shift.</p> <p>The social services director (SSD - Employees #43) and the administrator-in-training (Employee #113) were present and observed the absence of the posting. The SSD verified that the afternoon shift began at 3:00 p.m.</p>			

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	The regulation requires that the posting be completed at the beginning of each shift.			