STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	49E050	A. Building B. Wing	10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Nursing Home	1776 Elly Road Aroda, VA 22709

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interview, facility staff failed to maintain one of 40 resident rooms in homelike condition, resident room [ROOM NUMBER]. The findings include:Facility staff failed to repair a section of wall next to the resident's bed in room [ROOM NUMBER]. On 10/08/2025 at approximately 12:24 p.m. an observation of resident room [ROOM NUMBER] revealed the left side of the bed against the wall. Observation of the wall next to the bed revealed the covering of the sheetrock was torn away in an area approximately 12 inches high by 16 inches wide. On 10/08/2025 at approximately 2:40 p.m. an observation of resident room [ROOM NUMBER] revealed the left side of the bed against the wall. Observation of the wall next to the bed revealed the covering of the sheetrock was torn away in an area approximately 12 inches high by 16 inches wide. On 10/08/2025 at approximately 4:20 p.m. an observation of resident room [ROOM NUMBER] revealed the left side of the bed against the wall. Observation of the wall next to the bed revealed the covering of the sheetrock was torn away in an area approximately 12 inches high by 16 inches wide. On 10/09/2025 at approximately 7:15 a.m. an observation of resident room [ROOM NUMBER] revealed the left side of the bed against the wall. Observation of the wall next to the bed revealed the covering of the sheetrock was torn away in an area approximately 12 inches high by 16 inches wide. The facility's receipt from (Name of Store) dated 09/17/2025 documented in part 20 square feet of floor planking. On 10/09/2025 approximately 1:10 p.m. an interview was conducted with OSM (other staff member) #1, maintenance supervisor. When asked to describe the procedure for making repairs he stated the staff will either verbally notify him of something in need of repair, receive an email from staff or receive a phone call/text message. He further stated that there is a Maintenance Request Sheet at the nurse's station for staff to complete for needed repairs. When asked how often he checks the Maintenance Request Sheet he stated that it is checked sporadically. OSM #1 also stated he conducts rounds in the facility three to four times a week and does spots in some resident rooms. At approximately 1:20 p.m. an observation of resident room [ROOM NUMBER] was conducted with OSM #1. After observing the wall next to the resident's bed, he stated that there was a plan in place to fix the wall however, he did not have anything in writing describing the plan or timeframe for repairing the wall. He stated that the idea was to use floor planking and chair rail on the wall to give the appearance of wainscoting (wooden paneling that lines the lower part of the walls of a room). OSM #1 was asked to measure the area of the wall that was damaged. On 10/09/2025 at approximately 1:30 p.m. OSM #1 provided the surveyor with a copy of a receipt from (Name of Store) dated 09/17/2025. He stated that the receipt was for the supplies purchased for the repair in room [ROOM NUMBER]. He further stated the damaged area of the wall was approximately 16 inches high by 20 inches long. After reviewing the receipt for supplies from (Name of Store) dated 09/17/2025 he stated that the reasonable amount of time to make the repair would have been two weeks from the time the supplies were purchased. When asked if room [ROOM NUMBER] presented a homelike appearance he stated no. On 10/09/2025 at approximately 3:40 p.m. ASM (administrative staff member) #1, administrator, and ASM #2, director of nursing, were made aware of the above findings. No further information was provided prior to exit.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, resident interview, staff interview, clinical record review and facility document review, it was determined that the facility staff failed to provide complete respiratory services for one of 19 residents in the survey sample, Resident #33.The findings include: For Resident #33 (R33), the facility staff failed to clarify oxygen rate of administration for as needed orders.On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 8/22/2025, the resident was assessed as being cognitively intact. R33 was not assessed as using oxygen at the time of the assessment.On 10/8/2025 at 2:23 p.m., an interview was conducted with R33 in her room. R33 was observed sitting in a chair with an oxygen concentrator at the bedside containing a nasal cannula inside of a closed plastic bag. When asked about oxygen, R33 stated that she wore the oxygen at night sometimes when she felt that she needed it.Review of the physician orders documented in part,Oxygen via nasal cannula or mask at bedtime for comfort. Order Date: 09/01/2025.Oxygen via nasal cannula or mask as needed for SOB (shortness of breath)/Comfort. Order Date: 09/01/2025. The physician orders failed to evidence a rate for the oxygen.Review of the progress notes documented in part, 08/27/2025 15:55 (3:55 p.m.) Note Text: Standing order for oxygen via nasal cannula initiated. Per daughter's request for comfort at night. Continue plan of care as directed.The comprehensive care plan for R33 documented in part, [Name of R33] has Shortness of Breath at times r/t (related to) aging and her disease process. Date Initiated: 05/15/2024. Under Interventions/Tasks it documented in part, .Oxygen therapy per facility protocol. Date Initiated: 11/26/2024 .Review of the eTAR (electronic treatment administration record) for R33 dated 9/1-9/30/25 and 10/1-10/31/25 documented the oxygen order at bedtime for comfort. It documented use of the oxygen at bedtime 26 of 36 days reviewed with a flow rate of 1 lpm (liter per minute) documented on 9/6/25 and 9/13/25. The eTARs failed to evidence the flow rate administered for the other dates reviewed.On 10/9/2025 at 3:07 p.m., an interview was conducted with ASM (administrative staff member) #2, the director of nursing who stated that R33 used the oxygen for comfort. She stated that when staff utilized oxygen for comfort they used pulse oximetry monitoring and set the flow rate to the residents comfort. She stated that oxygen was administered by the nurses, and it required a physicians order. ASM #2 stated that the order for R33's oxygen should have some type of parameters for the nursing staff to follow for administration. Review of the [Name of facility] Standing Orders dated 5/21/2025 documented in part, .Procedures: Oxygen via nasal cannula or mask prn (as needed) for comfort/SOB, at rates per facility protocol .The facility Policy and Procedure for Oxygen Administration dated 5/12/2023 documented in part, Procedure: Physician orders: The nurse must ensure that a current order for oxygen therapy is in the resident's chart. Initiate a standing order per protocol if there is not one in place. (Refer to standing order sheet.) . These two devices will be the most often used in our facility. Nasal Cannula: Used to deliver 1-6 liters per minute . Simple mask: Used to deliver 5-15 liters per minute .On 10/9/2025 at approximately 3:42 p.m., ASM #1 (the administrator) and ASM #2 were made aware of the above concern. No further information was provided prior to exit.

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. Based on staff interview, and clinical record review, the facility staff failed to obtain a physician ordered laboratory test for one of 19 residents in the survey sample, Resident #3.The findings include: For Resident #3 (R3), the facility staff failed to obtain a magnesium level ordered by the physician on 5/21/25. A review of R3's clinical record revealed a physician's order dated 5/21/25 for a magnesium level and other laboratory (lab) tests every six months in March and September. Further review of R3's clinical record revealed the other laboratory tests were obtained on 9/19/25 but the magnesium level was not obtained. On 10/9/25 at 3:01 p.m., an interview was conducted with ASM (administrative staff member) #2 (the director of nursing). ASM #2 stated physician orders for labs are entered into the computer system, listed in a book, and documented on a lab sheet. ASM #2 stated the other ordered labs for R3 were obtained in September 2025, but the magnesium level was missed. On 10/9/25 at 3:42 p.m. ASM #1 (the administrator) and ASM #2 were made aware of the above concern. The facility did not have a policy regarding laboratory tests. No further information was presented prior to exit.