

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  515064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2024
NAME OF PROVIDER OR SUPPLIER  Pleasant Valley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  640 Sand Hill Road Point Pleasant, WV 25550	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45171</p> <p>Based on observation and staff interview the facility failed to establish and maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections. Infection control breaches occurred during medication administration. This was a random opportunity for discovery during the medication administration facility task. Resident identifier: #12 Facility Census: 99</p> <p>Findings included:</p> <p>a) Resident #12</p> <p>On 11/19/24 at 8:07 AM medication administration observation with Licensed Practical Nurse (LPN) #65 found an infection control breach. When LPN #65 opened the packet of medications for Resident #12 the three (3) pills spilled out.</p> <p>One (1) pill fell into the bottom opened drawer of the medication cart and two (2) pills landed on the top of the medication cart, off of the barrier that was in place.</p> <p>LPN #65 then retrieved the three (3) pills and placed them in the medication cup to administer to the resident.</p> <p>This was confirmed with the Director of Nursing on 11/19/24 at 8:10 AM.</p>

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