STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515064	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Valley Healthcare Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and staff interviews the facility failed to distribute and serve food in accordance with professional standards for food service safety. The facility did not ensure all equipment used for meal deliveries was clean. This was a random opportunity for discovery and had the potential to affect more than a limited number of residents. Facility census: 99.Findings included: A) Review of policy for Equipment Policy Statement : All food service equipment will be clean, sanitary, and in proper working order. Procedures read in part: 2. All staff members will be properly trained in the cleaning and maintenance of all equipment. 4. All nonfood contact equipment will be clean and free of debris. B) On 05/04/2026 at around 1:00PM, the food cart was delivered for lunch service on the 400 unit. State Agency (SA) observed dried sticky debris on bottom of cart next to shelves that was white in color. On the outside of the cart along the base, where the rubber met the metal, a moderate amount dried white substance was present. Certified Nursing Assistant (CNA) #46 confirmed there were dried debris on and in the cart. On 05/05/2026 at around 8:05 AM, during further observations of food carts on each unit were made. On the 400 unit, there was moderate amounts of dried red substance on outside of cart and on the inside of the door there was a moderate amount of dried white substance. There was food debris on the bottom of cart along the shelf. CNA #24 confirmed the food debris was inside and outside the cart. On the 100 unit, the SA observed on the inside of the doors a moderate amount of dried red substance. CNA #24 confirmed the red dried substance was on inside of the doors. On the 200 unit, SA observed on the inside of cart on the bottom shelf a moderate amount of dried red substance. CNA #46 confirmed the red dried substance on the inside of the cart. On the 300 unit, SA observed on the outside of the cart along the edges there was build up of debris. CNA #9 verified on the outside of cart along edges a build up of debris. District Manager for Food and Nutrition #127 was made aware of observations, verified the findings., and reported, I will ensure these get cleaned. C) On 05/04/2026 11:54 AM, during lunch meal service, the beverage carts that were sent to 100, 200, 300 and 400 halls were all soiled with debris. On 05/04/26 11:56 AM Certified Nurse Assistant (CNA) #34 was asked if the beverage cart on 100 hall was sent to them soiled, and she stated Yes, it was sent that way. The CNA agreed that the (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515064	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Valley Healthcare Center	640 Sand Hill Road Point Pleasant, WV 25550

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	beverage cart was soiled and should have not been sent that way. On 05/04/26 12:01 PM, the Assistant Director of Nursing #79 and CNA #4 were asked if the 300 hall beverage cart was sent to them soiled. They both stated that it was soiled, and sent that way. On 05/04/26 12:02 PM, I let the Administrator know that the beverage carts were all soiled and showed her the one on 100 hall. She agreed that it was soiled, and said I will take care of it. On 05/04/26 12:04 PM, the Administrator was cleaning the beverage cart on the 200 hall.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515064	A. Building B. Wing	05/07/2026

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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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on record review and staff interview, the facility failed to ensure a complete and accurate minimum data set (MDS) assessment. This deficient practice had the potential to affect one (1) of one (1) residents reviewed for the care area of hospice. Resident Identifier: #20. Facility census: 99. Findings included:a) Resident #20 Review of Resident #20's physician orders showed an order, written on 12/17/25, which showed the resident was receiving hospice services for end-of-life services related to cerebral infarction. The resident's comprehensive care plan showed the resident was receiving hospice services. A hospice communication book located at the nursing desk showed the resident was receiving hospice services. Resident #20's quarterly minimum data set (MDS) assessment, with assessment reference date (ARD) of 03/16/26, did not indicate the resident was receiving hospice services. On 05/05/26 at 11:34 AM, MDS Nurse #52 confirmed the MDS assessment was incorrect and should have indicated the resident was receiving hospice services. No further information was provided through the completion of the survey process.