STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515065	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Care Center	107 Miller Drive Ripley, WV 25271

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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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on record review, family interview and staff interview the facility failed ensure Resident #63 maintained privacy of her medical record. The facility sent excerpts from the residents medical record to an out of state facility without the permission of the healthcare decision maker. This was true for one (1) of one (1) residents reviewed for the care area of privacy during the long term care survey process. Resident Identifier: 63. Facility Census: 109. a) Resident #63 On 06/02/26 at 8:28 am an interview with the Medical Power of Attorney (MPOA) for Resident #63 revealed that the facility sent excerpts of the medical record to another facility without the MPOA's permission. She stated, Things are better now but they did do that last year. A review of Resident #63's medical record found the following Social Service Progress note: -- Not Dated 05/07/25 ar 9:23 AM read as follows: (Name of out of state faiclity) contacted social services with an inquire of additional notes. 7 days of notes sent per request. Awaiting response. --Note dated 05/07/25 at 12:08 pm read as follows: SS (Social Services) submitted 60 days worth of note to (Name of Out of State nursing facility) per their request. Will continue to follow up. --Note Dated 10/29/25 at 2:42 PM read as follows: (First name of Resident #63) daughter declined the transfer to the psychological facility, after SW (social worker) got her a bed. An interview with Nurse Consultant #131 at 1:15 pm on 06/09/26 confirmed that excerpts of Resident #63's medical record were sent to an out of state facility. She further confirmed the medical record contained no evidence that the MPOA gave permission for the records to be sent.

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 observation and staff interviews, the facility failed to provide a safe, clean, comfortable, and homelike environment for two (2) of 58 resident rooms, and the main dining room, observed during the long-term care survey process. Dining room doors in disrepair. Rooms #209 and #210 were in disrepair. Resident Identifiers: #52, 65, 48 and 28. Facility Census: 109. Findings include: a) Hill Valley Healthcare policy titled Homelike Environment states: Residents will be provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible. Environment: refers to any environment in the facility that is frequented by residents, including (but not limited to) the residents rooms, bathrooms, hallways, dining areas, lobby, outdoor patios, therapy areas and activity areas. Homelike Environment: is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the residents to use those personal belongings that support a homelike environment. A determination of homelike should include the residents opinion of the living environment. The facility team will provide person-centered care that emphasizes the residents' comfort, independence and personal needs and preferences.The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include a clean, sanitary and orderly environment. b) 06/01/26 at 3:50 PM room [ROOM NUMBER] - (Resident #52 and #65) has a blank electrical outlet cover that needs to be moved over to cover the hole in the wall. The television (TV) cable going to Resident #52's TV is lying on the floor away from the wall. Resident #52 stated that Resident #65's wheelchair had gotten tangled up with this cable before, and I had to help her get unstuck. There is ceiling damage in the room near a fire sprinkler that measures approximately a 12 inch by 12 inch square. On 06/01/26 at 4:05 PM, I showed the administrator these areas of concern and he stated I will put a work order in for my maintenance department to fix these, we have a lot of things that I want to get fixed, and we will continue to work on this. c) 06/02/26 at 8:30 AM room [ROOM NUMBER] - (Resident #28 and #48) I asked Resident #48 if she had any concerns, and she stated I would like my bathroom to be fixed. The vanity has a laminate strip missing, which prevents it from being easily cleanable. The strip is approximately 24 inches long and two (2) inches wide. There is a crack in the paint above the toilet measuring approximately 30 inches long. There are three small holes located above the glove holder on the wall near the bathroom door. There are two (2) areas beside the bathroom mirror that need drywall and paint repair. They both measure approximately 12 - 14 inches long. On 06/02/26 at 11:20 AM, I showed the Administrator Resident #48's concerns with her bathroom and he stated this is unacceptable and will be fixed. I will put a work order in now. d) On 06/02/26 at 11:00 PM this surveyor noticed that the paint is chipping and falling off both doors leading into the main dining room. The Corporate Registered Nurse (RN) #131 agreed that both doors need to be sanded and painted.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on record review, resident interviews, and staff interviews, the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice. This deficient practice affected four (4) residents reviewed in the long-term care survey sample. Resident Identifiers: #1, #76, #6, and #116. Facility census: 109. Findings included: a) Resident #116A policy titled, Social Services-Transportation, read as follows: our facility shall help arrange transportation for residents as needed.According to the hospital discharge orders for Resident #116 from 07/04/26, a follow up was scheduled with the Congestive Heart Failure (CHF) Clinic on 07/14/26 at 1:40 PM and a follow up was recommended with Nephrology, (name of physician) in one to two (1-2) weeks from hospital discharge.A review of the transportation schedule for July 2025 does not show either appointment. The facility was unable to produce evidence that they had provided transportation to scheduled appointments or that the resident attended those appointments.In an interview with Corporate Registered Nurse (CRN) #131 on 06/04/26 at approximately 1:00 PM, CRN #131 confirmed according to documentation Resident #116 was not provided transportation and did not attend follow up appointments.b) Resident #6A review of Resident #6's medical record on the morning of 06/02/26 found a physician order which read, : Post - Dialysis: obtain a full set of vital signs and weight after dialysis treatment on Monday, Wednesday and Friday. No BP (blood pressure) in left arm. This order was entered into the residents medical record on 01/09/26 and was the active order at the time of this review.A review of Resident #6's electronic medical record on the morning of 06/02/26 found under the vital signs tab under blood pressure the residents blood pressure had been obtained in her left arm on the following dates and times: 05/02/26 at 8:02 am 05/02/26 at 10:44 pm 05/03/26 at 8:32 am 05/04/26 at 12:03 pm 05/05/26 at 12:32 am 05/06/26 at 11:00 am 05/007/26 at 8:03 am05/08/26 at 12:22 pm05/09/26 at 9:55 pm05/10/26 at 7:38 am05/11/26 at 11:43 am 05/12/26 at 7:57 am05/12/26 at 7:52 am05/13/26 at 6:00 am05/13/26 at 1:28 pm05/14/26 at 1:13 am 05/14/26 at 9:45 am 05/15/26 at 11:00 am 05/16/26 at 7:59 am 05/16/26 at 8:33 pm 05/17/26 at 7:42 am 05/18/26 at 10:08 am 05/19/26 at 10:37 am 05/20/26 at 11:00 am 05/20/26 at 11:50 am 05/21/26 at 7:41 am 05/23/26 at 7:21 am 05/24/26 at 7:49 am 05/25/26 at 11:00 am 05/25/26 at 11:21 am 05/25/26 at 9:41 pm 05/26/26 at 7:44 am 05/27/26 at 6:00 am 05/27/26 at 6:11 am 05/27/26 at 1:27 pm 05/28/26 10:02 am 05/28/26 at 4:59 pm 05/29/26 at 11:00 am 05/31/26 at 8:05 am 06/01/26 at 5:46 am 06/01/26 at 12:30 pm and 06/02/26 at 10:10 am. An interview with the DIrector of Nursing (DON) at 2:17 pm on 06/02/26 confirmed there was an order for the blood pressure not to be taken in the left arm. She reviewed the blood pressure vital signs tab and agreed the staff had documented taking the blood pressure in Resident #6's left arm on multiple occasions. Hill Valley Healthcare policy titled Change In a Resident's Condition states:c) Resident #76 Policy: The facility will promptly notify the resident, his or her physician / practitioner, and representative of changes in the resident's medical / mental condition and / or status.Specific Procedures:The nurse will notify the resident's Attending Physician / practitioner or physician on call when there has been a (an):a. accident or incident involving the resident;b. discovery of injuries of an unknown source;c. adverse reaction to medication;d. significant change in the residents physical, mental, or psychological status (that is a deterioration in health, mental, or psychological status in either life-threatening conditions or clinical complications)e. need to alter the resident's medical treatment significantly;f. refusal of treatment or medications two (2) or more consecutive times;g. need to transfer the resident to a hospital / treatment center;h. discharge without proper medical authority;i. specific instruction to notify the physician / practitioner of changes in the resident's condition.Resident #76 had a fall with a major injury on 09/10/25 at 6:15 PM. He received a physicians order for an x-ray on 09/12/25. The X-ray findings were Cortical irregularity at the (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	coronoid. The X-ray conclusion was question coronoid fracture, consider CT. The Physician ordered a CT scan on 09/12/25. The CT scan was not scheduled until 09/24/26. The CT scan findings were Moderate body wall edema. Marked edema within the dorsal soft tissues of the imaged upper extremity. Lucency can be seen within the radial head worrisome for traumatic fracture best appreciated within coronal and sagittal reformats. No dislocation. The CT scan conclusion was Traumatic radial head fracture with dorsal soft tissue edema.The Physician was not notified of the CT scan findings until 10/06/26. On 10/06/26 the Physician ordered an Orthopedic referral. Resident #76 went to the Orthopedic Specialist appointment on 10/17/25 at 8:00 AM. The Orthopedic Specialist ordered non weight bearing to the right upper extremity (RUE) and a follow up appointment in six (6) weeks. The appointment was scheduled for 12/05/25 at 8:00 AM. Resident #76 never made it to that appointment.On 10/08/25 at 1:05 PM the facility Physician wrote a progress note stating, The patient (Resident #76) is seen for a follow-up visit at Mountainview. Resident #76 received the CT past ordered.Interview with Director of Nursing (DON) on 06/04/26 at 1:42 PM. This surveyor asked the DON why the facility Physician was not notified of the CT scan results from 09/24/25 until 10/06/25, and why Resident #76 missed the follow-up appointment with the Orthopedic Specialist on 12/05/25. She stated, It was just missed.d) Resident #1A record review on 06/09/26 at 9:27 AM, revealed that from 10/20/25 to 12/09/25 Resident #1 had an order for dialysis Monday, Wednesday, and Friday, with chair time at 6:00 AM.A review of the Medication Administration Record (MAR) from 10/20/25 to 10/31/25 revealed that on 10/20/25, 10/22/25, 10/27/25, and 10/31/25 Resident #1 did not get the following morning medications as ordered: Docusate sodium Capsule 100 Milligrams (MG) for constipation, Eliquis Oral Tablet 2.5 MG for Atrial Fibrillation, and Nateglinide Oral Tablet 120 MG for Diabetes Mellitus.Additionally, Resident #11 did not receive a prescribed antibiotic (Cephalaxin) on the mornings of 10/22/26 and 10/27/26.A review of the MAR from 11/01/26 to 11/30/26 revealed that on 11/05/26, 11/10/26, 11/14/26, 11/19/26, 11/25/26 and 11/28/26 Resident #1 did not receive the following morning medications as ordered: Docusate sodium Capsule 100 Milligrams (MG) for constipation, Eliquis Oral Tablet 2.5 MG for Atrial Fibrillation, Nateglinide Oral Tablet 120 MG for Diabetes Mellitus, and Multivitamin oral tablet as a supplement.Additionally, Resident #11 did not receive a prescribed antibiotic (Cephalaxin) on the morning of 11/10/25.The above dates correlate with Resident #11's dialysis schedule.During an interview on 06/09/26 at 9:35 AM, Corporate Consultant Nurse (CCN) #131 confirmed that for the months of 10/2025 and 11/2025 Resident #1 did not receive all of her morning medications on dialysis days as prescribed by the physician.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on record review and staff interview the facility failed to ensure they had a Registered Nurse (RN) for eight (8) consecutive hours daily. This failed practice has the potential to effect more than an isolated number of residents currently residing in the facility. Facility Census: 109. A review of the facility's hours per patient day (HPPD) found they had 4.33 hours of RN coverage for 03/22/26. An interview with the Nursing Home Administrator (NHA) on 06/03/26 at 1:30 PM confirmed they did not meet the eight (8) hour requirement on 03/22/26.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on record review, resident interviews and staff interviews, the facility failed to ensure all food was temped before leaving the kitchen, to ensure safe food temperatures to prevent foodborne illness and an appetizing temperature of the food. The facility failed to ensure hot foods were served hot and cold foods were served cold. This failed practice was true for one (1) of one (1) meal tray tested throughout the survey process. This failed practice had the potential to affect more than a limited number residents. Resident identifier: #49, 12, 89, 44 and 65. Facility census: 109 Findings include: a) Policy #ADM-015-Food Temperature Control states: Policy: All foods shall be cooked, held, and served at safe temperatures to prevent foodborne illness. Purpose: To ensure compliance with FDA Food Code and CMS F812 standards Procedure:Hot foods > 135 degrees F; cold foods < 41 degrees F. Food temperatures will be taken once cooked, before, during and after service. Thermometers shall be calibrated daily and sanitized after use. Corrective action will be taken immediately for any unsafe reading. b) Initial walkthrough of the kitchen on 06/01/26 at 11:00 AM. The Director of Dining Services (DDS) accompanied this surveyor and verified the findings to be true. I asked to see the food temps for the meals for the month of May 2026, and the facility were only taking and recording the temperatures of the food items that were on the main menu. They were not recording any alternate or always available food items before serving them to the residents. The DDS stated We will start recording temps for those items also. The facility is not following state or federal guidelines, or their own policy for taking and recording food temperatures on all food items prepared in the dietary department, before serving the residents these items. They do not know if the temperatures meet the food code standards, because they were not taking all of them per the guidelines. c) Resident Council on 06/02/2026 at 2:00 PMThe residents attending this meeting stated the bread is always hard. d) Resident #89 stated the food is cold sometimes, and the breadsticks are hard as a rock. e) Resident #44 stated the food is not good here. f) Resident #65 stated the hot food is cold at times. g) Resident #49 stated the food is nasty.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on Resident Interview, record review, observation and staff interview the facility failed to ensure Resident #20's food preferences were identified and honored as required. This was a random opportunity for discovery during the long term care survey process. Resident Identifier: #20. Facility Census: 109. a) Resident #20 During an interview on 06/01/26 Resident #20 was asked how the food at the facility was she stated, The food sucks. I am a vegetarian and get meat constantly. I have told them this for years. A review of Resident #20's medical record found a quarterly dietary profile dated 05/15/25. This was the most recent dietary profile in the medical record. This dietary profiled failed to identify the fact the resident does not like to eat meat. The dislikes section was left blank. An observation of the noon time meal on 06/02/26 found the resident was served spaghetti with meat sauce. The nurse aid who was assigned to the resident looked at the tray and said, I told them this morning not to send that because she doesn't eat meat. Observation of the breakfast meal on 06/03/26. Found the resident had sausage, oatmeal and eggs and pureed blueberry muffin bake. All foods were pureed. The nurse aide who was feeding the resident stated she is not a fan of meat so she did not eat the sausage. The resident chimed in and stated I am a vegetarian. An Interview with the Certified Dietary Manager (CDM) and Corporate Nutritional Consultant at 10:05 am on 06/03/26 found they had not completed a Dietary Profile since 05/15/25 she stated they should have been completed quarterly. She stated the resident told her the only meat she likes is chicken in chicken noodle soup. She stated, the resident told them she did not want pork or beef but chicken would be okay. She stated the next assessment would have been due in two (2) days. She then agreed it was actually overdue and had not been completed in over a year.

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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 store, prepare, distribute and serve food in accordance with professional food safety standards. Additionally, the facility failed to follow proper sanitation practices for the kitchen and the food preparation equipment. This practice had the potential to affect more than a limited number of residents. Facility census: 109Findings include: a) Policy #ADM - 077 - Label and Dating Requirements states: Policy: All prepared, opened, or repackaged foods shall be labeled and dated to ensure proper rotation and safety. Purpose: To prevent spoilage and maintain compliance with sanitation standards. Procedure: Each container must be labeled with product name, preparation or open date, and discard date. b) Policy #ADM - 018 - Equipment Cleaning and Maintenance states: Policy: All dietary equipment shall be maintained in good repair and kept in a clean, sanitary condition at all times. Purpose: To ensure food is prepared and served safely and that equipment operates efficiently in accordance with CMS F812. Procedure: Equipment will be cleaned and sanitized after each use following manufacturer guidelines. c) Policy #ADM - 024 - Master Cleaning Schedule (sanitation Program) states: Policy: All dietary areas, equipment, and utensils shall be cleaned and sanitized on a defined schedule to maintain sanitary conditions. Purpose: To prevent food contamination and ensure regulatory compliance. Procedure:A written cleaning matrix (daily / weekly / monthly / PRN) will assign tasks and responsible staff.Food-contact surfaces: wash-rinse-sanitize between tasks and at shift end.Non-food-contact surfaces (walls, floors, hoods, vents) are cleaned per schedule and as needed.Approved detergents / sanitizers are used per label instructions.The Dietary Manager audits completion and corrective actions weekly.d) Policy #ADM-153-Manual Ware Washing Procedures states: Policy: Manual washing of pots, pans, and utensils shall follow the three-compartment-sink method using approved detergents and sanitizers. Purpose: To ensure all food-contact items are properly cleaned and sanitized when dish machines are unavailable or for oversized equipment. Procedure: Set up sink compartments.ScrapWash (110 degrees F minimumRinseSanitizeRecord sanitizer test results before each meal period to ensure proper PPM.e) Policy #ADM-440-Mechanical Dish Machine Standards Policy: All mechanical dish machines shall operate per manufacturer and regulatory standards for time, temperature, and sanitizer concentration. Purpose: To ensure all dishware and utensils are effectively sanitized during mechanical cleaning. Procedure:Verify wash temperature > 150 degrees FFinal rinse temperature > 180 degrees F (high-temp machines)Record results each meal service period f) Initial walkthrough of the kitchen on 06/01/26 at 11:00 AM. The Director of Dining Services (DDS) accompanied this surveyor and verified the findings to be true. -The floor in the walk-in refrigerator was soiled and needed sweeping and mopping.-Multiple juice cups were not dated in the walk-in and the reach-in refrigerators.-The reach-in refrigerator had beverage spilled on the bottom shelf.-Two (2) containers of honey thickened juice were not dated properly in the reach-in refrigerator.-The drip pan located under the stove was soiled with food debris.-The top interior of the microwave was soiled.-The toaster was soiled.-The fronts of both conventional ovens were soiled.-One (1) package of flour was opened, not sealed, and not dated properly.-The dish machine was missing multiple temperatures that were not recorded for the month of May 2026 and for breakfast on June 1 2026.-All three (3) handwashing sinks located in the dietary department were soiled.-One foam cup of sugar was not sealed, labeled or dated properly in the side one (1) pantry.-One container of coffee was not dated properly in the side one (1) pantry.-The microwave in the side one (1) pantry was heavily soiled on the inside.-Two (2) can openers were soiled.-Interview with Director of Dining Services (DDS) at 11:40 AM on 06/01/26 DDS stated, We will get these items cleaned, and I will discard the items not dated properly. Follow up visit to the kitchen on 06/02/26 at 10:15 AM-One (1) can opener was soiled.-The dish machine temperature was not taken and recorded prior to washing breakfast dishes this morning.-The three (3) compartment sink water temperatures (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	are not being recorded. The facility is only recording the sanitizer's parts per million (PPM).One soiled pair of gloves was located on the countertop near the coffee maker.-Interview with Director of Dining Services (DDS) on 06/02/26 at 10:25 AM DDS stated, The can opener will be replaced today. I will update the form and we will start taking the water temperature for the three (3) compartment sink.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. Based on observation and staff interview, the facility failed to store and dispose of garbage and refuse properly. The lids for the trash cans located in the kitchen and the dish room were not on during two different observations of the kitchen during the survey process. This failed practice has the potential to affect more than a limited number of residents at the facility. Facility census: 109. Findings include: a) Policy #ADM -300 - Garbage and Waste Disposal states: Policy: All garbage and food waste shall be handled and disposed of safely and frequently to maintain sanitation and odor control. Purpose: To prevent pest attraction, odor buildup, and contamination in food-service areas. Procedure:Keep the lids closed at all times and when not in use.Clean and sanitize garbage cans daily, including exterior surfaces.b) The Initial walkthrough of the kitchen took place on 06/01/26 at 11:00 AM The Director of Dining Services (DDS) accompanied this surveyor and verified the findings to be true. There was no lid on the trash can located beside the handwashing sink. I asked The DDS if there was a lid available for this trash can and she stated, Yeah somewhere, but I cannot find it. I will remove it from the kitchen. At 11:20 AM on 06/01/26, the trash can located in the dish room did not have a lid on it. The DDS did put the lid on after the surveyor brought it to her attention. At 11:46 AM on 06/01/26 the trash can located in the dish room did not have the lid on it again. The DDS stated, I will speak to my staff about leaving the lids on the trash cans when not in use.