STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025

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

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 45171 Based on observation and staff interview the facility failed to ensure a dignified dining experience. This was a random opportunity for discovery. Resident identifiers: #85, #547, #42. Facility census: #106. Findings include: a) Resident #85 On 02/17/25 at 12:35 PM Resident #85 was sitting with two (2) other residents at the dining room table. Resident #38 and #53 were served and being assisted with their meal at 12:35 PM. Staff continued to pass meal trays to other tables in the dining room. Resident #85 did not receive the meal until 12:43 PM after bringing it to the attention of the Director of Activities #41. It was confirmed with the Director of Activities #41 on 02/17/25 at 12:43 PM that Resident #85 had not been provided the right to a dignified dining experience. b) Resident #457 On 02/18/25 at 5:42 PM Resident #42 was a tablemate with Resident #457. Resident #42 was served her tray at this time, however Resident #457 was not served for thirty three (33) minutes afterwards, at 6:15 PM. At this time all other residents had left the dining room. This was confirmed with Licensed Practical Nurse Unit Manager (LPNUM) #12 who agreed that Resident #457 should have had her tray prior to this time. c) Resident #42 On 02/18/25 at 12:41 PM Resident #42 was not served their lunch meal tray until eighteen (18) minutes after her tablemate's were served causing her to be denied the right to a dignified dining experiences as she was watching the other residents eat their meal. Staff continued to pass meal trays to other dining room tables before serving Resident #42. Resident #42's tablemate, Resident #457, had her tray and Resident #42 consistently ask Where's my food? (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: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER: Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 107 Miller Drive, Ripley, WV 25271	

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	This was confirmed with Licensed LPNUM #12 who confirmed the meals should have come out together. 49467 51553 e) Residents were served on styrofoam throughout the dining room observations. On 02/18/25 at 12:40 PM, the State Surveyor asked Dietary Aide #50 why styrofoam bowls were being used during the lunch meal. Dietary Aide #50 stated, They ran out. On 02/18/25 at 5:30 PM, the Dietary [NAME] #124 verified the kitchen ran out of plates and bowls for the dinner meal.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER: Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 107 Miller Drive Ripley, WV 25271	

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. 49465 Based on Resident Council meeting, record review, and staff interview the facility failed to act promptly upon the grievances/concerns from Resident Council. This failed practice was a random opportunity for discovery and had the potential to affect a limited number of residents during the Long-Term Care Survey Process. Facility census: 106. Findings include: a) Resident Council Meeting Minutes A review of the Resident Council Meeting Minutes on 02/18/25 at 10:00 PM, revealed a resident/family concern form dated 07/16/24 that had the following concerns listed from resident council: * Residents requesting drinks be passed with meals instead of before the meal trays make it to the hallways. * Repeated meals being served too frequently. * Directions not being followed on meal tickets. Likes/dislikes not being observed and/or monitored. * Menu does not match the meals being served. Would like an alternative on the menu also. Further review of the Resident Council Meeting Minutes revealed an impromptu (AD-HOC), Quality Assurance (QA) meeting was held on 07/25/24 at 2:00 PM as a response to the above concerns from Resident Council, and that the response did not match the concerns that were made by Resident Council. The AD-HOC, QA meeting listed the following to put in place for the Resident Council Concerns: * Eliminate frequency of the substitutions. * Asking for alternates, but not always receiving alternates. * Ensure that salads are coming with/being offered dressings. * Staff to continue to eat meals prior to sending them out. * Trays to be lined up by room number in the meal carts. * Pastas to be cooked a little longer and would like to see more sausage biscuits for breakfast. * Explained Manager on Duty program starting the first weekend in August to assist with weekend needs and activities. a1.) Lunch meal observation (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER: Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 107 Miller Drive Ripley, WV 25271	

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An observation of the lunch meal on A-hall on 02/18/25 at 12:00 PM, revealed that drinks for the meal were being passed. Continuous observation showed that the meal for A-hall did not start getting passed to residents until 1:15 PM. Further observations of Residents on A-hall revealed that (6) six residents' drinks were empty by the time they received their lunch tray. a2.) Resident Council Meeting During the Resident Council Meeting on 02/18/25 at 2:00 PM the Resident Council as a whole had the following concerns: * Drinks are not being served with our meals. They had brought this up several times and it continues to be a problem. * They serve drinks in the hallway, way before the meal comes. The coffee is cold by the time we get our meal. * We ask if we can have more and the kitchen response is no, we are out of food. * Very common not to have food that is on the menu. It happens a lot. * We were supposed to have a food meeting the second Tuesday of each month with the head guy in the kitchen and in the last four (4) months we have only had one. a3.) Supper meal observation An observation of the supper meal being served in the dining room on 02/18/25 at 6:00 PM, revealed that residents were being served Salisbury steak, spinach and scalloped potatoes. With (6) six residents left to serve in the dining room the kitchen ran out of the menu items and the remaining residents were served Salisbury steak, french fries and spinach. During an interview on 02/18/25 at 6:10 PM, Dietary Aide (DA) #104 stated, We ran out of food. A review on 02/18/25 at 6:30 PM, revealed that the menu posted for supper was to be Salisbury steak, mashed potatoes, and carrots. During an interview on 02/25/25 at 2:09 PM, Social Worker (SW) #90 stated, I do remember we made multiple attempts to try and fix it. If I have the documentation to show it, I do not know. She further agreed that if it is still happening then it is not resolved. Further interview on 02/25/25 at 2:41 PM, SW #90 stated, According to our resident council meeting minutes they did not have a complaint about it in December and January so it must be a problem that came back.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025

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

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 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. 49465 Based on resident council interview, observation and staff interview the facility failed to have the results from the last standard survey posted in a place easily accessible by residents. This failed practice was a random opportunity for discovery and had the potential to affect a limited number of residents during the Long-Term Care Survey Process. Facility census: 106. Findings Include: a) Resident Council During the Resident Council (RC) Meeting on 02/18/25 at 2:00 PM, the RC as a whole said that they did not know they had access to the findings from the last standard survey. During an interview and observation on 02/18/25 at 3:45 PM, at the desk at the front door, The Administrator pulled a book out from behind the desk and stated, It usually sits on the desk not behind it. The Administrator then looked at Receptionist #78 and stated, This book has to stay right here. During an interview on 02/18/25 at 3:48 PM, Receptionist #78 stated, This book has always been behind this desk, since I started here (3) three months ago.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER: Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 107 Miller Drive Ripley, WV 25271	

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 - 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. 51553 Based on observations and staff and resident interviews, the facility failed to ensure a safe, clean, comfortable, homelike environment by not cleaning and sanitizing Resident #10's wheelchair, cleaning the kitchen ceiling and exhaust fan and cleaning the shower room's ceiling and peeling paint. This failed practice was a random opportunity for discovery and had the potential to affect more than a limited number of residents. Resident identifier: #10. Facility census: 106. Findings included: a) Sanitary includes, but is not limited to, preventing the spread of disease-causing organisms by keeping resident care equipment clean and properly stored. Resident care equipment includes, but is not limited to, equipment used in the completion of the activities of daily living. On 02/26/25, Resident #10's wheelchair was found to have a dirty footboard with dried food-like substance and liquids. The dirty footborad was observed on 02/17/25 at 08:30 AM, 02/18/25 at 12:15 PM, 02/19/25 at 02:11 PM, and 02/24/25 at 9:20 PM. On 02/19/25 at 02:11, Licensed Practical Nurse (LPN) #111 was interviewed and confirmed Resident #10's wheelchair was still dirty and had not been cleaned. 02/24/25 at 09:10 AM, the Administrator stated there was no policy and procedure for cleaning wheelchairs or a cleaning schedule in place for the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER: Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 107 Miller Drive Ripley, WV 25271	

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 49467 Based on record review and resident and staff interviews, the facility failed to thoroughly investigate an allegation of abuse involving Resident #39. This was true for one (1) of nine (9) residents reviewed for abuse and neglect during the survey process. Resident identifier: 39. Facility census: 106. Findings include: During review of a facility reported incident (FRI), on 02/25/25, it was noted the facility reported an allegation of staff to resident abuse on 02/07/25. According to the FRI, a staff member was alleged to have yelled at Resident #39 after she slid out of her recliner and into the floor, stating, You shouldn ' t be getting up without asking for help.Resident #39's daughter reported the incident to the facility, further stating the employee Very roughly jerked Mom's arm and pulled her up out of the bed. The resident's daughter was not present at the facility at the time of the incident. The staff member was determined to to be Nurse Aide (NA) #5. NA #5 was suspended pending investigation. During review of the investigation conducted by the facility, it was noted staff members present the night of the alleged incident were interviewed, as evidenced by statements supplied by the facility. However, it was noted there was no statement taken from Resident #39 during the course of the investigation, according to the documents provided by the facility. At approximately 2:10 PM on 2/25/2025 an interview was conducted with Resident #39 regarding the alleged incident and the facility's investigation. Resident #39 has a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognitive abilities. During the interview, Resident #39 stated I slid out of my chair and the girls came in and helped me get back up and helped me to the bathroom. When asked if the facility took a statement from her regarding the allegation of abuse, the resident stated, I remember a lady that works with you (this surveyor) came in a few days ago and asked me about me falling, but that's it. The resident, again, confirmed no one employed with the facility came in to obtain a statement regarding the incident. At approximately 10:30 AM during an interview with the Administrator, it was confirmed no statement was taken from Resident #39 during the course of the investigation. The Administrator stated I'll see what I can find. However, no further documentation was provided by the facility during the remainder of the survey process.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 107 Miller Drive Ripley, WV 25271	

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 39043 Based on record review and staff interview, the facility failed to ensure accurate Minimum Data Set assessments for two (2) of 43 residents in the long-term care survey sample. Resident identifiers: #8 and #44. Facility census: 106. Findings included: a) Resident #44 Resident #44's Minimum Data Set (MDS) assessment with Assessment Reference Date (ARD) 12/31/24 coded a trunk restraint was used less than daily. Review of Resident #44's physician's orders showed no current or past orders for restraints. Review of the resident's comprehensive care plan showed no current or past focus or interventions related to restraints. On 02/18/25 at 4:57 PM, the Administrator acknowledged Resident #44's MDS with ARD 12/31/24 was incorrect in coding restraint use. b) Resident #8 Review of Resident #8's medical records showed the resident had a diagnosis of depression, unspecified, since 09/05/23. Review of Resident #8's physician's orders showed the resident had been receiving the medication trazodone for major depression since 08/14/24. Resident #8's Minimum Data Set (MDS) with Assessment Reference Date (ARD) 11/14/24 did not code the diagnosis of depression. On 02/19/25 at 10:32 AM, Minimum Data Set Coordinator Registered Nurse (MDSCRN) #15 acknowledged Resident #8 had a diagnosis of depression and was receiving medication for depression. She stated she would correct the MDS.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 107 Miller Drive Ripley, WV 25271	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 49465 Based on record review, observation and staff interview the facility failed to develop/implement a person centered care plan to meet and/or address the residents medical, physical, mental, and psychosocial needs. This failed practice was found true for (2) two of 43 care plans reviewed during the Long-Term Care Survey Process. Resident identifiers: #22 and #68. Facility census: 106. Findings include: a) Resident #22 The initial observation, on 02/17/25 at 10:25 AM, showed Resident #22 lying in bed with his head covered up with the sheet and his buttock sticking out of the sheet which revealed that Resident #22 was not wearing a brief. Further observation on 02/18 25 at 2:30 PM, revealed Resident #22 lying in bed with the sheet at his feet and no brief on at this time. An observation on 02/19/25 at 11:00 AM, revealed Resident #22 lying in bed with a sheet and his buttock sticking out of the sheet showing that Resident #22 did not have a brief on. An observation on 02/19/25 at 2:09 PM, revealed Resident #22 up to a Geri chair wearing a black, short sleeve one piece outfit. During an interview on 02/19/25 at 2:26 PM, Nursing Assistant (NA) #97 stated, When he is in bed, he does not wear briefs because he rips them up and chews on them. When he is up he has on a brief but also has on a one piece outfit so he cannot reach down and pull off his brief. A record review on 02/24/25 at 1:30 PM, revealed a care plan that did not address the one piece outfit, or the not wearing of briefs while in bed. During an interview on 02/25/25 at 10:10 AM, Cooperate Minimum Data Set Coordinator (CMDSC) #148 confirmed that the one piece outfit and the not wearing of briefs were not addressed in a current care plan. 49467 b) Resident #68 During review of Resident #68's record on 2/17/2025, it was discovered the resident had the following order: Regular diet, Regular texture, Regular/Thin consistency doesn't eat turkey, fish, or chicken for plateguard with meals (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 107 Miller Drive Ripley, WV 25271	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The resident had the following focus and intervention listed on her care plan: Focus- Resident is at potential nutrition risk r/t (related to) underweight BMI; medical dx (diagnosis) that may affect weight; intakes and nutritional status. Date initiated: 01/31/24 Revision on: 01/07/25. Interventions/Tasks- Plateguard with meals. Date initiated: 02/21/24. During lunch service at approximately 12:15 PM on 2/18/25, Resident #68 was served lunch with no plateguard. The Administrator acknowledged the Resident did not have a plateguard, and reviewed the order calling for it. Upon further investigation, it was determined the plateguard was not listed on the resident's meal ticket. During dinner service, on 2/18/2025, at approximately 5:30 PM, Resident #68 received a tray without a plateguard. At this time, this was acknowledged by the Corporate Registered Registered Nurse (CRN). The meal ticket still did not have the plateguard listed for the resident. During lunch service on 2/19/2025, at approximately 12:15 PM, Resident #68 was served a meal with no plateguard on her plate. This was acknowledged by the Administrator. The Administrator confirmed the plateguard was still absent from the resident's meal ticket. At approximately 10:30 AM on 02/26/25, an interview was conducted with the Registered Dietitian (RD) regarding the orders for the plateguard and the process for adaptive equipment showing up on the residents' meal tickets. The RD stated the nursing staff at the facility would have to fill out a communication form, stating the need for the adaptive equipment and, once received by the dietary department, it would be placed on the ticket. The RD stated if the equipment was not on a ticket, it was likely the nursing staff did not supply the communication form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER: Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 107 Miller Drive Ripley, WV 25271	

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49467 Based on record review, observation, and staff interview, the facility failed to revise the care plan for Resident #14 after the order for adaptive equipment during meals was not renewed. This was true for one (1) of 43 care plans reviewed during the survey process. Resident identifier: 14. Facility census: 106. Findings include: a) Resident #14 During review of Resident #14's record on 2/17/2025, it was noted the resident was care planned to have a Kennedy cup with all meals. However, no order for a Kennedy cup was found on the resident's record. Upon further review, it was noted the resident had a recent hospital stay and returned to the facility on [DATE]. Review of the resident's completed/discontinued orders revealed she had an order for a Kennedy cup with all meals before leaving for the hospital. After returning on 1/12/2025, the order for the Kennedy cup was not renewed, but the care plan was not updated. At approximately 12:45 PM on 2/25/2025, Licensed Practical Nurse (LPN) #21 confirmed Resident #14 did not receive a Kennedy cup with her meal. Resident #14 had not been observed with a Kennedy cup with any meals during the survey process. At approximately 11:35 AM on 2/26/2025, the Administrator confirmed the resident did not have an order for the Kennedy cup and the care plan had not been revised to reflect this change.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER: Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 107 Miller Drive Ripley, WV 25271	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 39043 Based on observation and staff interviews the facility failed to ensure the resident environment over which it had control was as free from accident hazards as possible. These were random opportunities for discovery and had the potential to affect more than a limited number of residents. Resident Identifier: #8. Facility Census: #106. Findings included: a) Unlocked medication cart On 02/16/25 at 11:00 AM observation of the treatment cart was sitting in the hallway by the conference room at the beginning of the A hallway. There were no staff members near the cart. There were residents near the unlocked, unattended treatment cart. It was confirmed with Licensed Practical Nurse #7 on 02/16/25 at 11:05 AM this was an accident hazard, at which time she agreed. b) Resident #8 Observation of Resident #8 on 02/16/25 between the hours of 5:30 p.m. to 6:30 p.m., revealed the facility reported an elopement of resident on 10/01/24. Resident lacked capacity and had a BIMS score of 3. The resident was assessed as an elopement risk on 09/30/24, 10/23/24, and and 02/14/25. Resident had a wanderguard bracelet in place. Observation on 02/17/25 between the hours of 8:15 a.m. and 8:35 a.m., the wanderguard system did not function properly on the exit door in A Hallway. Record review on 02/17/25 at approximately 2:25 p.m., of the documentation from the Wanderguard repair vendor and the system had been repaired for A Hall and was back in working order as of 02/17/25 at 2:14 p. m. Interview with the Maintenance Director at the time of discovery verified the deficiency. The deficiency was also acknowledged by the Administrator upon exit on 02/26/25 at approximately 1:45 p.m. 45171

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 107 Miller Drive Ripley, WV 25271	

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 49467 Based on record review and resident and staff interview, the facility failed to deploy sufficient nursing staff in order to meet resident needs. This has the potential to affect more than an isolated number of residents residing in the facility. Facility census: 106. Findings include: a) Record review During review of the facility's Payroll Based Journal (PBJ) data, the facility flagged for excessively low weekend staffing from the time period of 10/1/24-12/31/24. b) Resident interviews Multiple interviews were conducted with residents who, during the survey process, relayed concerns about staffing at the facility. On 2/17/25 at approximately 11:37 AM, an interview was conducted with Resident #14. Resident #14 stated Sometimes it takes hours for them to answer my call light. I got to where I would scream and yell when they wouldn't answer my light and they won't answer that now. There are times I will press my light and I will have to wait three (3) to five (5) hours. On 2/16/25 at approximately 12:04 PM, Resident #45 stated the following about facility staffing, Sometimes I will wait a half an hour to an hour for someone to answer my call light. Day shift is the worst. Weekends aren't any different. On 2/16/25 at approximately 12:53 PM Resident #42 stated staff is slow to answer call lights at times. On weekends we wait 40 minutes sometimes. On 2/16/25 at approximately 02:00 PM, Resident #12 stated, Poor staffing day and night. On 2/16/25 at approximately 02:17 PM Resident #18 reported, They don't have enough people. - referring to staffing. During the Resident Council Meeting on 02/18/25 at 2:00 PM the Resident Council as a whole had the following concerns regarding call light response time: * Sometimes we wait for over an hour, and sometimes you just give up. * There have been days where they do not get people out of bed because there is not enough help. This happens a lot on weekends. * If you ring your call bell during meal time you might as well forget it. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025

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

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	c) Staff interviews On 2/18/25 at approximatley 5:55 PM, Nursing Aide (NA) #55 was observed on the floor on D Wing during the evening meal tray pass. NA #55 stated, A girl left and I've been by myself for a few hours. At approximately 10:00 AM on 2/26/2025, an interview was conducted with Confidential Employee (CE) #1. During the interview, CE #1 stated, Staffing is horrible. Some of the halls are hard to manage with the number of people we have. Weekend staffing is bad. I have to stay over a lot because the night shift usually runs late. This has been an issue since I've been here. When call ins happen on the weekend they get ahold of the scheduler and they may answer and they may not. Sometimes they get staff and sometimes they don't; most of the time they don't. The residents are not getting the care they need and deserve. Sometimes we have to leave people in bed because there's not enough staff. That ' s happened quite a bit and it's not fair. These residents shouldn't have to be confined to their beds because we don't have enough staff to safely operate the lifts. At approximately 10:30 AM on 2/26/2025, an interview was conducted with Confidential Employee (CE) #2. During the interview, CE #2 stated, I'll be honest, the staffing is not good. We run short a lot of the time. I've been an aide for ten years and I think this is the least amount of staff I've worked with in a facility. So many don't know what they are doing. The night shift leaves people unchecked and soiled so we are always behind when we start our shifts, with not enough help. There are plenty of times we are not able to finish assigned tasks. We have had to leave people in bed because there was no staff to operate the lift to get them out of bed. This happens at least once a week, maybe more.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025

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

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 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. 49467 Based on record review and staff interview, the facility failed to conduct yearly evaluations on Nurse Aides (NA). This has the potential to affect more than a limited number of residents. Employee idenifier: Nurse Aide (NA) #4 Facility census: 106. Findings include: a) NA #4 During review of facility staffing documentation on 2/25/2025, it was noted Nurse Aide (NA) #4 had a hire date of 11/19/18, with their last evaluation being completed on 1/25/24. At approximately 12:00 PM on 2/26/25, the Regional Director of Operations (RDO) confirmed there was not a current performance review on file for NA #4.

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	02/26/2025

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

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 39043 Based on observation, record review, and staff interview, the facility failed to ensure medications were stored and labeled in accordance with currently accepted professional principles. An insulin pen had not been discarded 28 days after opening. This was a random opportunity for discovery during the facility task of medication storage and labeling. Resident identifier: #56. Facility census: 106. Findings included: a) Resident #56 On 02/18/25 at 8:44 AM, the D Hallway medication cart was inspected with Licensed Practical Nurse (LPN) #26 in attendance. In the medication cart was a Novolog insulin pen for Resident #56. On the pen packaging, the date of opening of 01/10/25 was written in marker. An expiration date of 02/06/25 was also written in marker on the pen packaging. A pharmacy label on the Novolog insulin pen packaging stated the medication could be stored at room temperature for up to 28 days after opening. LPN #26 stated Resident #56 was still prescribed Novolog insulin. She acknowledged the insulin pen had been opened for more than 28 days and should not be used. Review of Resident #56's physician's orders showed she was prescribed Novolog FlexPen insulin as needed twice a day for sliding scale coverage for elevated fingerstick blood glucose levels. Review of Resident #56's Medication Administration Record (MAR) showed the resident had received Novolog insulin on 02/07/25 at 6:00 AM, 02/09/25 at 6:00 AM and 4:00 PM, 02/12/25 at 4:00 PM, 02/13/25 at 4:00 PM, 02/14/25 at 6:00 AM and 4:00 PM, 02/15/25 at 4:00 PM, 02/16/25 at 4:00 PM, 02/17/25 at 4:00 PM, and 02/18/25 at 6:00 AM. According to the Novolog insulin packaging insert, available on-line on the Food and Drug Administration (FDA) Website, Once a cartridge or NovoLog FlexPen or NovoLog FlexTouch is punctured, it should be kept at temperatures below 30 C (86 F) for up to 28 days. No further information was obtained through the completion of the survey process.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 107 Miller Drive Ripley, WV 25271	

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 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. 39043 Based on record review and staff interview, the facility failed to perform laboratory testing according to physician's orders for two (2) of five (5) residents reviewed for the care area of unnecessary medications. Resident identifiers: #8 and #95. Facility census: 106. Findings included: a) Resident #8 Review of Resident #8's physician's orders showed an order written on 05/03/24 for laboratory testing consisting of a basic metabolic panel, complete blood cell count, lipid panel, and liver panel to be done every six (6) months, in April and October. On 02/19/25 at 2:25 PM, the Director of Nursing (DON) was asked to provide a copy of the laboratory testing results for October 2024, as it had not been scanned into the resident's electronic health record. The DON provided laboratory testing results for a basic metabolic panel, complete blood cell count, and lipid panel that had been performed on 10/08/24. The results did not contain liver panel studies. On 02/19/25 at 3:13 PM, the DON confirmed the physician's order to perform liver panel laboratory testing for Resident #8 in October 2024 had not been followed. No further information was obtained through the completion of the survey process. 45171 b) Resident #95 Review of Resident #95's physician's orders showed an order written on 01/02/25 for laboratory testing consisting of a Hemoglobin A1C (HgbA1C) to be done every four (4) months, and be performed in January, May and September. On 02/19/25 at 3:28 PM, the Director of Nursing (DON) was asked to provide a copy of the laboratory testing results for January, 2025, as it had not been scanned into the resident's electronic health record. The DON could not provide laboratory testing results for the HgbA1C that was ordered for 01/02/25. On 02/19/25 at 3:35 PM, the DON confirmed the physician's order to perform a HgbA1C for Resident #95 in January 2025 had not been followed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025

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

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49465 Based on record review, staff interview and observation the facility failed to ensure residents were receiving food in the amount, type, and consistency to meet acceptable nutritional values. This failed practice was a random opportunity for discovery and had the potential to affect more than a limited number of residents during the Long-Term Care Survey Process. Resident identifier #58, #20. Facility Census 106. Findings include: a) Resident #58 An observation on [DATE] at 12:37 PM, of Resident #58 eating lunch, revealed a meal ticket that had typed on it { Puree, Nectar Thick, Double portion all meals.} During an interview on [DATE] at 12:38 PM, Resident #58 non-verbally communicated that he wanted double portions by giving a thumbs up. During an interview on [DATE] at 12:40 PM, Nursing Assistant (NA) #122 stated, No, that is not double portions. I will go get him some more. During an interview on [DATE] at 12:45 PM, Certified Dietary Manager (CDM) #67 confirmed that Resident #58's tray did not include double portions. A record review on [DATE] at 2:10 PM, revealed a diet order for Resident #58 had a diet order that reads as follows: Dysphagia - Pureed texture, Nectar liquids consistency, related to Dysphagia unspecified. Double portions at all meals. Further record review revealed a care plan for Resident #58 related to nutrition dated [DATE], revised on [DATE] that reads as follows: Focus: Nutrition risk due to history of (h/o) significant weight loss; h/o peg tube for alternate means of nutrition medical diagnosis that may affect weight, intakes and nutritional status. Goal: (Resident #58 name) will maintain a stable weight with no significant weight changes through the next review. Interventions: Double portions at all meals. Provide diet as ordered- Regular diet, Dysphagia-Pureed texture, Nectar liquids consistency. Double portions at all meals Provide supplements as ordered- Magic Cup Register Dietician (RD) consult as needed (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER: Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 107 Miller Drive Ripley, WV 25271	

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	record meal percent intake review dietary preferences with the resident as needed. b) Resident #58 An observation of the supper meal being served in the dining room on [DATE] at 6:00 PM, revealed that residents were being served Salisbury steak, An observation on [DATE] at 12:15 PM, revealed that Resident #58 was eating his puree lunch meal, which consisted of pureed pasta with a marinara sauce and a roll. A review of the menu for the day on [DATE] at 12:20 PM, revealed that the vegetable for the lunch meal to be served was spinach. During an interview on [DATE] at 12:40 PM, RD #146 stated, The puree's do not get the spinach they are supposed to get V-8 Juice. 51553 c) On [DATE] 12:00 PM, Dietary Aide #142 confirmed a four(4) ounce scoop was utilized for entree. The serving size was eight (8) ounces for a regular consistency diet and six(6) ounces for a mechanical soft diet per the menu extension sheet. The State Surveyor consulted with the Registered Dietician (RD) concerning the four (4) ounce scoop utilized to serve at lunch this date. The RD stated, I would refer to the scoop sheet. A Resident Council Concern Form was completed on [DATE] from resident representing all hallways concerning drinks being passed with meal, repeated meals too frequent, directions not being followed on the meal tickets and menu not matching the meals. On [DATE], the dinner menu posting in facility's lobby listed: Chicken Tenders, Mashed Potatoes and Gravy, Corn, Fresh Baked Cookies. Broccoli was served instead of corn. Menu printed for residents listed Ham Salad as the entree for dinner. At lunch, the residents were served penne pasta in place of noodles. d) Resident #20 On [DATE], Resident #20 stated, lunch was good, but not enough. They never give you enough. On [DATE], the lunch menu included: BBQ Chicken Breast, Candied Sweet Potatoes, Capri Blend Vegetables, Cornbread, Pineapple Upside Down Cake. Mashed potatoes were also served. On [DATE] the lunch menu included: Baked Penne and Meat Sauce, Roasted Brussel Spouts, Dinner Roll, Mandarin Oranges. No pureed vegetables were served for Residents #58 and #457. No brussel sprouts were served per menu. Broccoli was substituted. Spinach was substituted. Pureed diets did not get pureed fruit (mandarin oranges). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 107 Miller Drive Ripley, WV 25271	

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On [DATE] the dinner menu included: Salisbury Steak with mushroom gravy, Mashed Potatoes, Baby Carrots, Homemade Brownie. [DATE] 04:00 PM, Dietary [NAME] #124 reported, Not enough mashed potatoes .so I improvised. -Scalloped potatoes and spinach to be served. No carrots served. Dietary [NAME] #124 reported the truck comes every Wednesday. On ,d+[DATE] 01:05 PM, a confidential family interview was completed. The family member reported the menus were not followed and plasticware was utilized frequently. Also, the family member reported the facility runs out of food and brings sandwiches to the rest of the residents. On [DATE] 06:15 PM Resident #457 did not receive a vegetable for the dinner meal. Licensed Practical Nurse (LPN) #12 when asked about the vegetables went into the kitchen and the kitchen told her We don't have any, that's what she gets. LPN #12 came back and told a State Surveyor this is what the kitchen staff told her. This was confirmed with Administrator on [DATE] at 06:18 PM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025

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

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 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.

51553

Based on Record Review, Observations and Resident Interviews, the facility failed to hold or serve food at acceptable/palatable temperatures. This failed practice had the potential to affect more than a limited number of residents. Facility census: 106.

Findings included:

a) The facility's Policy and Procedure for Food Temperatures stated, all hot items held and served at a temperature of at least 135 degrees Fahrenheit, hold foods at or below 41 F (degrees Fahrenheit) for cold foods or above 135 F (degrees Fahrenheit) for hot foods (to keep food out of the temperature danger zone) and Foods sent to the units for distribution (such as meals, snacks, nourishments oral supplements) will be transported and delivered to unit storage areas to maintain temperatures at or below 41 F (degrees Fahrenheit) for cold foods and at or above 135 F (degrees Fahrenheit) for hot foods.

a) On 02/18/25 at 05:55 PM, the temperatures of food provided on the test tray for D hall were completed and verified by Dietary [NAME] #124 included:

Regular Steak- 118.6

French fries-110.9

Spinach-120

Pureed meat- 114

b) 02/18/25 at 12:02 PM, the Dietary Manager in Training took the temperatures of the food on the holding cart, Temperatures were as follows:

Pasta 162

Broccoli 101.2

Salad 54.5

The Dietary Manager in Training confirmed the temperatures of the food. The Dietary Manager in Training stated, Broccoli too low. Salad too high.

On 02/18/25 at 12:25 PM, an anonymous resident stated, The food is not even hot. while eating lunch in the dining room.

A review of food temperature logs was completed.

Missing times included: no lunch and dinner temperatures for 02/26/25 and 02/17/25.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 107 Miller Drive Ripley, WV 25271	

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	No breakfast and lunch temperatures were documented for 02/18/25. No lunch temperatures for 02/02/25 were recorded. The missing temperatures were verified by Dietary [NAME] (DC) #124. DC #124 reported the kitchen didn't have food temperature logs when she started about six months ago. Dietary Aide (DA) #50 attempted to obtain food temperature logs for the State Surveyor, but they were from 2022. Food temperature logs were requested on 02/24/25 - Certified Dietary Manager reported he was going through them to get the dates requested. On 02/25/25 at 03:17 PM, food temperature logs for 1/2025, 9/2024, and 10/2024 were requested again. On 02/26/25 at 08:38 AM, the Administrator gave the State Surveyor 01/2025 temperature log and stated, They are so unorganized. On 02/26/25 at 09:30 AM Administrator stated, They cant find the other temp logs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025

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

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 0805

Level of Harm - Immediate jeopardy to resident health or safety

Residents Affected - Some

Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.

51553

Based on observation, record review, resident interview, and staff interview, the facility failed to provide each resident with a nourishing diet in a form prepared to meet their individual needs. This failed practice created an immediate jeopardy sitaution. There was an immediate risk of choking for residents who were supposed to be served mechanical soft diets. This immediate jeopardy situation had the potentail to affect more than an isolated number of residents. Resident identifiers: #86, #42, #36, #48, #19, #57, #53, #16, #60, #75 and #7. Facility census: 106.

Findings included:

a) During lunch pass, on 02/16/25 at 11:55 AM, Resident #86, #42, #36, and #48 with physician-ordered mechanical soft diets were noted to have whole meatballs and whole penne pasta. These These residents were consuming the meatballs and pasta.

On 02/16/25 at 11:55 AM, [NAME] #74 said They (the meatballs) are whole today, but they are cutting them (the meatballs) for them (the residents) now. The residents had plastic utensils due to a broken dishwasher and were observed having difficulty cutting their food.

On 02/16/25 at 12:05 PM, the Dietary Manager in training said either the kitchen or the nursing assistants can chop the food. She said most of the the kitchen chops the meals for mechanical soft diets.

On 02/17/25 at 11:30 AM, the Certified Dietary Manager said the meatballs probably should have been ground, and fork-tender. He stated all meat for mechanical soft diets should be ground, unless they have an order for regular, chopped meat.

The policy and procedure for Swedish meatballs over noodles with date 02/16/25 stated the chopped process for entrees was to process meatballs and noodles separately in a food processor until even ground texture is achieved with no pieces larger than 1/8 inch. The menu extension for baked penne and meat sauce was to ground meat sauce #10 with chopped pasta in six (6) ounce sauce.

According to the menu extension, Swedish meatballs over noodles should have chopped Swedish meatballs sauce #8 over noodles. However, penne pasta was used instead of noodles. According to other recipes in the meal extension, penne pasta should be chopped for a mechanical soft diet.

On 02/18/25 at 12:25 PM, NA #108 handed Resident #42 non-thickened chocolate milk. The resident took a drink. NA #88 stated the resident needed thickened liquids. The resident had an order for nectar-thickened liquids.

During lunch meal pass on 02/18/25, residents with physician-ordered mechanical soft diets were served baked penne and meat sauce. The pasta was served whole. Nursing Assistant (NA) #108 confirmed residents on mechanical soft diets had received whole pasta today. She stated, We (the NAs) always chop it. Resident #42 was observed eating the pasta whole.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025

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

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 0805

Level of Harm - Immediate jeopardy to resident health or safety

Residents Affected - Some

During dinner meal pass, on 02/18/25 at 5:40 PM, four (4) residents with physician-ordered mechanical soft diets were served French Fries. These residents were Residents #19, #57, #53, and #42. These residents ate the French Fries. Additionally, Resident #35, #36, #42, and #86 had physician- ordered mechanical soft diets and were served ground meat without gravy. All these residents consumed some of the ground meat with no gravy. These were random opportunities for discovery.

According to the facility's policy and procedure for mechanical soft diet with date 02/07/25, French fries on mechanical soft diet must be baked and soft, with no crisp edges. Instructions were given to follow the extension/production sheet for process or substitution. According to the facility's policy and procedure for mechanical soft diet with date June 2023, The addition of gravies or sauces may be needed to increase moisture content of meats to promote ease in swallowing. The policy also stated food characteristics should be soft, tender and moist throughout. The menu extension stated French fries must be baked and soft with no crisp edges. The menu extension also stated Salisbury steak with mushroom gravy should be chopped 1/2 inch #8 with pureed gravy . On 02/18/24, the Activities Director verified there was no gravy on the meat and obtained gravy for the meats.

On 02/18/24 at 5:25 PM, a surveyor observed French fries in the deep-fryer.

On 02/18/24 at 6:10 PM, Nurse Aide in Training #108 stated Resident #42 eats French fries all the time. Additionally, on 02/18/24 at 6:20 PM, Dietary Aide #104 stated the French fries were deep-

fried.

On 02/18/25 at 5:45 PM, Resident #58 was observed attempting to drink chocolate milk that was spoon thick. He had an order for nectar thick liquid. The resident nonverbally communicated that he could not drink the chocolate milk. Dietary Aide #104 said he was the one who did the drinks today. He stated, that is way too thick. He stated he used the wrong scoop in thickening the liquid.

On 02/18/25 at 9:00 PM the facility was informed of the above interviews and observations and that an immediate jeopardy (IJ) siatatuion exisited due to the risk of residents choking.

On 02/18/25 at 11:18 PM the following plan of correction for the IJ was accepted by the survey team.

Immediate Actions Taken to Remove the Immediate Jeopardy

1.Resident Safety and Corrective Actions:

As of 02/18/25, all residents on physician-ordered mechanical altered diets were immediately assessed by the assigned nurse for adverse effects related to improper texture-modified meals.

Residents identified with incorrect liquid consistency (Resident #42 and Resident #58) were immediately provided with properly thickened liquids per physician order. Dietary staff and licensed nurses will be educated on proper thickening agent usage and correct measuring techniques to ensure appropriate liquid consistency.

Nurses currently working have been educated on proper thickening agent usage and correct measuring techniques to ensure appropriate liquid consistency.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 107 Miller Drive Ripley, WV 25271	

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 0805 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Immediate discontinuation of serving deep-fried French fries for mechanical soft diets. Medical Director and resident responsible parties were notified of the diet inconsistencies by the nurse managers on 02/18/25. 2. Staff Education and Re-Training: Dietary Staff: Immediately or upon arrival to their next worked shift received in-service training conducted on 02/19/25 by the Dietary Manager and/or designee on: Proper preparation of mechanical soft diets, including the correct chopping and grinding procedures. Proper menu extension adherence and use of production sheets. Thickened liquid consistency for residents requiring nectar or pudding-thick liquids. Nursing Staff and CNAs: Re-educated on proper meal modifications and verifying consistency of food and beverages before serving. In-service was provided by the DON/designee. 3. Monitoring and Quality Assurance Measures: Daily Meal Audits: Beginning 02/19/25, the Dietary Manager and Nursing Supervisor will conduct meal service audits daily to ensure proper diet consistency compliance. Any discrepancies in meal preparation are immediately corrected, documented, and reviewed in daily safety huddles. Weekly audits of meal service by the Dietary Manager and Director of Nursing (DON) for four weeks, then ongoing monthly audits. QAPI Committee will review compliance data and discuss any identified trends or issues. Administrator and Medical Director notified of all corrective actions and ongoing monitoring efforts. 02/18/25 at 9:25 AM, the State Surveyor met with the Registered Dietician, Director of Nursing, Speech Language Pathologist (SLP) and Registered Nurse (RN) #145. The Hormel Thick and Easy Instant Food and Beverage Thickening Powder packet was reviewed for both nectar and honey liquid consistencies. The packet instructions stated to add one packet of food thickener to 4oz of liquid for nectar-like to honey-like consistency. The SLP reported they used to use gel, but the packets are new. The SLP uses one packet in 4 oz and uses the fork test. The SLP stated, I personally like the gel. RN #145 reported the facility will discontinue the use of the Hormel packets, educate the staff and will order the gel thickener. The nurse's will thicken liquids on the floor and dietary will thicken liquids for meals. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025

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

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 0805 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 02/19/25 at 12:20 PM, Resident #7 with a pureed diet order was served the wrong meal (mechanical soft diet with coleslaw). Resident #7 began eating food off the tray before it was taken away. The Activity Director noted this herself with no surveyor intervention, but the resident had eaten some. Two additional resident's with mechanical soft diets were served coleslaw. After surveyor intervention and the residents starting to eating, the coleslaw was switched out for green beans. The residents were Residents #16, #60, #75, #7. The facility's menu extension, provided by the Registered Dietician,showed residents on mechanical soft diets should have received green beans and not creamy coleslaw. Coleslaw on the resident's trays was verified by Activities Assistant #34.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 107 Miller Drive Ripley, WV 25271	

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. 45171 Based on observation, record review, resident interview and staff interviews the facility failed to ensure residents' food likes and dislikes were honored and food substitutes of equal value were offered. Resident Identifiers: #25, #84, #79 and #68 Facility Census: #106 Findings Include: a) Resident #25 On 02/16/25 at 12:15 PM it was observed that Resident #25 had broccoli florets on the lunch tray. The meal ticket stated Dislikes/DO NOT SERVE as Broccoli Florets. It was confirmed with the Director of Activities #41 on 02/16/25 at 12:17 PM that Resident #25 should not have received broccoli, she agreed. On 02/18/25 at the lunch meal Resident #25 was served broccoli again as substitute for roasted Brussels sprouts. It was confirmed with Nurse in Training #108 that Resident #25 should not have received broccoli. On 02/18/25 at the dinner meal Resident #25 was served buttered spinach as a substitute for baby carrots. The meal ticket stated Dislikes/DO NOT SERVE as Buttered Spinach. It was confirmed with Licensed Practical Nurse Unit Manager #12 that Resident #25 should not have received spinach. Record review on 02/19/25 at 10:10 AM of the Dietary Profile dated 06/06/24 documents that Resident #25 dislikes all green vegetables. On 02/25/25 at the lunch meal Resident #25 received Brussels sprouts. He told Licensed Practical Nurse Unit Manager #12 to get those out of here and just bring me chicken noodle soup. It was confirmed with the Administrator on 02/25/25 at 1:50 PM that Resident #25 should not be served green vegetables. b) Resident #84 On 02/16/25 at 12:17 PM it was observed that Resident #84 had broccoli florets on the lunch tray. The meal ticket stated Dislikes/DO NOT SERVE as Broccoli Florets. It was confirmed with the Director of Activities #41 on 02/16/25 at 12:18 PM that Resident #84 should not have received broccoli, she agreed. c) Resident #79 On 02/18/25 at 12:10 PM Resident #79 received a dinner tray of Salisbury Steak with mushroom gravy. The tray was refused by the resident as he stated I hate gravy! and it was confirmed with the Director of Activities #41 that Resident #79 should not have received gravy on his tray. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025

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

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 02/19/25 at 10:10 AM record review of a Dietary Profile completed on 10/23/24 documents that Resident #79 dislikes gravy among other items. An additional Dietary Profile was initiated on 01/29/25 by Dietary Corporate Diet Manager #67 but had not been completed in its entirety. Therefore the dislikes did not carry over to the dietary meal ticket. On 02/19/25 at 1:10 PM it was confirmed with the Administrator that the Dietary Profile needed to be completed as to reflect Resident #79's likes and dislikes. 49467 D) Resident #68 At approximately 12:20 PM on 2/19/2025, during lunch service, Resident #68 ' s meal ticket listed the following as a dislike: Pound cake with strawberry topping. During the meal service, Resident #68 was served pound cake with strawberry topping. This was acknowledged and confirmed by the Administrator at 12:25 PM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025

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

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 0810

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Provide special eating equipment and utensils for residents who need them and appropriate assistance.

49467

Based on record review, observation, and staff interview, the facility failed to provide ordered adaptive equipment to Residents #68 and 60 during meals. These were random opportunities for discovery. Resident identifiers: #68, #60. Facility census: 106.

Findings include:

a) Resident #68

During review of Resident #68's record on 2/17/2025, it was discovered the resident had the following order: Regular diet, Regular texture, Regular/Thin consistency

doesn't eat turkey, fish, or chicken for plateguard with meals

Diet Active 2/21/2024 12:16 10/18/2024.

The resident had the following focus and intervention listed on her care plan: Focus- Resident is at potential nutrition risk r/t (related to) underweight BMI; medical dx (diagnosis) that may affect weight; intakes and nutritional status. Date initiated: 1/31/2024 Revision on: 1/7/2025. Interventions/Tasks- Plateguard with meals. Date initiated: 2/21/2024.

During lunch service at approximately 12:15 PM on 2/18/2025, Resident #68 was served lunch with no plateguard. The Administrator acknowledged the Resident did not have a plateguard, and reviewed the order calling for it. Upon further investigation, it was determined the plateguard was not listed on the resident ' s meal ticket.

During dinner service, on 2/18/2025, at approximately 5:30 PM, Resident #68 received a tray without a plateguard. At this time, this was acknowledged by the Corporate Registered Registered Nurse (CRN). The meal ticket still did not have the plateguard listed for the resident.

During lunch service on 2/19/2025, at approximately 12:15 PM, Resident #68 was served a meal with no plateguard on her plate. This was acknowledged by the Administrator. The Administrator confirmed the plateguard was still absent from the resident ' s meal ticket.

At approximately 10:30 AM on 2/26/2025, an interview was conducted with the Registered Dietitian (RD) regarding the orders for the plateguard and the process for adaptive equipment showing up on the residents ' meal tickets. The RD stated the nursing staff at the facility would have to fill out a communication form, stating the need for the adaptive equipment and, once received by the dietary department, it would be placed on the ticket. The RD stated if the equipment wasn ' t on a ticket, it was likely the nursing staff did not supply the communication

39043

b) Resident #60

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER: Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 107 Miller Drive, Ripley, WV 25271	

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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #60 was observed eating in the dining room on 02/16/25 at 1:45 PM. She did not have any adaptive equipment. Review of Resident #60's physician's orders showed an order written on 11/19/24 for regular diet, mechanical soft texture, regular/thin consistency with grip bowl and plateguard related to dysphagia following cerebral infarction. On 02/17/25 at 12:22 PM, Resident #60 was noted to be eating in the dining room. She appeared to have difficulty getting her food onto her spoon. She had no adaptive equipment. The resident's tray ticket showed the resident was to have a grip bowl and plateguard. Restorative Aide #38 was informed that the resident did not receive the grip bowl and plateguard that was ordered for the resident. Restorative Aide #38 obtained a grip bowl and plateguard for the resident. She put Resident #60's dessert in the grip bowl. However, the plateguard did not fit on the resident's plate. Restorative Aide #38 went back into the kitchen and obtained a different plate that would fit the plateguard. The resident ate all of the dessert from the grip bowl and most of the chicken and approximately half of the sweet potato from the plate. On 02/18/25 at 12:04 PM, Resident #60 was observed eating in the dining room. She had no grip bowl or plateguard. Nursing Assistant (NA) #42 was informed that the resident did not receive the grip bowl and plateguard that was ordered. NA #42 went and got Resident #60 a plateguard and grip bowl. No further information was obtained through the completion of the survey process.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025

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

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51553 Based on observation, record review and staff interview, the facility failed to store and label food, store utensils and ensure food preparation equipment was clean and sanitary in accordance with professional standards for food service safety. This failed practice had the potential to affect more than a limited number of residents. Facility census: 106 Findings included: a) Kitchen Observation initiated 02/16/25 at 11:10 AM: Ice chest with scoop laying inside. Handwashing sink had soiled, wet cloth on it and eye wash station/sink had used gloves and a sponge in it. Dry Goods: a) Cart with open bag of Penne pasta was against the sinks - opened , not sealed and not dated. b) Three bags of pasta were found, not sealed and not dated. c) Dented can of pumpkin. d) Brownie base with no date e) Dry cereal in bowls and large plastic containers not labeled or dated. Contained: rice krispies. cornflakes, fruit loops and cheerios. f) Box of oil on the floor propping the door open to the dry goods pantry. g) Bread ([NAME] Brand) opened, not sealed and not dated: sandwich bread, dinner rolls and hotdog buns. h) Additional items opened and not dated in the pantry included: white vinegar, red wine vinegar, apple cider vinegar and soy sauce. Items were reviewed and confirmed by the Dietary Manager in Training (DMIT) at 11:25 AM. The DMIT stated, Okay, not dated. Refrigerator investigated at 11:30 AM: a) 3 ziploc bags of cheese - mozzarella x2 and cheddar x1 were not labeled or dated. b) Can of whip topping opened, no lid and not dated. c) Thawed hamburger patties -no labeled or dated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 107 Miller Drive Ripley, WV 25271	

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	d) Pepperoni slices in a ziploc were not labeled or dated. e) Pickles with no lid and loose saran wrap were not dated. f) Cottage cheese was opened and not dated. g) Garlic in a jar was opened and not dated. h) Eggs out of the carton were not dated. i) Ranch dressing was opened, not labeled and not dated. j) Chopped salad in a large metal bowl was not labeled or dated. k) Hard cook eggs and plastic container with the lid opened- not sealed. Freezer investigation: a) Fries open, not sealed and not dated. b) Items in boxes on cart not dated when received included: Eggos, Pork Sausage, Tyson Chicken patties. c) Orange twin pop out of box Blue Ribbon pops were in a box not dated. d) Cookie dough in an open bag in an open box, not sealed or dated. On 02/17/25 at 11:20 AM, Dietary Aide #123 was not wearing a beard covering in the kitchen. Dietary Aide #123 stated, Okay. Additional observations completed 02/18/25 included: a) 03:25 PM - Dietary [NAME] #124 verified six light balusters were out in the kitchen. b) 03:45 PM - Oven was dirty and Dietary [NAME] #124 stated it was never used. c) Dietary Aide (DA) #50 verified the deep fryer was dirty with crumbs and grease around it. Dietary Aide #50 stated, I haven't had time to chance to clean. d) DA #50 verified serving utensils were in a plastic storage container and handles were not facing the same way. She stated, I didn't know that. e) DA #104 was not wearing a beard covering in the kitchen. Dietary Aide #104 confirmed he knew to wear a covering. f) 4:00 PM - Kitchen observation included: the food holding table had food crumbs and liquids dripping onto the floor. Dietary [NAME] #124 stated, I'll wipe it off.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 107 Miller Drive Ripley, WV 25271	

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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. 51553 Based on observation, record review and staff interview, the facility failed to properly dispose of garbage in accordance with professional standards for food service safety and to ensure garbage was not hanging out of the trash can and on the ground below. This failed practice had the potential to affect more than a limited number of residents. Facility Census: 106 Findings included: a) On 02/16/25 at 11:00 AM, the facility's trash dumpsters were observed with lids open, bags of trash overflowing and trash on the ground with items such as paper and gloves observed. This was confirmed by the Dietary Manager in Training (DMIT) at 11:10 AM. The DMIT reported the trash trucks ran on Mondays, Wednesdays, and Fridays. The Dietary Manager in Training (DMIT) asked if the dumpsters went against the kitchen.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 107 Miller Drive Ripley, WV 25271	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49467 Based on record review and resident and staff interview, the facility failed to maintain accurate records for three (3) of 43 residents. The record was inaccurate pertaining to blood pressures for Resident #52. There was discrepancies between orders and the care plan for Resident #457, and daily meal percentages for Resident #106. Facility census: 106. Findings include: a) Resident #52 Resident #52 was admitted to the facility on [DATE] with the following order: NO BLOOD PRESSURE OR LABS in LUE (Left Upper Extremity). Restricted limb d/t (due to) AV fistula. Every shift. Resident #52 confirmed in an interview on 02/17/25 at approximately 12:15 PM that she had a dialysis access on her left arm. Upon review of the resident ' s medical record, it was determined the facility listed twenty-two (22) times they had taken blood pressure from Resident #52 ' s left arm. Those days are: 1/15/2025 11:00 132 / 76 mmHg Sitting l/arm 1/15/2025 14:47 124 / 70 mmHg Sitting l/arm 1/16/2025 02:24 130 / 74 mmHg Sitting l/arm 1/17/2025 11:43 147 / 60 mmHg Sitting l/arm 1/20/2025 08:07 126 / 71 mmHg Sitting l/arm 1/20/2025 08:07 126 / 71 mmHg Sitting l/arm 1/21/2025 08:02 136 / 71 mmHg Sitting l/arm 1/21/2025 08:02 136 / 71 mmHg Sitting l/arm 1/21/2025 16:46 131 / 74 mmHg Sitting l/arm 1/23/2025 08:14 136 / 71 mmHg Sitting l/arm 1/23/2025 16:49 142 / 72 mmHg Sitting l/arm 1/26/2025 08:10 133 / 65 mmHg Sitting l/arm 1/26/2025 08:10 133 / 65 mmHg Sitting l/arm (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 107 Miller Drive Ripley, WV 25271	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1/29/2025 11:32 149 / 84 mmHg Sitting l/arm 1/30/2025 09:05 133 / 72 mmHg Sitting l/arm 2/9/2025 08:36 126 / 64 mmHg Sitting l/arm 2/8/2025 09:00 132 / 64 mmHg Sitting l/arm 2/14/2025 05:26 140 / 80 mmHg Sitting l/arm 2/22/2025 08:09 122 / 70 mmHg Sitting l/arm 2/22/2025 08:09 122 / 70 mmHg Sitting l/arm 2/23/2025 08:05 116 / 71 mmHg Sitting l/arm 2/23/2025 11:14 148 / 69 mmHg Sitting l/arm On 2/24/25 at approximately 1:20 PM, Resident #52 stated in an interview that the staff did not take blood pressure out of her left arm despite the fact they have documented they have multiple times. At approximately 2:00 PM on 2/24/2025, the Director of Nursing (DON) acknowledged the error in documentation regarding the blood pressures. 51553 b) Resident #457 Resident #457 had an order stating the resident was NPO, but may have ice chips. Resident # 457's care plan stated, the Resident receives a tray in addition to tube feedings. On 02/10/25 Resident #457's nursing note stated, Resident is currently NPO but able to have ice chips. On 02/16/25 1:33 PM, the Director of Nursing (DON) confirmed the care plan and orders did not match. The resident was NPO, but care plan stated, the resident receives a tray in addition to tube feedings. c) Resident #106 Record review on 02/24/25 between the hours of 11:00 a.m. and 11:30 a.m., revealed on the days of January 8th, January 11th, and January 15th 2025 where there was no nutrition amount eaten documented for the entire day. Interview with the facility's Regional Nurse on 02/24/25 at approximately 11:35 a.m. verified these findings. The findings were also identified with the Administrator upon the exit interview on 02/26/25 at approximately 1:45 p.m.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Mountain View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 107 Miller Drive Ripley, WV 25271	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49467 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. This was a random opportunity for discovery. Facility census: 106. Findings include: A) room [ROOM NUMBER] At approximately 1:50 PM on 2/17/2025, an observation was made in room [ROOM NUMBER] of the facility of dirty clothes lying on the floor of the bathroom. Housekeeping Aide #81 stated, One of the residents in there puts her clothes in the floor and the aides are supposed to pick them up when they go in there. At approximately 1:55 PM, MDS Nurse #15 confirmed the dirty clothes on the floor of the bathroom.