

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Teays Valley Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1390 North Poplar Fork Road Hurricane, WV 25526	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>Based on record review and staff interview, the facility failed to ensure an accurate accounting of bed - hold days was provided to Resident #99's healthcare decision maker when the resident was discharged from the facility to an acute care hospital. This was true for three (3) of three (3) discharges reviewed. Resident identifier: #99. Facility Census: 115.</p> <p>Findings include:</p> <p>a) Resident #99</p> <p>A review of Resident #99's chart on 12/11/24 at 9:24 AM, found the resident was discharged to an acute care facility on 07/19/24, 09/25/24 and 10/05/24.</p> <p>On 12/16/24 the facility was asked to provide the bed -hold notice for each of the three (3) discharges.</p> <p>The facility provided the notices. The notices were blank except for a nurse's signature, the resident's name, medical record number and the state abbreviation.</p> <p>The number of Medicaid bed - hold days available was not completed. The price per day of the bed hold was not completed and there was no indication notice was provided and/or reviewed with Resident #99's responsible party. Therefore, it was not noted if the person responsible wished to pay bed- hold or declined to pay bed- hold.</p> <p>Further review of the record found Resident #99 was staying at the facility under Medicaid services. When asked how many bed - hold days Resident#99 had used for the year in the afternoon of 12/16/24, the Nursing Home Administrator (NHA) stated, she has used six (6) of her 12 days for the year.</p> <p>An interview with the NHA in the evening of 12/16/24 confirmed they had no other documentation showing the resident's son was made aware of how many bed -hold days Resident #99 had left upon discharge from the facility to the hospital on each of the three (3) occasions she was discharged .</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on record review and staff interview the facility failed to ensure Resident #97 who is dependent on staff for showering received at least two showers per week as scheduled. This was true for one (1) of four (4) residents reviewed for the care area of Activities of Daily Living (ADLS) during the long term care survey process. Resident Identifier: 97. Facility Census: 115.</p> <p>Findings Include:</p> <p>a) Resident #97</p> <p>A review of Resident #97's medical record on 12/11/24 at 1:11 PM, found Resident #97 was scheduled to receive a shower twice a week on Monday and Thursday. From 09/01/24 through 12/11/24 the resident should have received 29 showers. She only received 10 showers; she refused one shower on 12/02/24. She received a shower on the following dates:</p> <p>09/02/24</p> <p>09/09/24</p> <p>10/03/24</p> <p>10/07/24</p> <p>10/24/24</p> <p>10/25/24</p> <p>11/04/24</p> <p>11/07/24</p> <p>11/21/24 and</p> <p>11/25/24.</p> <p>An interview with corporate Registered Nurse #155 on 12/11/24 at 1:20 PM confirmed Resident #97 did not receive her showers as scheduled.</p> <p>A follow up interview with the Director of Nursing at 1:50 PM on 12/11/24 confirmed if a resident was not scheduled for a shower they should receive a bed bath.</p> <p>A review of the record found Resident #97 only received the following bed baths:</p> <p>09/16/24</p> <p>09/17/24</p> <p>(continued on next page)</p>		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>09/26/24</p> <p>10/03/24</p> <p>10/08/24</p> <p>10/13/24</p> <p>10/14/24</p> <p>10/29/24</p> <p>10/31/24</p> <p>11/04/24</p> <p>11/11/24</p> <p>11/24/24</p> <p>11/28/24</p> <p>11/29/24</p> <p>12/03/24</p> <p>12/04/24</p> <p>12/09/24</p> <p>12/10/24 and</p> <p>12/11/24.</p> <p>Resident #97 should have received two (2) showers per week and five (5) bed baths per week for a total of 29 showers and 72 bed baths from 09/01/24 through the time of this review on 12/11/24. Resident #97 received 10 showers and had one refusal and received 19 bed baths with no documented refusals.</p> <p>The DON at 1:50 PM on 12/11/24 confirmed Resident #97 was not receiving her showers and/or bed baths as scheduled.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>Based on resident interview, staff interview and record review, the facility failed to ensure three (3) of four (4) resident's food allergies were acknowledged. food the Resident (#103) was allergic to was not served and the Resident #70 and #61 tray cards were accurate for documented food allergies. This was true for three (3) of four (4) residents with food allergies. Resident indentifiers: #103, #70, #61. Census: 115.</p> <p>a) Resident #103</p> <p>Resident #103 reported she was served shrimp on 11/10/24 for the lunch meal.</p> <p>Documentation and patient report stated the resident was allergic to shellfish.</p> <p>On 12/16/ 24 3:08 PM the resident reported she had a severe reaction to shellfish.</p> <p>The resident reported her face swells, she gets puffy patches on skin and her skin is itchy.</p> <p>The resident stated, If severe, I have problems breathing. In the past, I had to go to the hospital.</p> <p>The resident presented the State Surveyor a picture of a meal served 11/10/24 from lunch.</p> <p>The resident was served shrimp which was touching all other foods on the plate per photograph and verbal report. According to the lunch menu for that date, shrimp and grits with capri vegetables and cornbread were served as an alternate.</p> <p>b) Resident #70</p> <p>Resident #70's tray card did not have the food allergy to pecans listed.</p> <p>c) Resident # 61</p> <p>Resident #61's tray card had allergy to fish and shellfish on the tray card. Only fish is listed on the resident's list of allergies on the medical record.</p> <p>Food allergies for Resident #103, #70. and #61 were not documented on the care plan.</p> <p>On 12/16/24 5:20 PM, DON reported other staff member's are notified by nursing (dietary and activities). The DON stated, They just ask. The State Surveyor asked the DON how food allergies were care planned and the DON stated, I would have to look. No further information was given.</p> <p>d) On 12/16/24 12:50 PM, the State Surveyor interviewed the Certified Dietary Manager (CDM). The CDM reported the allergies to food are printed on the tray ticket in bold and black. CDM said,</p> <p>The unit manager lets me know about allergies and we verify the diet with the tray ticket.</p>		