STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515106	A. Building B. Wing	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Teays Valley Center	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)
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to ensure resident had a person-centered comprehensive care plan, developed and implemented, with specific interventions of care to address the resident's medical, physical, mental, and psychosocial needs for (one) 1 of (thirteen) 13 sampled residents reviewed. Resident #120's care plan failed to address resident being assessed as high fall risk. Census: 115Findings Included: a) Resident #120On 10/21/25 a review of document titled Fall Risk Evaluation completed upon admission [DATE], effective 09/21/24 revealed the following: Resident #120 upon admission had a history of falls (past 3 months): (one)1- (two)2 falls in past (three) 3 months. Level of consciousness / mental status: Disoriented x (three) 3 at all times. Resident is chairbound / continent. Predisposing disease: 1-2 present. Resident had a change in condition in the last 14 days. Resident is prescribed medication that could put him at risk for falls. Fall Risk Score: 15.0On 10/21/25 a review of document titled Incident By Incident Type, Fall Incidents it was revealed that Resident #120 had fallen on 10/06/24On 10/21/25 upon review of resident's care plan, Fall Risk was not addressed nor interventions to prevent falls in resident's care plan until 10/07/24. An interview with Director of Nursing who acknowledged the facility did not address the fall risk for Resident #120's in his care plan.

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