

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 02/18/2026
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 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 administer Activities of Daily Living assistance with residents. This was true for three (3) of five (5) records reviewed. Resident Identifiers: #9, 57, 59. Facility Census:120 . a) Resident #59</p> <p>02/17/26 1:43 PM a review of Resident #59's hygiene tasks did not indicate the resident refused care, instead it stated the care was not applicable. This made it appear that no attempt was made to provide oral care to resident. This was discussed with nursing home administrator on 02/17/26 at 1:40 PM.</p> <p>b) Resident #57</p> <p>02/16/26 9:54 AM an observation revealed the resident had severe plaque build up on teeth. The care plan called for teeth brushing twice a day.02/17/2026 12:28 PM during an interview with the DON at 11:48 AM the DON confirmed staff was not checking resident refused and instead checking not applicable. It was discussed that this made it appear the care was not provided as opposed to resident refusing care.</p> <p>c) Resident #9</p> <p>On 02/16/26 at 9:42 AM during a telephone interview with Resident #9's Medical Power of Attorney (MPOA) it was stated that she comes into the facility daily and her husband often appears unkept. She sometimes has to remind the staff that it is Wednesday or Saturday and the Resident is scheduled a shower that day, otherwise he may not get one. She states that the resident and herself, prefers him to have a shower and the staff are aware.</p> <p>On 02/17/26 at 9:00 AM during record review it was noted the care plan states Resident/Patient requires assistance/is dependent for ADL care in bathing, grooming, personal hygiene, dressing, eating, bed mobility, transfer, locomotion, toileting related to recent hospitalization, increased weakness, decreased functional mobility. The care plan also states It is important to me to have a shower with my care. The resident has a medical diagnosis of Dementia and Parkinson's Disease.</p> <p>According to the facility shower scheduled provided by the Director of Nursing (DON) Resident #9 is scheduled a shower on Wednesday and Saturday and all showers are provided on day shift.</p> <p>Record review of the Task for GG-Bathing for the last 30 days Resident #9 was scheduled a shower on the following dates:</p> <p>01/21/26 - received a bed bath</p> <p>(continued on next page)</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>01/24/26- documented as not applicable</p> <p>01/28/26 - received a shower</p> <p>01/31/26 - received a bed bath</p> <p>02/04/26- documented as not applicable</p> <p>02/07/26- documented as not applicable</p> <p>02/11/26- received a shower</p> <p>02/14/26- received a shower</p> <p>Over the course of the 30 day lookback, Resident #9 was eligible for eight (8) showers of which he received one (3) shower and two (2) bed baths, five (5) of eight (8) opportunities.</p> <p>On 02/17/26 at 10:15 AM it was confirmed with the Director of Nursing that Resident #9 did not have his showers as scheduled.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observation, staff interview and resident interview, facility failed to ensure an effective pest control program is in place. This was found during the Annual Long Term Care Facility Survey process. Facility census 120. Resident identifiers: #8, #21, #40, #70, #104 and #99. Findings include:a) Policy for Pest Control (received same one from Dining Services and the Facility, the facility one was last updated 02/2025)- Policy statement reads same in both policies: A program will be established for the control of insects and rodents for the Dining Services department.-Procedures review reads: (from Dining Service)1. The Dining Service Director coordinates with the Director of Maintenance to arrange pest control services on a monthly basis, or as needed.2. All food preparation, service, and storage areas will be monitored regularly for any signs of pest/vermin. The center staff will be notified immediately of any concerns.3.Where applicable, bulk foods will be removed from their original packaging and stored in containers with tight fitting lids.-Procedures review reads:(from Facility, updated)2. All food preparation, service, and storage areas will be monitored regularly for any signs of pest/vermin. The center staff will be notified immediately of any concerns verbally and in writing (e.g. facility maintenance log or TEL system.-02/15/26 at around 10:45 AM, during initial tour with [NAME] #7, in the dining room on the countertop along the wall, in drawers with utensils, and in the cabinet labeled suction machine, In the drawer labeled clothing protectors. A large amount of small, dark brown-to-black, cylindrical pellets resembling grains of rice debris were observed, [NAME] #7 confirmed reports We have had issues with mice We will get this cleaned up. 02/15/26 at around 1:00 PM during a tour with the Account Manager the cylindrical pellets remained on the countertop along backsplash, in the cabinet, drawers with utensils and clothing protectors. The Account Manager confirmed reporting, I'll inform maintenance and get the area cleaned and all items re-washed. -02/16/2026 at around 10:20 AM, during an interview with Resident #8. The resident reports rooms don't get cleaned like they should. I've seen mice before, last time was last week. Observation, food debris on floor under bed, bed linens with food debris , bathroom and around sink with debris - 02/15/2026 at around 1:55 PM, during an interview with Resident #21. The resident reports we have mice still, saw one this morning under my roommate's cabinet. Observation at around 2:00PM, along floor near wall behind the cabinet (it is a plastic one with drawers on wheels) several small dark brown-to-black, cylindrical pellets resembling grains of rice debris and on top of the cabinet large amount of debris. Certified Nursing Aide #127 confirmed, reports will inform maintenance and housekeeping.-02/15/2026 at around 1:07 PM, during an interview with Resident #40. The resident reports, there are mice here, I saw one last week they run from under the closets. Observation of bathroom, there is a hole behind the commode where the water shut off valve is. Observed small dark brown-to-black, cylindrical pellets resembling grains of rice debris on floor in corner behind commode and another hole in the wall just above the baseboard. Certified Nursing Aide #127 confirmed. Reporting I'll tell housekeeping 02/16/26 at around 3:15 PM Administrator observed holes in wall behind commode and the small dark brown-to-black, cylindrical pellets resembling grains of rice debris on floor in corner, confirmed reporting definitely needing cleaned.-02/15/2026 at around 1:20 PM, during an interview with Resident #70, reports I saw mice last week in my room, coming from bathroom and under closets Observed small dark brown-to-black, cylindrical pellets resembling grains of rice debris on the floor behind commode near the wall, a hole observed in the wall behind commode and in corner. 02/16/26 at around 3:00 PM Administrator with surveyor confirmed there were debris items on the floor. Reporting this bathroom needs cleaned-02/16/2026 at around 11:00 AM during an interview with Resident #99, reports I've seen mice in last week, they need to clean our rooms better. Nothing room clutter, and the</p> <p>(continued on next page)</p>		

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	floor with areas of dried liquid.-02/15/2026 at around 2:40 PM during an interview with Resident #104, reports seeing mice last week came out from under the wardrobe. Observation: Baseboard on wall near sink loose, hole noted behind. Glue trap under cabinet, clear. Wall behind bed with several areas of drywall having deep tore areas. 02/16/26 at around 3:00PM Administrator with surveyor observed condition of wall, confirming, reporting, our maintenance is working on repairing each room. We have a schedule.02/18/2026 9:54 AM review of QUAPI notes regarding resident rooms needing repairs to ensure homelike environment in place with schedule to correct the findings.		