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	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Teays Valley Center	1390 North Poplar Fork Road Hurricane, WV 25526

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on record review and staff interview, the facility failed to have a Registered Nurse on duty for eight (8) hours a day, seven (7) days a week full time. This was found to be true for one (1) of 19 days reviewed during the long term care survey process. Facility census: 120.Findings included: On 04/21/25, the facility Daily Nurse Staffing Form only recorded one Registered Nurse (RN) working 4.0 hours. On 02/18/26 at 12:15 PM, surveyor asked the Nursing Home Administrator (NHA) if the posted Daily Nurse Staffing Form was correct. The NHA stated the RN was on call, but came in to work four (4) hours that day. This was additionally verified by a Time Detail Report from the facility's time keeping system.

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on record review and staff interview the facility failed to ensure they had verification that a bed hold policy/notice had been given to one (1) residents and/or their legal representative at the time they were transferred from the facility. Resident identifier: #50. Facility census: 120. a) Resident #50 This resident was on hospital leave from 08/22/25 until 08/27/25. The resident had capacity to make his/her own medical decisions. On 08/22/25, the resident was transferred to an acute care facility for shortness or breath with hypoxemia. A review of the medical record found no bed hold notice. This was requested from the facility on 02/17/26 at 8:45 AM. On 02/17/26 at 10:50 AM, the bed hold notice was provided by the Nursing Home Administrator (NHA), but it was not signed by the resident. When asked why the resident's signature was not obtained, the NHA acknowledged signatures should have been obtained, or verbal consent documented.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review and staff interview, the facility failed to develop or implement the care plan for residents care. This was true for three (3) care plans reviewed during this survey. Resident Identifiers: #3, #9 and #63. Facility Census: 120 Findings Included: a) Resident #3 On 02/17/26 at 12:30 PM a record review of medical diagnosis for Resident #3 shows there is a diagnosis of Bipolar. A review of the care plan found no diagnosis of Bipolar under the Focus of impaired/decline in cognitive function in impaired thought processes nor any where on the care plan. On 02/17/26 at 1:00 PM the above was confirmed with the Administrator that the diagnosis of Bipolar was not developed on the care plan. b) Resident #9 On 02/17/26 at 2:40 PM record review of Resident #9s care plan shows his preference as having a shower as he is dependent with all care based on his medical diagnoses. This was also confirmed with his Medical Power of Attorney during a telephone conversation for a representative interview. Record review of the GG-bathing task shows the resident is not receiving his showers as outlined in the care plan, but instead receiving bed baths often. On 02/17/26 at 3:00 PM the above was confirmed with the Administrator the care plan was not being implemented to ensure the resident is receiving his showers as outlined on the care plan. c) Resident #63 On 02/17/26 at 12:35 PM record review shows Resident #63 has a Physicians order for Defined Perimeter Mattress to bed for safety. The care plan for this resident states Focus: Resident is at risk for falls d/t cognitive loss, lack of safety awareness, impaired mobility, possible medication side effects. Interventions: Defined Perimeter Mattress On 02/17/26 at 2:00 PM the above was confirmed with the Administrator the care plan was not being implemented to ensure the resident was provided a defined perimeter mattress for safety as outlined on the care plan.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. 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 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. b) Resident #57 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. c) Resident #9 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. 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. 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. Record review of the Task for GG-Bathing for the last 30 days Resident #9 was scheduled a shower on the following dates: 01/21/26 - received a bed bath 01/24/26- documented as not applicable 01/28/26 - received a shower 01/31/26 - received a bed bath 02/04/26- documented as not applicable (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	02/07/26- documented as not applicable 02/11/26- received a shower 02/14/26- received a shower 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. 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.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interview facility failed to ensure food is stored, prepared and served in a sanitary manner, and cleaning of the kitchen is kept at facility policy standards. This observation was from the annual Long Term Care Facility Survey process. This deficient practice had the potential to affect more than a minimal number of residents who received nutrition from the kitchen.Facility census: 120.Findings includea) Policy review titled: Environment Review of procedures reads in part.1- The Dining Service Director will ensure that the kitchen is maintained in a clean and sanitary manner, including floors, walls, ceilings, lighting and ventilation.2- The Dining Service Director will ensure that all employees are knowledgeable in the the proper procedures for cleaning and sanitizing of all food service equipment and surfaces.3- All food contact surfaces will be cleaned and sanitized after each use.4- the Dining Service Director will ensure that a routine cleaning schedule is in place for all cooking equipment, food storage areas, and surfaces.6-All trash will be contained in covered leak-proof containers that prevent cross contamination.Policy review titled: Food Storage: Dry Goods.-Procedures review reads in part:1- All items will be stored on shelves at least six (6) inches above the floor.2- Storage areas will be neat, arranged for easy identification, and date marked as appropriate.C)Policy review titled: Food Storage: Cold Foods-Policy Statement All time/temperature control for Safety (TCS) foods, frozen and refrigerated, will be appropriately stored in accordance with guidelines of the FDA Food Code-Procedures review reads in part:1- All food items will be stored six (6) inches above the floor and (18) inches below the sprinkler unit.4- An accurate thermometer will be kept in each refrigerator and freezer. A written record of daily temperatures will be recorded.5- All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination. On 02/15/26 at around 10:45 AM, an initial dining department walk through was completed, [NAME] #7 accompanied surveyor as the Account Manager was not in the facility at this time.02/15/26 at around 10:45 AM during initial dining department walk through with [NAME] #7 observation revealed the microwave with food debris and sticky substance on inside and outside of door and handle. [NAME] #7 confirmed. 02/15/26 at around 1:30 PM during tour with Account Manager debris and sticky substance on outside and inside of microwave remained, Account Manager confirmed, reporting We will get it cleaned.02/15/26 at around 10:45 AM during initial dining department walk through with [NAME] #7 observed the two (2) door reach in refrigerator gaskets on both doors with black substance along the inside grooves, dried sticky substance on outside of door, along bottom of doors. Dried sticky substance on bottom shelves of refrigerator. [NAME] #7 confirmed. 02/15/26 at around 1:30 PM during tour with Account Manager black substance along the inside grooves, dried sticky substance on outside of door, along bottom of doors and shelf remain. Account Manager confirmed, reporting we will get this clean.02/15/26 at around 10:45 AM during initial dining department walk through with [NAME] #7, observed in the two (2) door reach in refrigerator, a meal box with name [NAME] dated 02/11/26 - 02/16/26. Questioned cook #7 she informed this surveyor, it was an employee's.During return visit on 02/15/26 at around 200PM with Account Manager, this container remained in the reach. The Account Manager confirmed it needed to be removed.02/15/26 at around 10:45 AM during initial dinning department walk through with [NAME] #7, observed all prep tables throughout the kitchen on the bottom shelves having food debris and sticky substances cook #7 confirmed reporting they need cleaned. 02/16/25 at around 10:30AM during revisit to kitchen with Account Manager sticky substances and food debris remain on the bottoms of the prep tables. Account Manager confirmed, reporting these will be cleaned02/15/26 at around 10:45 AM during initial dining department walk through with [NAME] #7, observed stove top drip tray with large amount of debris. [NAME] #7 confirmed reports I will clean it before my shift ends. On 02/16/26 at around10AM ,during a revisit to the kitchen area, the drip pan continued to have (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a large amount of food debris and sticky substance on the drip pan and thick debris to back splash on stove top, District Manager for Food and Nutrition, in the kitchen and confirmed. Reporting it needs cleaned.02/15/26 at around 10:45AM during initial dining department walk through with [NAME] #7, observed the top of the steamer with moderate amount of sticky substance. [NAME] #7 confirmed. On 02/16/26 at 10AM during a revisit observed the top of the steamer continued to have sticky substances. Account Manager in the kitchen and confirmed. Reporting it will be cleaned02/15/25 at around 10:45AM during initial dining department walk through with [NAME] #7, observe the double oven doors and inside of the ovens having a large amount of dried sticky substances cannot see inside of oven doors glass and with large amounts of debris on inside of the ovens, along sides and on bottom of heating area. [NAME] #7 confirmed, reporting they do need cleaned. 02/16/26 at 10AM during a revisit, observed the ovens continue to have the large amounts of dried sticky substances, glass doors remained covered with the sticky substances, inside continued to have the debris, District Manager for Food and Nutrition in facility confirmed, reporting we will work on getting this clean02/15/26 at around 10:45 Am during initial dining department walk through with [NAME] #7, the following observations were made in the dry stock room:The floor had a large amount of dark black substance,Food debris was present along the centers of the floorCook #7 confirmed and reported the floors really need mopped. 02/15/26 at around 1:30 PM during tour with Account Manager, floor remained needing mopped, Account Manager said, Ill ensure it is mopped and they continue to mop each evening.On 02/16/26, at around 10:00 AM during a follow up visit, the floor had been mopped Account Manager reported, I got this done last night, will ensure they continue to mop nightly. On 02/17/26 around 11:00 AM, a follow up visit revealed the floor had a small amount of dark residue along the center. Account Manager confirmed the evening shift is mopping nightly02/15/26 at around 10:45 AM during initial dining department walk through with [NAME] #7 observed in the dry stock room, two (2)Gallons of water from [NAME] Mountain sitting on floor, [NAME] #7 said, These need up off the floor. On 02/16/26 at around 10:00 AM during a follow up visit, these gallons of water remained sitting on the floor in front of the shelving system. Account Manager with surveyor said, I'll get these picked up.02/15/26 at around 10:45AM during initial dining department walk through with [NAME] #7, observed near the exit door a hole was noted in the wall near the floor just above the baseboard, daylight could be seen. Paint peeling from the wall, baseboard loose along edging. Paint peeling from the wall along the area entering the walk-in hall. [NAME] #7 confirmed. On 02/16/2026 at around 11:30 AM during return visit to kitchen, Account manager confirmed the areas needed to be repaired and reported a work order had been in the system since 03/28/24, presented with a copy of work order. 02/16/25 at around 11:00AM Administrator in area with Surveyor , District Manager and Account Manager, confirmed the hole in the wall at exit door, the paint peeling on the walls reporting, maintenance will be made aware. At around 1:36 PM on 02/16/26 Regional Maintenance Director correcting the issue at this time.02/15/26 at around 10:45AM during initial dining department walk through with [NAME] #7, observed in the walk -in refrigerator, the gasket to the door, with large amount of black dried substance, door with sticky substance on handle and along door edge, cook #7 confirmed. On 02/16/26 at around10AM during return visit to kitchen, Account Manager confirmed reports we are working on cleaning02/15/26 at around 10:45AM during initial dining department walk through with [NAME] #7, observed in the walk-in refrigerator, the fan with debris on bottom of the fans, black sticky in substance, notice substance black in color blowing outward. On the ceiling across from the fan a moderate amount of black flaky debris hangs from the ceiling and wall. [NAME] #7 confirmed. 02/16/26 at around 10AM during a revisit to the kitchen, the debris remain, Account Manager with surveyor reports I asked maintenance to turn off the fan so we can clean that.02/15/26 at around 10:45AM during initial dining department walk through with [NAME] # 7 in walk-in refrigerator, a case of potatoes touching the ceiling. [NAME] #7 confirmed. On 02/16/26 at around 10:00 AM during return visit to the kitchen the case of potatoes remained, Account Manager confirmed this needed corrected.On 2/17/26 at around 2:00 PM, during a return visit the case of potatoes (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	remained touching the ceiling, Account Manager said, I will get this corrected.02/15/26 at around 10:45AM during the initial dining department walk through with [NAME] #7 the following was observed in the walk -in refrigerator: Food debris under shelves on floor,Sticky substance also on the floorCook #7 confirmed the above findings in the walk-in refrigerator On 02/15/26 at around 1:30 PM the Account Manager said, We will get this cleaned02/15/26 at around 10:45AM during initial dining department walk through with [NAME] #7 the following was observed: In the freezer two (2) cases of ice cream were touching the ceiling. [NAME] #7 confirmed this observation. On 02/15/26 at around 1:50 PM during walk through with the Account Manager, the cases remained touching the ceiling of the freezer. Account Manager confirmed, and said, It will be corrected.02/15/26 at around 10:45 AM during the initial dining department walk through with [NAME] #7 the following was observed:In the freezer a case of pizza and vegetables were sitting on the floor.Cook #7 confirmed. At around 1:30 PM on same day, Account manager with surveyor confirmed the cases were on the floor and reported I will place it on a crate or on a shelf to get off the floor.02/15/26 at around 10:45 AM during initial dining department walk through with [NAME] #7 in the dining room on the countertop observed moderate amount of a red sticky substance along backsplash and on countertop, cook #7 confirmed, reported, We need to get this cleaned and proceed to wipe the area.02/15/26 at around 10:45AM, during initial tour with [NAME] #7,In the dining room on the countertop along the wall, and in drawers with utensils, and in cabinet labeled suction machine, In 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 1:00PM during tour with Account Manager the cylindrical pellets remained on the countertop along backsplash, in the cabinet, drawers with utensils and clothing protectors. Account Manager confirmed reporting, Ill inform maintenance and get the area cleaned and all items re-washed.02/15/26 at around 11:30AM,Food delivery cart observation revealed five (5) of five (5) food carts had sticky debris, food debris, on outsides of each one had sticky substances.along back and sides dried liquid substance. Aide #11 verified the carts were ready for meal, and verified the substances reported Aide #37, was supposed to clean these already, On 02/15/26 at around 4:30PM during a return observation with Account Manager the Food delivery carts continued to have dried sticky substance, food debris along outside and on edges of the carts. The account manager confirmed these were ready for meal service and that the debris and sticky substance remain. The Account Manager reported, I will get them cleaned up before meal service.02/15/26 at around 10:45AM, during initial tour with [NAME] #7,Refrigerator in dining room: doors, gaskets with sticky black substance on outer doors and bottom of area. Bottom of the refrigerator with dried substance sticky on outside. cook#7 confirmed. 02/15/26 at around 2:00PM during tour with Account Manager the debris, sticky substance on outside of the refrigerator and on gaskets and inside the refrigerator remained, Account Manager confirmed, reporting We will get this cleaned up.On 02/17/26 at around 2:00 PM during a return visit with Account Manager the items on and inside of the refrigerator were still present. The Account Manager reported, It will be cleaned today.02/15/26 at around 10:45 AM , during initial tour with [NAME] #7,a container of thickened tea was sitting on the counter near the hand wash sink. The tea was opened with no date and no use by date. Information on the container reads, Use up to 7 days after opening, best if refrigerated prior to opening. [NAME] #7 confirmed and threw the carton in the trash.02/15/26 at around 10:45 AM, during initial tour with [NAME] #7, on top of the outlet next to the refrigerator in the dining room on the wall there was an observation of a moderate amount of black sticky residue. [NAME] #7 confirmed this observation. On 02/15/26 at around 2:00 PM during a tour with the Account Manager, the black substance remained on the wall and outlet, Account Manager confirmed and said, I'll get this cleaned. 02/15/26 at around 1:00 PM, review of food temperature logs, revealed the following missing temperatures: 02/04/26 Dinner temperatures 02/05/26 Breakfast, Lunch and Dinner missing temperatures 02/06/26 Dinner temperatures 02/07/26 Breakfast and Lunch temperatures02/08/25 Breakfast, Lunch and Dinner (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	temperatures 02/09/26 Dinner temperatures 02/10/26 Dinner temperatures02/11/26 Dinner temperatures02/12/26 Breakfast, Lunch and Dinner temperatures02/13/26 Breakfast, Lunch and Dinner temperatures 02/14/26 Dinner temperatures missing. Account manager reviewed with surveyor and confirmed missing temps02/15/26 at around 10:30 AM during initial tour with [NAME] #7,in the cabinet near the kitchen entrance, on the inside: on the shelf rails, a large amount of debris powdery in consistency, on the bottom of the cabinet, a glue trap with moderate amount of small black cylindrical pellets debris. [NAME] #7 confirmed. 02/15/26 at around 1:00 PM during tour with Account Manager debris and glue traps remained in the cabinet, Account Manager confirmed.02/15/26 at around 10:30 AM during initial tour with [NAME] #7 an observation in the cabinet under coffee maker, where a small trash can was housed revealed large amount of dried sticky substance on the outside of the trash can, and on the bottom of the cabinet, along with large amount of opened sugar packets. [NAME] #7 confirmed this observation. 02/15/26 at around 1:00 PM during the tour with Account Manager observation revealed the debris and opened sugar packets remained. Account Manager confirmed and said, I think housekeeping cleans this area. 02/16/2026 10:20 AM District manager for food and dining manager rounded with surveyor, will review policy regarding the cabinets that have excessive debris for cleaning and who is responsible. 02/16/26 at around 2:30 PM District Manager for Food and Dining reported, These cabinets have been cleaned02/15/26 at around 10:30AM during initial tour with [NAME] #7 observed, A case of disposable cups on floor. [NAME] #7 confirmed. On 02/16/2026 at 1:34 PM the case remained on the floor Dietary Aide #37 confirmed, reporting I will place it off the floor, proceeded to remove the case off the floor.02/15/26 at around 2:00 PM during tour with Account Manager observed in pantry on 400 hall missing temperatures for 2/14/26 and 2/15/26, Account manager said, They usually do these in the morning.Inside the pantry refrigerator observation revealed a dried brown substance on the door , gallons of milk on shelf in the door.02/16/26 at around 1:33 PM a dried sticky substance remained on the inside of the door on the shelf, with gallons of chocolate milk and white milk on shelf. Account Manager said, It needs to get cleaned02/15/26 at around 2:00 PM observation revealed:A carton of thicken cranberry juice with no open or use by date.A carton of thicken water with no open or use by date. Account manager said, I will review with staff to ensure dates are done upon opening02/15/26 at around 2:30 PM during walk through with Account Manager in dining room the following was observed: The trashcan at entrance to the kitchen had a dried sticky debris on lid and outside. The Account Manager said, This will be cleaned.02/16/26 at around 12:30 PM an observation of the dish room noted water spilled on floor and into kitchen area. The (District manager) reported this was from where they just finished dishes. An observation along the floorboards where tiles were against wall revealed a large amount of black flaky substance. The hand wash sink in the dish room revealed dried sticky brown debris. District Manager with surveyor, confirmed, reporting definitely needs cleaned dish machine with yellowish, off-white moderate amount debris on top of machine, along the edges, under the lid. Buildup inside. The Account Manager said it was de-limed weekly.On 02/17/26 at around 3:10 PM during another observation in the dish room revealed along the floorboards where tiles are against wall continue to have large amount of black flaky substance. The district manager confirmed the area needed cleaned. The dish machine continued to have a moderate amount of debris on top of the machine. The district manager confirmed it needed cleaned.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview the facility failed to educate, offer and obtain declination or consent or administered for the COVID-19 2024-2025 and/or COVID-19 2025-2026 immunizations. This was true for five (5) of seven (7) Residents screened for immunizations. Resident Identifiers: #37, #49, #70, #89 and #91. Facility Census: 120.Findings Included: a) Resident #37 On 02/18/26 at 9:30 AM record review shows Resident #37 was admitted on [DATE]. Further record review showed the resident had not been administered nor consented/declination of COVID-19 vaccinations for the 2024-2025 or the 2025-2026 COVID-19 boosters. On 02/18/26 at 10:00 AM the above was confirmed with the Director of Nursing. b) Resident #49 On 02/17/26 at 9:02 AM record review of COVID-19 immunizations for Resident #49 showed this resident had received every vaccination offered to her. However, she had not received the 2024-2025 or the 2025-2026 COVID vaccination. Upon further review and interview with the Director of Nursing, Resident #49 had received the 2023-2024 SpikeVax booster but was not offered either the 2024-2025 or the 2025-2026 COVID-19 immunization. The facility Policy #IC604 for COVID-19 vaccination states Centers will provide the opportunity to receive COVID-19 vaccinations for all doses (this includes dose, 1, dose 2, additional dose, booster - not immunocompromised, and any future doses) following the Centers for Disease Control and Prevention (CDC) recommendations The purpose stated in the policy is to prevent the spread of SARs-CoV-2 infection and its complications to patients and staff. Upon confirming this with the Director of Nursing on 02/17/26 at 9:10 AM she agreed the resident/representative should have been educated, offered and either consented or declination obtained for the boosters prior to this date. c) Resident #70 On 02/18/26 at approximately 1:03 PM record review shows that Resident #70 was admitted on [DATE] and had historically received her last COVID-19 Vaccine Booster on 02/01/23. When inquiring with the Administrator for consents and/or additional vaccines relating to this resident, the Administrator stated Resident #70 had no additional consents or vaccines since 02/01/23. d) Resident #89 On 02/17/26 at 9:02 AM record review of COVID-19 immunizations for Resident #89 shows his Patient Representative consented for the COVID 2025-2026 Nuvaxovid vaccine on 01/26/26. As of this date of 02/17/26 Resident #89 had not received the vaccine. The facility Policy #IC604 for COVID-19 vaccination states Centers will provide the opportunity to receive COVID-19 vaccinations for all doses (this includes dose, 1, dose 2, additional dose, booster - not immunocompromised, and any future doses) following the Centers for Disease Control and Prevention (CDC) recommendations The purpose stated in the policy is to prevent the spread of SARs-CoV-2 infection and its complications to patients and staff. Upon confirming this with the Director of Nursing on 02/17/26 at 9:10 AM she agreed the resident should have received the vaccine immediately upon consent. e) Resident #91 On 02/17/26 at 9:02 AM record review of COVID-19 immunizations for Resident #91 shows his Patient Representative consented for the COVID 2024-2025 COVID-19 vaccine on 07/26/25. As of this date of 02/17/26 Resident #91 has not received the vaccine. The facility Policy #IC604 for COVID-19 vaccination states Centers will provide the opportunity to receive COVID-19 vaccinations for all doses (this includes dose, 1, dose 2, additional dose, booster - not immunocompromised, and any future doses) following the Centers for Disease Control and Prevention (CDC) recommendations The purpose stated in the policy is to prevent the spread of SARs-CoV-2 infection and its complications to patients and staff. Upon confirming this with the Director of Nursing on 02/17/26 at 9:10 AM she agreed the resident should have received the vaccine immediately upon consent.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 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 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 (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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.

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and staff interview the facility failed to ensure they gave a resident the right to have their food preferences honored. Resident identifier: #105. Facility census: 120. a) Resident #105 The resident was first admitted to the facility on [DATE]. Resident #105 was on hospital leave on two occasions, 11/24/25 - 12/7/25 and 01/07/26 - 02/05/26. During an interview with the resident on 02/16/26 at 11:07 AM, when asked about the food at the facility, the resident stated the facility gives her oatmeal and eggs every day, and she does not want these. She further stated she was lactose intolerant. When asked if the facility had asked her about her food preferences, she stated no. Surveyor requested from Dietary Manager #31 on 02/16/26 at approximately 1:50 PM, to see this resident's dietary preferences. The Dietary Manager at 2:25 PM came back to advise the surveyor he had just visited with the resident to obtain her dietary preferences, as none were on file. A review of the resident's care plan revealed the facility had a care plan dated 12/16/25 that indicated they would honor the resident's food preferences within the meal plan. The facility had failed to implement the care plan and obtain the resident's dietary preferences.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based upon observation, resident interview and staff interviews, the facility failed to maintain a safe, clean, comfortable homelike environment for residents. This was found to be true for four (4) of 46 residents reviewed during the long term care process. Resident identifiers: #39, #93, #17, #33. Facility census: 120. Findings included: a) Resident #17 On 02/15/26 at 11:00 AM observation found that the privacy curtain in room [ROOM NUMBER] A, which belonged to Resident #17, was missing several brackets to allow the curtain to be fastened to the overhead track. This caused the curtain to appear be drooping and as if it was about to fall off the track. On 02/15/26 at 11:30 AM the above confirmed with the Administrator. b) Resident #22 On 02/15/26 at 11:05 AM observation found that the privacy curtain in room [ROOM NUMBER]-A, which belongs to Resident #22, was dirty and had dark brown stains on it as well as a white substance. On 02/15/26 at 11:30 AM the above was confirmed with the Administrator. c) Resident #39, room [ROOM NUMBER] During the initial walk through of the facility, while interviewing Resident #39 on 02/16/2026 at approximately10:32 AM, it was observed that the wallpaper above the resident's head board had several areas where the wallpaper was torn and peeling. Additionally, as you entered the resident's room, to the lower left of the wall, the paint on the wall was removed and visible scratches could be seen. d) Resident #93, room [ROOM NUMBER] During the same visit with Resident #39, an observation of the wall above Resident #93's head board had a section of wallpaper missing, torn, and several areas of peeling wallpaper. On the same wall, toward the bottom of the wall, a wooden base trim had been scratched in several places damaging the wood. On 02/16/26 at 11:22 AM, the Surveyor asked the Nursing Home Administrator (NHA) to walk down to room [ROOM NUMBER] and we reviewed the observations of the walls, wallpaper, and wooden trim NHA noted these and said they would work on them. The NHA stated the facility had previously conducted an audit on 01/06/26 of the building for things that maintenance needed to address. All of the 700 hallway had not been started yet.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on record review and staff interview the facility to administer the Respiratory Syncytial Virus (RSV) vaccine as set forth by the Centers of Disease Control and Prevention (CDC) and facility Procedure and Policy #IC605. This was true for two (2) of five (5) RSV immunization records reviewed. Resident Identifiers: #89 and 91. Facility Census: 120 Findings Included: a) Resident #89 On 02/17/26 at 9:10 AM record review of facility immunizations found that Resident #89 had not been administered a Respiratory Syncytial Virus (RSV) vaccine. According to the facility policy #IC605, Respiratory Syncytial Virus (RSV) Vaccinations provided by the Director of Nursing: .The Center will provide the opportunity for patients to receive the Respiratory Syncytial Virus (RSV) immunization based on shared clinical decision making between the patient/representative and the provider. In adherence with current recommendations of the Advisory Committee on Immunizations Practices (ACIP) as set forth by the Centers for Disease Control and Prevention (CDC). The facility obtained consent by Resident #89s Health Care Decision Maker on 01/26/26 for the RSV immunization. However as or 02/17/26 the resident had not received the vaccine. When confirmed with the Director of Nursing on 02/17/26 at 9:20 AM she agreed the resident should have had the vaccine by now and she did not know why it had not been administered. b) Resident #91 On 02/17/26 at 9:10 AM record review of facility immunizations found that Resident #91 had not been administered a Respiratory Syncytial Virus (RSV) vaccine. According to the facility policy #IC605, Respiratory Syncytial Virus (RSV) Vaccinations provided by the Director of Nursing: .The Center will provide the opportunity for patients to receive the Respiratory Syncytial Virus (RSV) immunization based on shared clinical decision making between the patient/representative and the provider. In adherence with current recommendations of the Advisory Committee on Immunizations Practices (ACIP) as set forth by the Centers for Disease Control and Prevention (CDC). The facility obtained consent by Resident #89s Health Care Decision Maker on 07/31/25 for the RSV immunization. However as or 02/17/26 the resident had not received the vaccine. When confirmed with the Director of Nursing on 02/17/26 at 9:20 AM she agreed the resident should have had the vaccine by now and she did not know why it had not been administered.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on record review and staff interview the facility failed to ensure one (1) resident had orthotics in place for a contracture and range of motion. This was true for one (1) of three (3) residents reviewed for limited range of motion. Resident identifier: #103. Facility Census: 120. a) Resident #103 02/17/2026 3:20 PM a medical record review revealed Resident #103 was supposed to have a Left Resting Hand Splint applied daily as tolerated. The staff were supposed to attempt to get at least 2 fingers under the straps. In the care plan, it stated the resident would refuse the heel protectors but there was no mention of the resting hand splint. In a review of tasks in the care plan,there was no documentation of staff attempting to don the heel protectors. Multiple observations during the survey were performed to see if the resident was wearing any of the orthotics and those observations revealed they were not in place. Physical Therapy and Occupational Therapy evaluations and clinical notes make zero mention of using hand splint and suggests heel protectors. Two full months of tasks were printed off showing resident received no care for either splinting.During an interview with the Nursing Home Administrator on 2/18/26 at 9:25 AM the above findings were discussed and verified.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on record review and staff interview the facility failed to ensure the environment is free from accident hazards over which it has control. This was a random opportunity for discovery. Resident Identifier: #63 Facility Census: 120 Findings Included: a) Resident #63 On 02/16/26 at 11:48 AM while walking through the 500 hall it was observed that Resident #63 was absent from his room and his bed mattress did not have a sheet on it. At that time is was observed the mattress was a standard mattress. Upon stopping Registered Nurse (RN) #93 and asking what type of mattress she would describe on the bed, she stated, a standard mattress. The surveyor ask her if a resident is ordered a defined perimeter mattress, would it look like this? She stated, No, they are built up a little on the edges to assist in prevention of the resident falling out of the bed. At that time it was confirmed with RN #93 that Resident #63 did have an order from the Physician as a fall intervention for a defined perimeter mattress and it was not on his bed. She agreed.

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a policy regarding use and storage of foods brought to residents by family and other visitors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews the facility failed to maintain food items in their personal refrigerators to ensure safe and sanitary storage, handling, and consumption. This was true for five (5) of six (6) personal refrigerators observed. Resident Identifiers: #29, #46, #52, #75, #98. Facility Census: 120 Findings Include:On 02/15/26 at 11:00 AM observation of the following personal refrigerators found the temperatures had not been performed on a daily basis. Upon further observation it was found that the refrigerators were dirty, had unlabeled food items in them as well as expired food items, making them unsafe.According to the Food and Nutrition Services Refrigerator/Freezer Temperature Log that is placed on the front of each personal refrigerator in their room Resident #29's refrigerator had not had the temperature checked daily as required. According to the facility Policy #OPS192 Refrigerators: Patient In Room: .refrigeration must be labeled with the date the food was placed in the refrigerator , Food considered unsafe for consumption or beyond the expiration date will be discarded by staff , food will be held in the refrigerator for three (3) days following the date on the label and will then be discarded ,PROCESS:4.1 Nursing will observe and record temperatures of the refrigerator on a daily basis using the Refrigerator/Freezer Temperature Log.5. Housekeeping will clean refrigerators inside and out including walls, doors, and shelves and will defrost the freezer when applicable.6. Nursing will monitor food for proper labeling and date food was placed in the refrigerator.a) Resident #29On 02/15/26 at 11:00 AM observation of the refrigerator in room [ROOM NUMBER] which belongs to Resident #29, there were no temperatures obtained on 02/12-26 through 02/15/26. According to the Food and Nutrition Services Refrigerator/Freezer Temperature Log that is placed on the front of each personal refrigerator in their room Resident #29's refrigerator had not had the temperature checked daily as required. b) Resident #46On 02/15/26 at 11:10 AM observation of the refrigerator in room [ROOM NUMBER] which belongs to Resident #46, there were no temperatures obtained since 02/02/26. Upon further observation the refrigerator was extremely dirty and there were numerous items in the refrigerator that were unlabeled as well as being expired. c) Resident #52On 02/15/26 at 11:15 AM observation of the refrigerator in room [ROOM NUMBER] A which belonged to Resident #52 revealed there were no temperatures obtained since 02/13/26. Upon further observation the refrigerator was extremely dirty with a drink that and leaked and ran out of the front of the refrigerator and there were numerous items in the refrigerator that were unlabeled as well as being expired. According to the Food and Nutrition Services Refrigerator/Freezer Temperature Log that is placed on the front of each personal refrigerator in their room Resident #29's refrigerator had not had the temperature checked daily as required. d) Resident #75On 02/15/26 at 11:20 AM observation of the refrigerator in room [ROOM NUMBER] which belongs to Resident #75, there were no temperatures obtained since 02/11/26. Upon further observation the refrigerator was extremely dirty and there were numerous items in the refrigerator that were unlabeled as well as being expired. There were two containers of potato chip dip where both had expired 05/2025. According to the Food and Nutrition Services Refrigerator/Freezer Temperature Log that is placed on the front of each personal refrigerator in their room Resident #29's refrigerator had not had the temperature checked daily as required. e) Resident #98On 02/15/26 at 11:10 AM observation of the refrigerator in room [ROOM NUMBER] which belongs to Resident #98, there were no temperatures obtained since 02/11/26. Upon further observation the refrigerator was extremely dirty and there were numerous items in the refrigerator that were unlabeled as well as being expired. According to the Food and Nutrition Services Refrigerator/Freezer Temperature Log that is placed on the front of each personal refrigerator in their room Resident #29's refrigerator had not had the temperature checked daily as required. On 02/15/26 at 11:38 AM the above refrigerators concerning temperatures, cleanliness, expired food and non-existing labels were shown and discussed with the Administrator at which time she confirmed they had not been addressed as they should.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** Based upon record review and staff interview, the facility failed to ensure an accurate and complete medical record related to informing the resident or resident's representative in advance, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. This was found to be true for one (1) of one (1) resident reviewed during the long term care survey process. Resident identifier: #50. Facility census: 120. Findings included: a) Resident #50 This resident has capacity to make his/her own decisions regarding the care or treatment received. A review of the medical record documents the resident to have the following mental health conditions:-ANXIETY DISORDER, UNSPECIFIED, diagnosed on [DATE] at Admission/Readmission-DEPRESSION, UNSPECIFIED, diagnosed on [DATE] at Admission/ReadmissionAdditionally, the resident had an additional diagnosis: -INSOMNIA, UNSPECIFIED, diagnosed on [DATE] at Admission/readmission For these conditions, the resident was prescribed the following medications:-Sertraline HCl Tablet 50 MGGive 1 tablet by mouth one time a day for Depression AEB: Worry / sadness over health and life of self and familyPharmacy Active 10/24/2025 -Trazadone HCl Oral Tablet (Trazodone HCl)Give 25 mg by mouth at bedtime for depression/insomniaPharmacy Active 01/28/2026 Documentation that the resident was informed of the benefits and risks of these medications was not found in the medical record.These were requested from the facility on 02/17/2026 at 9:16 AM. The facility provided consent forms for these medications, however, the resident had not signed the consent. During an interview with the Director of Nursing (DON) at approximately 10:00 AM, she stated the resident had consented to receive the medications verbally, but refused to sign the consent forms. Since a staff member had witnessed the verbal consent, the staff member signed the consent form. However, the verbal consent was not co-signed and witnessed by a second party. The DON further stated she did not think this form was a consent form. The surveyor pointed out the form documents the benefits and risks of treatment, as well as provides verification the resident has received this information. The form also contains a section entitled Informed Consent and a place for the resident to sign. The DON finally acknowledged a second person should have signed the verbal consent form.

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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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on record review and staff interview the facility failed to administer the Influenza vaccine in a timely manner in order to prevent the spread of influenza and its complication. The facility failed to follow the current recommendation from the Center for Disease Prevention and Control (CDC) guidance for the Influenza vaccine. This was true for one (1) of five (5) Influenza immunization records reviewed. Resident Identifiers: #91. Facility Census: 120 Findings Included: a) Resident #91 On 02/17/26 at 9:30 AM record review for Resident #91 immunizations shows the resident was not administered an influenza immunization. According to the facility Policy #IC600 Influenza Immunization Program the .purpose of the immunization is to prevent the spread of influenza and its complications to employees and other residents.the process is to achieve the highest level of immunity during the peak of flu seasons . Record review shows Resident #91's Patient Representative consented to the influenza vaccine on 01/26/26, however as of 02/17/26 the resident had not received the vaccine. On 02/17/26 at 9:30 AM when the above was confirmed with the Director of Nursing she agreed that Resident #91 should have already been administered the influenza vaccination and she did not know why he had not.