STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515133	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ansted Center	96 Tyree Street Ansted, WV 25812

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, hospital staff and facility staff interviews, the facility failed to ensure Resident #63 was permitted to return to the facility following a hospitalization for behavioral evaluation. The facility's refusal to readmit the resident was based on behaviors that occurred prior to the hospitalization. Resident Identifier: #63. Facility Census: 60.a) Resident #63 Record review revealed Resident #63 was transferred to the local emergency room on [DATE] due to aggressive behavior. Progress notes from [DATE] documented the resident exhibited increased agitation and verbal aggression and was sent to the local emergency room for further evaluation per physician order.Interview with Hospital Care Manager (HCM) (#75) on [DATE] revealed the facility refused to take the resident back. HCM #75 was told the resident could not return to the building or to any facility owned/operated by the same company. HCM #75 further stated the facility did not inform the hospital at the time of transfer that the resident would not be accepted back.There was no documentation to show that the facility:Completed a discharge notice Involved the resident and representative in the discharge planning process;Documented that the resident's needs could not be met in the facility; orMade efforts to determine reasonable accommodations or interventions to support the resident's return.Review of available bed census confirmed that the facility had an available bed on and after the date the resident's hospital bed-hold expired.During an interview with the Administrator on [DATE] he confirmed the clinical administrative team for the corporation declined to readmit Resident #63 due to behavioral issues exhibited and acknowledged that no discharge notice was issued.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on record review and interviews, the facility failed to provide required written notice to the resident, resident representative, and the long-term care ombudsman prior to discharging Resident #63 and refusing readmission following hospitalization. The facility's failure to issue appropriate notice deprived the resident and representative of their right to appeal and participate in discharge planning. Resident Identifier: #63 Facility Census: 60Findings included:a) Resident #63Record review showed Resident #63 was transferred to the on 09/04/25 and remained hospitalized beyond the bed-hold period. Despite hospital documentation showing the resident was ready for return, the facility declined readmission.Interview with the Hospital Care Manager confirmed the resident and representative were not notified in writing of the facility's decision to refuse the resident's return. There was no evidence that:A written discharge notice was provided to the resident and representative;The notice contained the reason for discharge, effective date, and appeal rights;The state long-term care ombudsman received a copy of the notice; orDischarge planning was coordinated with the hospital and community services.During an interview with the Administrator and Director of Nursing (DON) acknowledged that a written notice of discharge was not issued prior to refusing the resident's readmission.