STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515147	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hidden Valley Center	422 23rd Street Oak Hill, WV 25901

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on staff interview and observation, the facility failed to ensure a safe, clean home-like environment for residents by not providing clean linen and an adequate amount of linen available for resident use. This failed practice had the potential to affect more than a limited number of residents. Facility Census: 76.a) Mary's Garden On 05/12/26 at 1:00 PM, a tour of the unit was completed. The linen storage room was observed. The observation found minimal linen available for residents. There were seven (7) towels found in the closet. One (1) of the seven (7) towels was noted with a dark brown stain. There were 11 wash cloths found in the closet. Eight (8) of the 11 wash clothes were noted with dark brown stains, white bleach stains as well as faded colors and frayed areas. There were no fitted sheets available, only four (4) flat sheets, and three (3) blankets were available at this time. An interview was held with the Administrator of Mary's Garden on 05/12/26 at approximately 1:20 PM. The Administrator was notified of the stained linen as well as the unavailability of all the linen. The Administrator stated, we can throw those away and laundry can bring us some more. On 05/12/26 at 1:30 PM, an interview was held with Housekeeper #41 in the facility linen storage area. An observation of multiple stacks and boxes of new linen were on the shelves around three walls of the storage room. Housekeeper #41 confirmed multiple stacks of linen in plastic and boxes of new linen were stored in the room. Housekeeper #41 stated, I'm not putting any of this out now, there is still available linen on the floor. On 05/12/26 at approximately 5:15 PM, an interview was held with the Facility Administrator as well as the Senior Administrator. The Facility Administrator as well as the Senior Administrator were notified of the unavailabilty of linen on Mary's Garden and throughout the facility. Both Administrators stated, we were unaware. The Senior Administrator stated, we need to go tell Housekeeper #41 that the new linen needs to be made available. The Facility Administrator stated, we order linen every month .this should not be an issue. B Hall On 05/12/26, the storage room where clean linens and towels are stored was investigated by the state surveyor. No blankets, top sheets, bottom sheets, or pillow cases were located on the linen shelves. Minimal towels and washcloths were observed At 1:05 PM, Nurse Aide #70 confirmed the lack of linens and stated, 'll tell laundry now.

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
	515147	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hidden Valley Center	422 23rd Street Oak Hill, WV 25901

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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 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, observation and staff interview, the facility failed to ensure a safe environment from avoidable accidents/hazards over which the facility had control. This failed practice had the potential to affect a limited number of residents. Resident Identifier: #29. Facility Census: 76.Findings included:a) On 05/12/26, the Hospice Nurse Aides reported frequent bruising and skin issues for Resident #29. The Hospice Nurse Aides reported they always made nursing aware, including the Hospice supervising Registered Nurse. On 05/07/26 at 9:59 AM, the Hospice Nurse Aides reported they observed a fresh bruise on the resident's at leg. No documentation of the bruise was documented by the facility on the skin checks.The Hospice Nurse's Note documented the following:02/03/26 - Bruising present to knees.02/10/26 - She has scabs to bilateral knees. She does hit the wall with her legs, at times.02/19/26 - Red abrasions noted to left hip. Slight discoloration to knee but resolves.02/24/26 - Scabbed area to back of right heel. Bruise to right upper arm.02/26/26 - Assisted CNA with bathing patient. Small bruised area to mid spine.02/26/26 - Small bruised area to mid spine. L hip with small open area noted.02/27/26 - Scabbed area to back of right heel. Bruise to right upper arm.03/03/26 - Facility managing skin breakdown to L hip.03/17/26 - Small bruised area to mid spine appears to be healing. 03/12/26 - Slight purple discoloration on feet and knees however patients cool to touch and her small blanket doesn't cover her whole body when she pulls it over her face.03/19/26 - Patient has discoloration to BLE, splotchy, purple color noted from knees down, multiple Blanchable areas to bilateral feet.04/13/26 - Scabbed area to left knee and foot.04/14/26 Scabs to left knee and left foot due to hitting legs against the wall.04/16/26: Small, scattered bruising noted on lower extremities and a small bruise present on the right upper arm (RUA).04/21/26 Bruise on the right upper arm (RUA). Small scabs to bilateral knees.04/23/26 She has multiple scabs on bilateral knees. Scratch on right abdomen.04/30/26 Scattered bruising noted on lower extremities. Patient kicking the wall frequently.04/28/26 Scattered bruising noted to lower extremities. Patient kicks the wall frequently.05/05/26 Scattered bruising noted to lower extremities. Patient kicks the wall frequently.The facility's Skin Checks documentation was reviewed for Resident #29. The documents stated the following: On 05/13/26 at 9:25 AM, the state surveyor observed a yellow bruise-like skin discoloration on Resident #29's right leg on the back of the leg below the bend of the right knee. Bruise-like discolorations were observed on the resident's feet On 05/13/26 at 3:00 PM, the Director of Nursing (DON) confirmed bruising on the resident's feet and legs. The state surveyor reviewed the most recent skin check completed on 05/12/26 with no skin issues documented. The DON confirmed the skin issues and stated, I will get a new skin assessment.During the observation of the resident in her bed, the State Surveyor and DON observed the resident's feet hitting the foot board at the end of the bed multiple times.On 05/12/26 at 5:09 PM, the Senior Administrator stated, She has Huntington's Disease and hits the wall.The resident's BIMS on 05/05/26 was 00. The resident was judged to be incapacitated on 07/12/23.The facility's policy and procedure for Accidents /Incidents stated, Take immediate action post-accident/incident measures as deemed appropriate. The purpose was stated to determine a root cause and contributing factors, identify measure to reduce further occurrences and adverse outcomes as part of the Quality /assurance Performance Improvement (QAPI) process.