STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515160	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestview Manor Healthcare	199 Court Street Jane Lew, WV 26378

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interviews, the facility failed to ensure meals were served at a palatable temperature at time of delivery. This failed practice had the potential to affect more than a minimal number of residents residing in the long term care facility. Census: 69 Findings included:a) ObservationOn 02/10/26, a request was made of the Nursing Aides (NAs) on [NAME] wing to allow the State Agency (SA) to test the temperature of the last regular tray on the cart. The NA alerted the dietary manager (DM) to bring a new tray for the resident and a thermometer. The DM #84 and corporate dietary #104 tested the temperatures at 12:40 PM with the following results:-Hamburger = 114.4 degrees Fahrenheit (F)-Potatoes = 107.8 degrees F-Corn = 92.7 degrees F-Fruit = 54.7 degrees Fb) InterviewDuring an interview on 02/10/26 at 12:40 PM, the corporate dietary #104 stated temperatures at time of service should be greater than 120 degrees F for hot foods and less than 41 degrees F for cold food. Another interview with the Administrator, completed on 02/10/26 at 12:41 PM, confirmed the palatable temperature range.

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on record review, resident interview, and staff interviews, the facility failed to review Resident #40's care plan related to activities. This failed practice was found to be true for one (1) of 16 resident care plans reviewed during the long-term care survey process. Resident identifier: #40. Facility census: 69.Findings included:a) Record reviewRecord review, completed on 02/10/26, of the care plan for Resident #40 reads as follows: Resident receives three (3) one-to-one's (1:1's) weekly. Date Initiated: 12/12/25. Further record review of the 1:1 list provided by the Activity Director revealed Resident #40 was not on the list.b) InterviewsDuring an interview on 02/09/2026 at 2:01 PM, Resident #40 stated he does not go to Bingo or other activities but does enjoy playing dominoes. Resident stated he does not have anyone come to his room to offer in room activities.In an interview on 02/10/26 with the Activities Director (AD) at 2:39 PM, it was confirmed that the resident had no documented 1:1 visits.In an interview on 02/10/26 with the Administrator at 2:46 PM, it was confirmed 1:1 visits were not documented as being completed by the activity staff.

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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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. Based on resident interview, staff interviews, and record review, the facility failed to ensure activity programming was based on Resident #40's person centered care plan and personal interests. The facility had no documentation to reflect Resident #40 received activities of interests. This failed practice was found true for one (1) of two (2) residents reviewed for the care area of activities during the long-term care survey process. Resident identifier: #40 Facility census: 69.Findings included:a) InterviewsDuring an interview on 02/09/2026 at 2:01 PM, Resident #40 stated he does not go to Bingo or other activities but does enjoy playing dominoes. Resident stated he does not have anyone come to his room to offer in room activities.In an interview on 02/10/26 with the Activities Director (AD) at 2:39 PM, it was confirmed that the resident had no documented 1:1 visits.In an interview on 02/10/26 with the Administrator at 2:46 PM, it was confirmed 1:1 visits were not documented as being completed by the activity staff.b) Record reviewRecord review, completed on 02/10/26, of the care plan for Resident #40 reads as follows: Resident receives three (3) one-to-one's (1:1's) weekly. Date Initiated: 12/12/25. Further record review of the 1:1 list provided by the Activity Director revealed Resident #40 was not on the list.

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and staff interviews, the facility failed to ensure foods and equipment were stored under sanitary conditions. This failed practice had the potential to contaminate food-contact surfaces and cause foodborne illness. It also had the potential to affect more than a minimal number of residents who receive nutrition through the kitchen. These were random opportunities of discovery during the follow up kitchen tour. Census: 69.a) ObservationDuring a kitchen tour on 02/10/26, there was buildup noted in the bottom of the walk-in refrigerator. This was verified by corporate dietary #104 at 9:03 AM.There was a storage bin full of lids that had a brown sticky substance along the bottom of the bin. This was verified by corporate dietary #104 at 9:00 AM.Wet nesting (the practice of stacking wet dishware that does not allow air drying and can create an environment that supports bacterial growth) was identified in metal bowls and in insulated serving bowls. There were also three (3) melted/damaged insulated bowls identified and discarded by Dietician #105. b) InterviewAn interview was conducted with corporate dietary #104, at 9:03 AM on 02/10/26, in which the buildup in the walk-in refrigerator and the brown sticky substance along the bottom of the bin were verified.At 9:10 AM on 02/10/26, DM #84 verified the wet nesting and the damaged bowls.