STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515184	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Center	400 McKinley Avenue Harrisville, WV 26362

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interviews, and resident interviews, the facility failed to ensure an effective pest control program was in place.This was random opportunity for discovery with the ability to effect a limited number of residents. Room identifiers: #310, #312, and #313. Facility census: 47. Findings included:a) Bathroom [ROOM NUMBER]:During a facility walkthrough on 04/20/26 at 11:00 AM, gnats were observed flying around and landing on the base and on the seat of the toilet, bathroom fixtures, and the walls in the bathroom.In an interview with Resident #27 on 04/20/26 at 11:05AM, he acknowledged gnats in the bathroom and could not remember how long they had been there. b) Bathroom [ROOM NUMBER]:During a facility walkthrough on 04/20/26 at approximately 11:20 AM, gnats were observed flying around and landing on the base and on the seat of the toilet, bathroom fixtures, and the walls in the bathroom.c) Bathroom [ROOM NUMBER]:During a facility walkthrough on 04/20/26 at approximately 11:20AM, it was observed in the bathroom, gnats were flying around and landing on the base and on the seat of the toilet, bathroom fixtures, and the walls.In an interview with Resident #2 on 04/20/26 at 11:20 AM, she reported gnats in the bathroom that had been present for months, suggesting the cause was a toilet leak around the base. During a facility walkthrough and interview with the infection preventionist on 04/21/26 at 12:46 PM she acknowledged gnats in the bathrooms of Rooms #310, #312, and #313. She stated she would add it to the maintenance list. In an interview with the administrator, on 04/22/26 at 9:31 AM, she stated she was aware of the gnats in the above listed rooms and could not verify that the drains were treated during the last pest control service.

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