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 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. Based on observation and staff interview the facility failed to serve food in a sanitary condition. This practice had the potential to afffect all residents receiving food from the kitchen area. Facility census: 47.Findings include:a) Lunch observationDuring dining room observation on 4/20/26 at 11:30 AM food was being served on trays that were reused without being sanitized in between. Staff placed trash on trays, dumped it into the trash can and then reused the same trays to serve food.An interview with the Administrator on 4/20/26 at 11:49 AM verified that trays were being reused without sanitization.

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 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 on observation and staff interviews, the facility failed to provide a safe, clean, comfortable, and homelike environment for residentsin room [ROOM NUMBER], #312, and #313 . This was a random opportunity for discovery and had the potential to affect a limited number ofresidents. Facility census: 47. Findings included:a) room [ROOM NUMBER]: Room and bathroom:During a facility walk through on 04/20/26 at 11:00 AM, it was observed in the room and the bathroom:-missing caulking around the sink in the room-missing caulking around the toilet base-stained tile around the toilet base- The far right corner had a buildup of a dirty substance around the base of the wall. b) Resident bathroom room [ROOM NUMBER]:During a facility walk through on 04/20/26 at approximately 11:20 AM, the following was observed in the bathroom: -missing caulking around the base of the toilet-stained tile at the base of the toilet- The far right corner had a buildup of a dirty substance around the base of the wall.c) Resident bathroom in room [ROOM NUMBER]:During a facility walk through on 04/20/26 at approximately 11:30 AM, we observed the following in the bathroom:-missing caulking around the base of the toilet-stained tile at the base of the toilet-yellow substance on the left wall next to the shower- The far right corner had a buildup of a dirty substance around the base of the wall. Resident #35 Interview:In an interview with Resident #35 on 04/20/26 at 11:20 AM, she reported that the toilet was leaking around the base and stated this had been occurring for over a month.Resident #2 Interview:In an interview with Resident #2 in room [ROOM NUMBER] on 04/20/26 at 11:35 AM, he reported water around the base of the toilet and stated it was leaking. Staff Interviews: During a facility walkthrough and interview on 04/21/26 at 12:46 PM the infection preventionist acknowledged issues 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 made aware of the environmental issues in the above listed resident rooms and bathrooms and that a list was created for the maintenance department.

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to develop and implement a baseline care plan for each resident that included the instructions needed to provide effective and person-centered care of the resident. This was a random opportunity discovered during the completion of the Beneficiary Notification pathway throughout the Long-Term Care Survey Process. Resident Identifier: 57. Facility Census: 47. Findings included: a) Resident #57 An electronic medical record review revealed: -Resident #57 was admitted to the facility on [DATE]. -Resident #57 was discharged from the facility on 12/01/25. -The care plan scanned into the electronic medical record had blanks in the area of level assistance needed for transfer/mobility/activities of daily living (ADL). Upon request, on 04/22/26 at 9:05 AM, the Administrator produced a copy of Resident #57's baseline care plan. This was the same care plan scanned into the electronic medical record. The first focus area on the care plan was, Resident requires assistance/is dependent for ADL care in bathing, grooming, personal hygiene, dressing, eating, bed mobility, transfer, toileting related to: Recent hospitalization, resulting in fatigue, activity intolerance. Date Initiated: 11/25/2025. The goal associated with the focus area was, Resident's ADL care needs will be anticipated and met throughout the next review period. Date Initiated: 11/25/2025. There were blanks (as outlined below) in several of the interventions listed on the base line care plan:Provide resident/patient with _____ (specify: set-up, supervision, Partial/Moderate, Substantial/maximal, Dependent assistance) assist of _____ (specify #) for bed mobility.Date Initiated: 11/25/2025Provide resident/patient with _____ (specify: supervision, Partial/Moderate, Substantial/maximal, Dependent assistance) assist of _____ (specify #) for transfers using a _____ (specify: walker, roll walker, quad cane, straight cane, pivot transfer, slide board, etc.).Date Initiated: 11/25/2025Provide resident/patient with _____ (specify: set-up, supervision, Partial/Moderate, Substantial/maximal, Dependent assistance) assist of _____ (specify #) for eating.Date Initiated: 11/25/2025Provide resident/patient with _____ (specify: set up, supervision, Partial/Moderate, Substantial/maximal, Dependent assistance) assist of _____ (specify #) for toileting.Date Initiated: 11/25/2025Provide resident/patient with _____ (specify: set-up, supervision, Partial/Moderate, Substantial/maximal, Dependent assistance) assist of _____ (specify #) for dressing.Date Initiated: 11/25/2025Provide resident/patient with _____ (specify: set-up, supervision, Partial/Moderate, Substantial/maximal, Dependent assistance) assist of _____ (specify #) for personal hygiene (grooming).Date Initiated: 11/25/2025Provide resident/patient with _____ (specify: set-up, supervision, Partial/Moderate, Substantial/maximal, Dependent assistance) assist of _____ (specify #) for bathing.Date Initiated: 11/25/2025During an interview on 04/22/25 at approximately 10:40 AM, the MDS Coordinator acknowledged the baseline care plan had not specified the level of care needed for bed mobility, transfers, eating, toileting, dressing, grooming, and bathing.

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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 observation and staff interviews, the facility failed to ensure the resident environment remains as free of accident hazards as is possible This failed practice was a random opportunity for discovery and had the ability to effect a limited number of residents Facility Census:47Finding Included: a) Resident Sitting room: During a facility walkthrough, the surveyor observed the following in the sitting room wall near the nurses' station: Loose, crumbling sheetrock pieces were falling from the wall onto the floor under the left side of the window. This area was easily accessible to residents. In an interview with Employee # 46 Licensed Practical Nurse(LPN) on 04/20/25 at 12:45AM, she acknowledged the crumbling sheet rock chunks falling .from the wall and onto the floor, stated she blocked it off and said she would notify the maintenance department. In an interview with the Administrator on 04/20/26 at 1:25 PM, she acknowledged the falling pieces of sheet rock around the window in the sitting room and stated shehad sent a message to maintenance. b) Inbound auxiliary wall heater: During facility walk through on 04/21/2026 11:40 AM, it was observed at the end of the 300 hallway, an inwall bound auxiliary heater that was fully functionaland became hot enough to burn flesh within a 15-second period. This was located approximately 2 feet from the floor and was easily accessible to any residentmoving through that hallway. Staff interviews:During an interview with the Unit manager on 04/21/26 at 11:45 AM, she acknowledged the inbound auxiliary wall heater and stated she would contact maintenance. During an interview with the Senior Maintenance Director on 04/21/26 at 11:50 AM, he stated, I must have overlooked that one. During an interview with the Senior Maintenance Director on 04/21/26 at 11:50 AM, he stated, I must have overlooked that one.

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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. Based on record review and staff interview, the facility failed to maintain accurate records for two (2) of two (2) Hospice residents sampled throughout the Long-Term Care Survey Process. Resident identifiers: #44 and #6. Facility census: 47.Findings included: a) Resident #44 A record review on 04/21/26 at 9:20 AM, revealed a Physician Orders for Scope of Treatment (POST) form dated 04/13/25. Section A of the POST form revealed Resident #44 did not wish to receive cardiopulmonary resuscitation if he had no pulse and was not breathing. Section B of the POST form revealed the resident wished to receive selective treatments in the event he had a pulse and was breathing. This means the resident could be transferred to the hospital if treatment needs could not be met in the facility. The section asking if the patient was enrolled in hospice was left blank on the POST form. Additionally, the record reflected Resident #44 started receiving hospice services on 05/06/25. The directions for completing the POST form, compiled by the [NAME] Virginia Center for End of Life, state the form should be reviewed whenever the patient transfers from one care level to another, has a substantial change in health status, or changes their treatment preferences or goals of care. Review of Social Service notes revealed the following care plan conference dates and times:-05/21/15 at 9:45 AM-07/02/25 at 10:45 AM-12/17/25 at 10:00 AM-02/25/26 at 11:15 AM During an interview on 04/22/2026 at 9:25 AM, the Director of Social Services acknowledged there had been four (4) care plan conferences since Resident #44 began receiving hospice services. The Director of Social Services agreed that the section asking if the patient was enrolled in hospice should have been updated to reflect the hospice agency's name and phone number. Findings include: b) Resident #6 Based on the record review on 4/21/26, Resident #6 began Hospice services on 01/30/26 and the POST form was not revised. The section asking if the patient enrolled in hospice services was left blank. During an interview on 04/22/26 at 9:25 AM, the Director of Social Services acknowledged that there had been one (1) care plan conference since Resident #6 began receiving hospice services. The Director of Social Services agreed that the section asking if the patient was enrolled in hospice should have been updated to reflect the hospice agency's name and phone number. Review of the Social Service note revealed a care plan was held on 02/11/26.

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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.