

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  515188	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/10/2026
NAME OF PROVIDER OR SUPPLIER  Lindside Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  10797 Seneca Trail South Lindside, WV 24951	

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 0628  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on document review and staff interview, the facility failed to provide written documentation upon discharge on the right to appeal and provide contact information to the Ombudsman and local State Agency. This was true for 3 of 3 residents reviewed (Residents #61, #62, and #63). Facility census 58. Review of the discharge documentation on 02/10/26 during the hours of 10:15 a.m. through 11:15 a.m. for Residents #61, #62, and #63 revealed no readily available documentation that included any written information on the resident's right to appeal discharge with contact information to the local Ombudsman or State Agency. An interview on 02/10/26 at 11:40 a.m. with the facility's Director of Nursing (DON) verified these findings. These findings were also acknowledged by the facility's Administrator at the exit conference on 02/10/26 at approximately 12:30 p.m.</p>

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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