STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515188	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindside Healthcare Center	10797 Seneca Trail South Lindside, WV 24951

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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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on record review and staff interview, the facility failed to obtain informed consent for a psychotropic medication for Resident #4. This was true for one (1) of five (5) residents reviewed under the care area of unnecessary medications. Resident Identifier: #4. Facility Census: 53.Findings Included: a) Resident #4 On 03/10/26 at 1:23 PM, a record review was completed for Resident #4. The review found a physician's order, dated 02/24/26, for Zoloft 25 mg one (1) tablet by mouth one (1) time a day for depression. Upon further review, a signed informed consent was not found for the medication in the medical record. On 03/10/2026 at 2:45 PM, the Director of Nursing (DON) confirmed the informed consent was not obtained for Zoloft.

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 0574 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The resident has the right to receive notices in a format and a language he or she understands. Based on resident interviews, observation, and staff interview, the facility failed to ensure the full contact information for the Office of Health Facilities Licensure and Certification (OHFLAC) was posted for the residents. This was a random opportunity for discovery during the required resident council meeting during the Long-Term Care Survey Process. Census: 53. Findings included:During the Resident council meeting which began at 2:05 PM and ended at 2:38 PM on 03/10/26, residents stated they did not have the number for OHFLAC and did not know how to call and complain. When the meeting ended, the State Surveyor checked the posters with important contact information that were posted in the front hallway. The OHFLAC address was listed but not the phone number. During an interview on 03/10/26 at 3:29 PM, the Director of Social Services confirmed that the number was not posted.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on record review and staff interview, the facility failed to ensure advance directives were correct and in accordance with Resident #44's wishes. This was true for one (1) of 19 residents reviewed for accurate advance directives throughout the Long-Term Care Survey Process. Resident Identifier: #44. Census: 53.Findings included: In the facility's policy titled [NAME] Virginia Code Status, Section IV Conflict Resolution directed, In the event there is a conflict between the orders on a resident's POST [Physician Orders for Scope of Treatment] form and his/her advance directive, then the conflict will be resolved as below considering: ii. whether the resident initialed the authorization box in section D on the POST form which allows a new form to be completed for a deterioration in the resident's condition.The POST form, dated and signed by Resident #44 on 12/19/23, did not have the authorization box marked and was marked as a full code.The POST form, dated 11/26/25, was marked Do Not Resuscitate (DNR) and signed by the Resident's Medical Power of Attorney (MPOA).In an interview with the Director of Social Services, at 11:32am on 03/10/26, it was confirmed that the 11/26/25 POST form was incorrect.

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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. Based upon observation, resident interview, and staff interview, the facility failed to ensure a safe, clean, comfortable homelike environment. This was found to be true for one (1) of 24 residents reviewed during the Long-Term Care Survey Process. Resident identifier: #13. Facility census: 53. Findings included: a) Resident #13 During an initial interview with Resident #13, on 03/09/26 at 11:10 AM, the resident was sitting in her recliner. The recliner was approximately 3 - 4 feet away from the wall. The surveyor observed an area of approximately one (1) square foot on the wall behind the recliner which had been patched with a white substance. Surveyor asked the resident how long the wall had been missing paint in that area. Resident stated it had probably been at least two months. At approximately 11:28 AM on 03/09/26, the surveyor asked the Nursing Home Administrator (NHA) to accompany her to the resident's room. The unpainted area on the wall was pointed out. The NHA stated yes, that was where we patched in preparation for painting. A few minutes later while walking back down the hall, she stated the maintenance person who was doing all of their painting had gone back to school and was now working in the facility as a CNA.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on record review and interview, the facility failed to ensure accuracy of Minimum Data Set (MDS) in regard to immunizations. This was true for one (1) of one (1) residents reviewed for respiratory care throughout the Long-Term Care Survey Process. Resident identifier: #10. Census: 53.Findings included: Review of the MDS, Section O showed Resident #10 was not up-to-date with the Covid 19 vaccination. Review of the immunization record showed Resident #10 had last Moderna Covid 19 vaccination on 10/20/25. During an interview on 03/10/26 at 2:55 PM, Clinical Manager RN #71 confirmed that Moderna is a one-dose vaccine and Resident #10 was up-to-date for 2025-2026. It was also confirmed that the MDS was coded incorrectly.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on record review and staff interviews, the facility failed to ensure quality of care for residents. This failed practice was found true for one (1) of (4) four residents reviewed under the care area of accidents and one (1) of five (5) residents reviewed under the unnecessary medications pathway throughout the Long-Term Care Survey Process. Resident identifiers: #4 and Resident #7. Facility Census: 53. Findings included: a) Resident #34 A conversation with the Director of Nursing (DON), on 03/10/26 at 1:15 PM, revealed Resident #34 had a physician order to use the Omnicycle six days a week for restorative therapy. Record review revealed Resident #34 used the Omnicycle on the following dates:-02/13/26-02/14/26-02/16/26-02/18/26-02/19/26-02/23/26-02/24/26-02/25/26-02/27/26-03/04/26-03/06/2 Resident refused on the following dates:-02/20/26-02/21/26 It was observed N/A was marked on the following dates:-03/03/26-03/05/26-03/02/26-02/26/26-02/17/26-02/12/26-02/11/26 In speaking with the DON, the column N/A could mean a number of things; however, the fact is the resident did not participate in the exercise for that day. The DON stated, They know not to use that column. b) Resident #7 On 03/10/26 at 2:00 PM, a record review was completed for Resident #7. The review found a physician's order, dated 09/11/21, to obtain a valproic acid level every 6 (six) months. The review, also, found a valproic acid level dated 05/29/25. There were no other valproic acid levels found after this date. The valproic acid level should have been collected on 11/29/25. On 03/10/26 at 3:58 PM, the Director of Nursing (DON) confirmed the laboratory test was not obtained as ordered by the physician.

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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 upon resident interview, observation, and staff interview, the facility failed to ensure a safe environment to prevent a tripping hazard. This was found to be true for one (1) of 24 residents reviewed during the Long-Term Care Survey Process. Resident identifier: #13. Facility census: 53. Findings included: a) Resident #13 During an initial interview with the resident on 03/09/2026 at 11:10 AM, she asked if the State Agency (SA) would look at the floor going into the bathroom. The resident stated, I am afraid I will trip on it. She further stated she had reported it several times, and maintenance had fixed it once, but it did not stay. The surveyor opened the door to the bathroom and observed the transition strip on the flooring in the doorway was bent upward and the wooden floor beneath it was bent downward creating a gap. This gap created a potential tripping hazard. At approximately 11:28 AM, the SA asked the Nursing Home Administrator (NHA) to accompany the SA to the resident's room. The surveyor pointed out the gap in the threshold in the resident's bathroom. The NHA stated she would have maintenance get that fixed.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based upon observation, record review, and staff interview, the facility failed to post nurse staffing information in a prominent location, readily available for review to the public. Additionally, the facility failed to maintain current information pertaining to actual hours worked by registered nurses, licensed practical nurses or nurse aides. Census: 53Findings included: a) Observation Upon initial entrance to the facility on [DATE] at approximately 10:00 AM, the Surveyor looked for the posted nurse staffing information in the lobby, front living room area, and main entrance area where many other signs were posted. The nurse staffing data was not found. The nurse staffing data was only located after asking the Nursing Home Administrator where it was located. The nurse staffing sheet was posted in the hallway near the nursing station. b) Record Review Posted nurse staffing data was reviewed for the following dates:-07/03/25-07/04/25-07/05/25-07/06/25-07/07/25-07/08/25-07/09/25-10/30/25-10/31/25-11/01/25-11/02/2 There were no changes marked to any of the typed data on the 19 posted nurse staffing sheets, thus indicating this was not a fluid document with changes being made to staffing as they occur. On 11/02/25, the posted nurse staffing data did not report any Registered Nurse (RN) hours worked.Upon discussing this finding with the Nursing Home Administrator (NHA) on 03/10/26 at 3:45 PM, the NHA stated she was pretty sure there was a nurse manager on duty that day, and stated we are very careful to ensure we have RN coverage. She stated she would check further and get back with me. On 03/11/26, the NHA presented a punch detail sheet from the facility's time and attendance system where there was an RN on duty on 11/02/25 from midnight until 8:45 AM. This created a discrepancy from the posted nurse staffing sheet, which stated zero (0) hours worked by RN. On 07/06/25, the Hours Per Patient Day (HPPD) was calculated to be 2.15 based upon the total hours worked and the census on the posted nurse staffing data. This finding was reviewed with the NHA on 03/10/26 at 3:45 PM. The NHA stated on 03/11/26 at 9:20 AM, she felt the numbers were wrong on the posted staffing sheet and stated she would pull staff punch time detail reports for the staff who worked. A recalculation of HPPD was performed based upon timecard punches of nursing staff who worked that day. The HPPD was then calculated to be 2.27 based upon a census of 58 and total hours worked of 131.75. This discrepancy meant the total hours worked was inaccurately reported on the posted nurse staffing sheet for 07/06/25. This finding was reviewed again with the NHA on 03/11/26 at approximately 1:15 PM. The NHA nodded her head in agreement when advised a deficiency would be cited for F732.

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F 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia. Based on record review and staff interview, the facility failed to develop a care plan with measurable goals and interventions to address the care and treatment for a resident with dementia. This failed practice was found true for (1) one of (5) five residents reviewed for dementia care during the Long-Term Care Survey Process. Resident identifier #7. Facility census: 53. Findings included: a) Resident #7 A record review, completed on 03/10/26 at 12:30 PM, revealed a diagnosis of dementia for Resident #7, dated 10/20/22. Further review of Resident #7's care plan revealed no dementia care plan with measurable goals and interventions developed. During an interview on 03/10/26 at 2:56, the interim Minimum Data Set Registered Nurse (MDSRN) stated, The doctor did give him that diagnosis; we just missed it. We did not develop a care plan for his dementia.

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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 interviews, the facility failed to ensure an accurate and complete medical record. This failed practice was found to be true for (2) two of (5) five residents reviewed under the care area of unnecessary medications during the Long-Term Care Survey Process. Resident identifiers: #43 and #3. Facility Census: 53. Findings included: a) Resident #43 A record review, completed on 03/09/26 at 2:27 PM, revealed an allergy for Resident #43 to the medication Loxitane. Further review of Resident #43's current medications revealed that he has been prescribed Loxitane since his admission in November of 2018. The admission history and physical (H&P), dated 09/24/18, shows Loxitane was taken off as an allergy, however it was still listed as an allergy in his medical record. During an interview on 03/10/26 at approximately 1:30 PM, the Director of Nursing (DON) confirmed that Resident #43 is not allergic to Loxitane and has been on it since admission. The DON further confirmed that listing Loxitane as an allergy was incorrect. b) Resident #3 On 03/09/26 at 3:00 PM, a record review was completed for Resident #3. The review found Resident #3 had a physician's order for Tamsulosin (Flomax) 0.4mg one (1) capsule by mouth at bedtime for BPH (benign prostatic hyperplasia). The review found the diagnosis of BPH was incorrect due to the resident being a female. On 03/10/26 at 8:45 AM, the Administrator confirmed the diagnosis for the medication for Resident #3 was incorrect.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to offer Pneumococcal vaccinations to aid in the prevention of Pneumonia. This failed practice was found true for (2) two of (5) five residents reviewed for vaccinations during the Long-Term Care Survey Process. Resident identifiers: Resident #15 and Resident #4. Facility Census 53.Findings included: a) Resident #15A record review, completed on 03/11/26 at 9:43 AM, revealed that Resident #15 lacked documentation showing the pneumococcal vaccination was offered.During an interview on 03/11/26 at 10:05 AM, the Infection Preventionist (IP) stated, He had the vaccinations before he came here. She presented a document from a local pharmacy indicating he had all vaccinations except the pneumococcal vaccination. The State Agency (SA) pointed out to the IP that the document did not indicate the pneumococcal vaccination had been given. The IP stated, I guess he refused it.Further record review revealed no declination in the medical record for the pneumococcal vaccination, and a Physician's Determination of Capacity indicating that Resident #15 lacked capacity to make medical decisions. At approximately 10:25 AM on 03/11/26, the Director of Nursing brought the SA a signed declination for the pneumococcal vaccination with the current date date of 03/11/26 signed by the incapacitated resident.During an interview on 03/11/26 at 10:26 PM the IP agreed that Resident #15 had not been offered the pneumococcal vaccination after the SA pointed out that the declination had today's date and was signed by Resident #15, who lacked the capacity to make medical decisions.b) Resident #4A record review, completed on 03/11/26 at 10:45 AM, revealed that Resident #4's pneumococcal vaccination was marked as not eligible.During an interview on 03/11/26 at 10:50 AM, the IP stated, She is not eligible because she is not 60.Further record review on 03/11/26 at 11:00 AM, revealed that Resident #4 is currently [AGE] years old.A review on 03/11/26 at 11:10 AM, of the policy titled Resident Pneumococcal Vaccines, read as follows:It is the policy of this facility to provide resident-centered care that meets the psychosocial, physical and emotional needs and concerns of the residents. The purpose of this policy is to educate staff and notify residents and responsible parties in an effort to reduce the severity and episodes of certain types of pneumonia. The CDC recommends that individuals age [AGE] years and older and adults 10 through [AGE] years old with certain medical conditions or risk factors be vaccinated against pneumococcal pneumonia, and in particular, those who also have chronic lung diseases such as COPD, those who smoke cigarettes, those who have diabetes and other conditions that may lower their resistance to infection.During an interview on 03/11/26 at 11:30 PM, the IP confirmed that the age on the policy is 50 and that Resident #4 had not been offered the pneumococcal vaccination.