

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2026  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>515065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C <b>10/28/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOUNTAIN VIEW CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>107 MILLER DRIVE RIPLEY, WV 25271</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  An unannounced complaint investigation was conducted 10/26/20 to 10/27/20 at Eldercare Health and Rehabilitation for Complaint Reference #24289. The allegations were unsubstantiated with an unrelated deficient practice identified. The census the first day of the survey was 76. The sample size was 19.  The facility was entered at 11:15 AM on 10/26/20. Exit was at 3:15 PM on 10/27/20. A second exit ( via telephone) with the administrator was at 3:30 PM on 10/28/20. Facility census: 76 Sample residents: 19. complaint survey #24289 Unsubstantiated but with a deficiency at F 656.	F 000	Preparation and submission of this Plan of Correction does not constitute an admission of guilt by the facility but is being submitted as required under Federal, State, and Local Law. This Plan of Correction is submitted as the facility's credible allegation of compliance.		
F 656 SS=D	483.21(b)(1) Develop/Implement Comprehensive Care Plan  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and	F 656	RESIDENTS:  All residents residing in the facility have the potential to be affected.  Nursing administration or designee will review all residents care plans to ensure each resident has a person centered care plan with interventions to enable the resident to achieve the desired goal by 11-18-20.  SYSTEM CHANGES:  Members of the Interdisciplinary Team (Dietary Manager, Activities Director,	11/18/20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

11/30/2020

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.

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	<p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>Based on record review and staff interview, the facility failed to develop a person - centered care plan with interventions to enable the resident to achieve the desired goal. This was true for one (1) of eighteen (18) residents reviewed. Resident identifier: #42. Facility census:76.</p> <p>Findings included:</p> <p>a) Resident #42</p> <p>Record review found a current care plan, last revision 05/17/20: Focus/problem: "(Name of Resident) has risk for complication related to depression evidenced by</p>		<p>Nurse Educator, Unit Managers, MDS nurse, and Social Services Director) will be re-educated by the DON regarding the development and implementation of a person center care plan for each resident by 11-18-20.</p> <p>The Interdisciplinary Team will meet weekly to review resident care plans and ensure each care plan is person centered and implemented accurately. This will begin by 11-20-20.</p> <p>MONITORING:</p> <p>Nursing Administration or designee will review five care plans per week times four weeks and then three care plans per week times eight weeks and randomly thereafter to ensure residents have a person centered care plan developed and implemented.</p> <p>Results of the audits will be reviewed monthly for three months at the monthly Quality Assurance Performance Improvement Committee meeting and randomly thereafter.</p>		

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	<p>making comments related to (r/t) feeling alone because family cannot visit at this time inside the facility."</p> <p>The desired outcome: The resident will not exhibit indicators of depression, anxiety, or sad mood less than daily by review date.</p> <p>Interventions to accomplish the desired outcome included:</p> <p>Administer medications as ordered, observe/document for side effects and effectiveness. Arrange for psychiatric consult follow up as needed. Observe/document/report to Nurse/MD (physician) signs and symptoms of depression, including hopelessness, anxiety sadness, insomnia, anorexia, verbalizing, negative statements, repetitive anxious behavior or health related complaints, tearfulness. Pharmacy review monthly or per protocol.</p> <p>On 10/27/20 at 2:20 PM, the care plan was reviewed with the administrator. (The author of the care plan, the social worker, is no longer employed at the facility.) The administrator was asked if the interventions were specific to this resident's desired outcome? For example, all residents' medications would be monitored for side effects, all resident changes in condition would be reported to the physician, all residents have a monthly pharmacy review. He was asked what specific interventions the facility is doing for the resident who is feeling lonely because of no family visits. Such as how is the facility going to help the resident stay in contact with her family members?</p>				

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	The administrator confirmed the care plan needs updated with the specific interventions the facility does have in place: phone calls to the family, visitation has occurred with family when safe to do so, face time and snap chat is available for this resident, as well as activities.			