## Department of Health & Human Services Centers for Medicare & Medicaid Services

STATEMENT OF DEFICIENCIES       IN UP PROVIDER/SUPPLIER/CLIAI DEX INFLATION NUMBER:       A. Building       COMPLIER CONSTRUCTION       COMPLIER CONSTRUCTION       COMPLIER CONSTRUCTION       IN PROVIDER OR SUPPLIER       STEETE ADDRESS, CITY, STATE, ZIP CODE         Valley Center       Valley Center       State deficiency, please contact the narsing home or the state survey agency.       State Survey agency.         For information on the nursing home's plan to correct this deficiency, please contact the narsing home or the state survey agency.       State Survey agency.         (K4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES       State Survey agency.         Level of Harm - Unknown       Residents Affected - Unknown       No health deficiencies found					
A. Building     11/09/2018       NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       Valley Center     1000 Lincoln Drive       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)       Level of Harm - Unknown     No health deficiencies found					
NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         Valley Center       1000 Lincoln Drive         South Charleston, WV 25309         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)         Level of Harm - Unknown       No health deficiencies found					
Valley Center       1000 Lincoln Drive South Charleston, WV 25309         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)         Level of Harm - Unknown       No health deficiencies found		515169	B. Wing	11/00/2010	
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Level of Harm - Unknown		(Each deficiency must be preceded by full regulatory or LSC identifying information)			
		No health deficiencies found			
Residents Affected - Unknown	Level of Harm - Unknown				
	Residents Affected - Unknown	nts Affected - Unknown			

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

Facility ID: 515169