STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515080	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampshire Memorial Hospital	363 Sunrise Blvd Romney, WV 26757

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 0578 Level of Harm - Immediate jeopardy to resident health or safety 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 all code status documentation for Resident #20 and Resident #25, who both requested to be a Do Not Resuscitate (DNR) matched. This failure placed Resident #20 and Resident #25 in an immediate risk for serious harm and/or death. The state agency notified the facility of the immediate jeopardy situation on 01/22/26 at 1:37 PM. The state agency accepted the facility's plan of correction on 01/22/26 at 3:28 PM. After observation of the implementation of the plan of correction, the immediate jeopardy was abated at 9:00 AM on 01/23/26.Resident Identifiers: #20 and #25. Facility Census:28.During an interview on 01/22/26 at approximately 12:10 PM, Licensed Practical Nurse (LPN) #19, reported staff could use the following methods to double-check a resident's code status should they be found pulseless and not breathing: --Physician's order--Physician's Order for Scope of Treatment (POST) form--Code status listed on the outside of the medical chart at the nurses' station--Full code list posted in the Medication Room--Heart stickers placed outside each Full code resident's doorAn interview with the Director of Nursing (DON), on 01/22/26 at approximately 12:14 PM, revealed that nursing staff would also sometimes defer to the daily assignment sheet.A subsequent interview with LPN #19 revealed that the daily assignment sheet form is kept on a clipboard which would be kept on the medication cart for the nurses' reference. It is a form that nurses use to take and give report from shift-to-shift.Resident #20's code status was erroneously listed as FULL CODE on the daily assignment sheet dated 01/03/26. The resident had a POST form, dated 10/17/25, which reflected resident had chosen a Do not resuscitate (DNR) code status.Resident #25 had a care plan meeting on 01/21/26. The resident's POST form was updated to reflect a DNR status. Observation in the medication room, on 01/22/26 at 11:42 AM revealed the resident remained on the FULL CODE list. Additionally, the daily assignment sheet, dated 01/22/26, listed the resident as a full code. Registered Nurse (RN) #11 reported she was verbally told that Resident #25 had been switched over to a DNR but she had not gone around and updated everything yet.An interview was held with the DON on 01/23/26 at 8:15 AM, confirmed Resident #20's code status was incorrect on the daily assignment sheet since 10/17/25.Plan of CorrectionThe plan of correction entitled, Corrective Action Timeline, states the following:--January 22, 2026, 11:23 AM-The incorrect code status for Resident #20 listed on the staff assignment sheet was corrected. Survey team notified of immediate correction. --January 22, 2026, 11:46 AM-The outdated list of Residents that are full code found in the medication room was removed which had the incorrect code status for Resident #25. Survey team notified of removal.--January 22, 2026, by 7:00 PM-All staff on-shift will be educated regarding the validation of correct code status of each resident by reviewing the physician order, POST form, EHR (Electronic Health Record), resident door, and staff assignment sheet. DON and Minimum Data Set (MDS) RN completed a comprehensive review of all resident code statuses-compared to POST form to EHR, resident door, staff assignment sheet. Verified that charts, care plans, and assignment sheets all reflected correct information.--January 23, 2026-The DON or designee will begin to conduct daily rounds to ensure all code status documentation reflects the physician order. Any nonconformity will be corrected immediately upon identification. --On-going Monitoring plan--All staff will be educated prior to beginning his/her next shift of the (continued on next page)

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 0578 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	process to ensure the validation of correct code status (physician order, POST form, EHR, resident door, staff assignment sheet). To be completed by February 1, 2026. --New staff will be educated during orientation regarding the validation of correct code status beginning immediately upon hire.--Validation of correct code status will be included in the Annual Skills Fair to occur during 4Q26 (4th quarter of 2026). --The DON or designee will: evaluate the need for posting code status in multiple locations within the unit. Provide staff with any changes. To be completed by February 1, 2026.--Monitor all code status changes upon new orders and/or daily for the next 12 months beginning January 23, 2026.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on record review and staff interview, the facility failed to follow physician's order for resident care. The physician order for Gabapentin was not properly followed for Resident #7. This failed practice was true for one (1) of five (5) residents reviewed under the Unnecessary Medications pathway in the Long-Term Care Survey Process (LTCSP) pathway. Resident #7. Facility census: 28.a) Resident #7 During a record review, completed on 01/21/2026 at 11:10 AM, the following physician order was found for Resident #7: Gabapentin Oral Capsule (Gabapentin) - Give 100 mg by mouth three times a day for Diabetic Neuropathy.Review of Resident #7's Medication Administration Records (MARs) from August 2025 - January 2026 revealed the following dates and times the MAR was left blank: -08/03/25 at 2:00 PM-10/21/25 at 2:00 PM-12/14/25 at 2:00 PM-01/18/26 at 2:00 PM The Director of Nursing (DON) was interviewed on 01/21/2026 at 1:30 PM. The DON confirmed the blanks in the MARs and reported that the professional standard of practice was for nurses to document on the MAR when medication was successfully administered to a resident. The DON agreed without documentation on the MAR there would be no evidence a medication had been given per the physician's order.

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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, record review and staff interview, the facility failed to ensure safe storage of food. This failed practice had the potential to effect more than a limited amount of residents receiving nourishment from the kitchen. Facility census: 28.a) Kitchen During the initial walkthrough of the kitchen it was found that the following food items did not have an 'opened on date or a use by date:-Frozen strawberries-Frozen blueberries-Pickles-Ice cream-Sherbet-Tater tots-Sausage patties-Liquid eggs Dietary Employee #32 and Dietary Employee #53 were not wearing beard nets. It was also found that there was no lid on trash can. The Dietary Manager verified the above-mentioned details.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, record review and staff interview, the facility failed to maintain a proper infection control program for medication administration. These was a random opportunity for discovery. Facility Census: 28.Findings Included: a) Medication Administration On 01/23/26 at 8:34 AM, medication administration for Resident #7 by Licensed Practical Nurse (LPN) #19 was observed. Upon entering Resident #7's room, LPN #19 sat the resident's Flonase nasal spray and Moxifloxin eye drops directly on the over-the-bed table with using a barrier. On 01/23/26 at 8:41 AM, LPN #19 confirmed she did not place the medication on a barrier. On 01/23/26 at 8:48 AM, the Director of Nursing (DON) was notified and confirmed the medication should have been placed on a barrier.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review and staff interview, the facility failed to develop a comprehensive care plan care which included a resident's preference and potential for future discharge. The facility failed to document whether the resident's desire to return to the community was assessed for Resident #10. This was true for one (1) of 19 residents reviewed throughout the Long-Term Care Survey Process. Resident identifier: #10. Facility census: 28.a) Resident #10 During a record review, completed on 01/21/2026 at 11:44 AM, it was determined that the comprehensive care plan for Resident #10 did not include the resident's preference and potential for future discharge. There was no evidence the facility had assessed the resident's potential for discharge from the facility. During an interview, on 01/21/2026 at 1:35 PM, the DIrector of Nursing (DON) confirmed Resident #10's care plan did not include resident's preference and potential for discharge stating that it had been missed.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to ensure an accurate and complete documentation of a discontinued medication for Resident #14. This was true for one (1) of five (5) medications reviewed under the care area of unnecessary medications. Additionally, based on record review and staff interview, the facility failed to maintain an accurate medical record for one (1) out of 19 records reviewed for accurate POST forms. This failed practice applied to Resident #25. Resident identifiers: #14 and #25. Facility census: 28. Findings Included: a) Resident #14 On [DATE] at 1:20 PM, a record review was completed for Resident #14. The review found a physician's order stating, Continue to monitor for antidepressant side effects. However, the antidepressant, Trazodone, had been discontinued on [DATE]. On [DATE] at 1:39 PM, the Director of Nursing (DON) confirmed the physician's order should have been discontinued. b) Resident #25 An electronic medical review, completed on [DATE] at 11:30 AM, found a scanned Physician Orders for Treatment (POST) form for Resident #25.-Section A indicated Resident #25 wished to receive Cardiopulmonary Resuscitation (CPR).-Section B indicated Resident #25 wished to receive limited additional interventions. Review of the Using the POST Form Guidance for Healthcare Professionals released by the WV Center for End-of-Life Care, revealed what would be considered contradictory orders or instructions that may confuse healthcare providers and prevent patients from receiving the care that they desire at the end of their lives. Below is a summary of acceptable and contradictory options as it relates to Resident #25's POST form. Acceptable option for POST form: -Section A is marked CPR and Section B is marked Full Intervention (all treatments) Contradictory POST form order: -Section A is marked CPR and Section B is marked Limited Additional Interventions During an interview on [DATE] at 12:14 PM, the Director of Nursing (DON) confirmed Resident #25's POST form choices were contradictory and could be confusing to providers. The DON stated a new POST form would be completed.