STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515113	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Mary's Hospital	2900 First Street Huntington, WV 25702

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 0606 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Not hire anyone with a finding of abuse, neglect, exploitation, or theft. Based on document review and staff interview, the facility failed to check the nurse-aide registry when ancillary are first hired. This was true for 2 of 2 ancillary staff. Facility census 13.a) On 04/14/2026 at approximately 1:10 p.m., there was no documentation readily available for Maintenance Tech #45 and Housekeeper #46 that the employees were checked on the Nurse Aide registry. b) On 04/14/26 at approximately 1:13 PM, conducted an interview with the HR Generalist and Educator (Employee #44) for the unit. Employee #44 stated that they do not check the Nurse Aide registry with ancillary staff (Maintenance Tech #45 and Housekeeper #46). The deficiency was verified with the HR Generalist and Educator along with unit Clinical Manager. c) On 04/15/26 at approximately 2:30 p.m., the deficiency was acknowledged by the unit's Administrative staff upon the exit interview.

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