

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 51E148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER Hopemont Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Hopemont Drive Terra Alta, WV 26764	

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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on record review and staff interview, the facility failed to ensure that an alleged violation involving resident-to-resident sexual abuse was reported within two (2) hours of the event/allegation being brought to the facility's attention, to appropriate state agencies as required. This was a random opportunity for discovery throughout the facility reportable incident (FRI) investigative process. Resident identifier: #48. Facility census: 51.</p> <p>Findings included:</p> <p>a) Resident #48</p> <p>During a record review, on 11/19/24 at 7:30 PM, it was noted there was a written reporting form outlining a resident-to-resident sexual altercation between Resident #48 and Resident #8. There was no evidence that the Office of Health Facility Licensure and Certification (OHFLAC) had been notified of this incident within the required two (2) hour time frame.</p> <p>On 11/20/24 at 8:30 AM, a review of the facility's Abuse and Neglect policy revealed that an allegation must be reported within (2) hours if it involved abuse</p> <p>During an interview on 11/20/24 at approximately 9:00 AM, the Chief Operating Officer confirmed the allegation had not been reported to the appropriate state agencies as per the facility's policy. The allegation of resident-to-resident sexual abuse had not been reported until the following day to the OHFLAC office.</p>

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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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, and staff interview, the facility failed to provide food at a palatable and appetizing temperature as determined by the type of food to ensure resident satisfaction. This failed practice had the potential to affect more than a limited number of residents. Facility Census: 51.</p> <p>Findings included:</p> <p>a) A tray on A-Hall was tested by DM #100 and temperatures were as follows:</p> <p>Pureed Pork - 122 degrees</p> <p>Mashed Potatoes - 126 degrees</p> <p>Pureed Peas - 102 degrees</p> <p>Pureed Bread - 100 degrees</p> <p>b) Temperatures were confirmed by DM #100. DM #100 reported pork should have been at 130 degrees and the vegetable's temperature was low. DM #100 stated the bread could be served hot or cold.</p> <p>The facility's Policy and Procedure stated, Hot foods will be served at a temperature 120 degrees F or higher.</p> <p>These findings confirmed by Dietary Manager (DM) #100 on 11/19/24 at 12:25 PM.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, record review and staff interview, the facility failed to store and label food in accordance with professional standards for food service safety. This failed practice had the potential to affect more than a limited number of residents. Facility Census: 51.</p> <p>Findings included:</p> <p>Findings confirmed by the Dietary Manager (DM) #100 and the Chief Operating Officer (COO) #35 on 11/18/24 during the investigation initiated at 11:42 AM included the following items in the pantry:</p> <ul style="list-style-type: none"> a) An opened can of Shasta. b) Undated sandwiches in fold over bags. c) Unlabeled and undated drink in a cup -tea. d) Undated bowl of broth. e) Opened and used container of Boost in the freezer. f) Undated hamburger in the freezer. g) Undated package of lasagna in freezer. <p>DM #100 asked, Is that me? and stated, I'm going to throw it away.</p> <p>COO #35 stated the refrigerators were the dietary department's responsibility.</p> <p>According to the 2013 US Public Health Service Food and Drug Administration Food Code:</p> <p>3-202.15 Package Integrity:</p> <p>Food packages shall be in good condition and protect the integrity of the contents so that the food is not exposed to adulteration or potential contaminants.</p> <p>3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking.</p> <p>Except when packaging food using a reduced oxygen packaging method as specified under § 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, Ready-to -eat, time/temperature control for safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.</p>		