

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  51E150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/09/2026
NAME OF PROVIDER OR SUPPLIER  War Memorial Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE  1 Healthy Way Berkeley Springs, WV 25411	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review and staff interview, the facility failed to ensure food was stored under sanitary conditions and in a manner that prevented foodborne illness to the resident. This failed practice had the potential to affect more than a limited number of residents. FACILITY:FACILITY. Facility Census: 14. Findings included: a) The facility's Policy and Procedure for Food Storage and refrigerator Safety stated, A.2, Dry foods should be stored in a manner that maintains the integrity of the packaging until they are ready to use. Practice B.7. stated, Label, date, and monitor refrigerated food so it is used by its use-by-date, or discarded. Practice B.9. stated, All refrigerators will be cleaned and outdated food discarded. b) On 04/07/2026 at %:45 AM, the kitchen investigation was initiated with [NAME] #15. The following items were identified: Dry Goods and Canned Storage - Harvest penne pasta - hole in bag. Light brown sugar - no use by date. Powered [NAME] Sugar - no use by date. Quaker Individual packets of Oatmeal in a plastic bin - date received 6/26, dated incorrectly and no use by date. D'Gari Gelatin - date received 6/26, dated incorrectly with no received date. Sweet Crackers Educational snacks - no received date. Red Gold Marinara Sauce - no use by date. On 04/07/2025 at 6:00 AM, the above listed items were confirmed by [NAME] #15. Refrigerator - Sliced onions - not sealed and use by date 4/6/26. [NAME] slaw - no opened date. Roseli Imported Parmesan Cheese - opened with a sticker that stated: Must be used by the end of the day 4/6/26. On 04/07/2026 at 6:15 AM, the above listed items were confirmed by [NAME] #15. Freezer - Bag of opened carrots - no open or use by date. Diced onions - not labeled, no open or use by date. Cheese pizza - individual in a plastic bag, not labeled and no open or use by date. Bagels - not labeled or dated. Chicken Breasts - opened, not labeled or dated. On 04/07/2026 at 6:15 AM, [NAME] #15 confirmed the above listed items and stated, I don't know when it was opened, referring to the chicken. Items removed from the freezer by [NAME] #15.</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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