

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366340	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/11/2025
NAME OF PROVIDER OR SUPPLIER  Harding Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE  340 Oak Street Marion, OH 43302	

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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>(continued on next page)</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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, record review, and facility policy review, the facility failed to administer pneumococcal vaccines per Center for Disease Control and Prevention (CDC) recommendations. This affected two (Resident #24 and Resident #2) of five residents reviewed for immunizations. The census was 48. Findings include: 1. Record review of Resident # 24's medical record revealed an admission date of 05/09/22. Diagnoses include Alzheimer's disease with late onset, bilateral primary open-angle glaucoma indeterminate stage, major depressive disorder recurrent and moderate, right hip primary osteoarthritis, obesity, unspecified dementia unspecified severity with behavioral disturbance, chronic obstructive pulmonary disease, mixed- receptive language disorder, cognitive communicative deficit, schizoaffective disorder, essential (primary) hypertension, spinal stenosis and alcohol dependence with alcohol induced persisting dementia. Review of Resident #24's Minimum Data Set (MDS) 3.0 dated 11/26/25 revealed a Brief Interview for Mental Status (BIMS) score of one indicating severe cognitive impairment. Review of Resident #24's immunization records confirmed Resident #24 did not have record of administration of any pneumococcal vaccinations. Review of Resident #24's Nursing admission assessment dated [DATE] did not note vaccination record history. Interview on 12/10/25 at 3:30 P.M. with Licensed Practical Nurse (LPN) charge nurse #136 confirmed Resident #24 did not have pneumococcal vaccinations on file in the medical record. 2. Review of Resident #2's medical record revealed and admission date of 01/29/20. Diagnoses include chronic obstructive pulmonary disease, bilateral primary open-angle glaucoma indeterminate stage, benign prostatic hyperplasia with lower urinary tract symptoms, obesity, vascular dementia unspecified severity with other behavioral disturbance, hyperlipidemia, type II diabetes mellitus without complications, essential (primary) hypertension, gastro-esophageal reflux disease without esophagitis, hypothyroidism, and recurrent major depressive disorder severe with psychotic symptoms. Review of Resident #2's Minimum Data Set (MDS) 3.0 dated 11/25/25 revealed a Brief Interview for Mental Status (BIMS) score of three indicating severe impaired cognition. Review of Resident #2's immunization records confirmed Resident #2 had a pneumovax dose one on 12/16/2019. Interview on 12/10/25 at 3:30 P.M. with LPN charge nurse #136 confirmed Resident #2 was not offered an additional dose of pneumococcal vaccination. Review of U.S. Centers for Disease Control and Prevention (CDC) Pneumococcal Vaccine Recommendations, dated 10/26/24 recommends adults 50 years and older should have routine vaccination of PCV15, PCV20, or PCV21 for all adults 50 years or older. If PCV15 is used, administer a dose of PPS23 one year later, if needed. Their pneumococcal vaccinations are complete. The minimum interval is eight weeks and can be considered in adults with an immunocompromising condition, a cochlear implant, and cerebrospinal fluid leak. If PCV20 or PCV21 is used, a dose of PPSV23 isn't indicated. Regardless of which vaccine is used (PCV20 and PCV21), their pneumococcal vaccinations are complete. Based on shared clinical decision-making, adults 65 years or older have the option to get PCV20 or PCV21, or to not get additional pneumococcal vaccines. They can get PCV20 or PCV21 if they received both PCV13 at any age and PCV23 at or after the age of [AGE] years old. Review of the facility's policy regarding Immunizations Programs revised on 10/2007, confirmed in an effort to decrease the incidence of preventable infections all facilities will obtain informed consent for each resident/patient to participate in the facility's Immunization Program. The immunization Program shall include immunization against the influenza virus, pneumococcal infections, and any other immunizations clinically indicated. These immunizations will be provided to all residents during the admission period unless clinically contraindicated or unless resident or resident's responsible party refuses. In addition, these immunizations will be offered on a periodic basis based on clinical and manufacturers' directives.</p>		