STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495167	A. Building B. Wing	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wythe Cnty Community Hosp Ecu	600 W Ridge Rd Wytheville, VA 24382

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted Based on staff interview and clinical record review, the facility staff failed to provide residents and/or resident representatives with a copy of the baseline care plan.The findings included: A review of residents' clinical records failed to reveal evidence of the facility providing a copy of the baseline care plan to the resident and/or resident representative. On 11/25/25 at 12:24 PM, the Director of Clinical Effectiveness Quality and Risk Management stated they were unaware of the need to provide residents with a copy of the baseline care plan, and this was not a facility practice. The facility policy titled Interim Care/Interdisciplinary Care Plans did not address providing the resident and their representative with a summary of the baseline care plan.No further information regarding this concern was presented to the survey team prior to the exit conference on 11/25/25.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 - Minimal harm or potential for actual harm 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 staff interview and clinical record review, the facility staff failed to ensure the correct code status was in place for 1 of 6 residents, Resident #1.The findings included:Resident #1's diagnoses included but were not limited to congestive heart failure, hypertension, myocardial infarction, and hyponatremia. Resident #1's ECU [extended care unit] admission History dated 11/20/25 indicated the resident had no advanced directive but code status was DNR (do not resuscitate). A review of Resident #1's clinical record on 11/24/25 revealed a current order dated 11/20/25 for full code resuscitation status. On 11/24/25 at 2:45 PM, during an interview with Registered Nurse (RN) #1, the documentation discrepancy regarding Resident #1's code status was discussed. RN #1 stated she would clarify this with the resident. RN #1 returned and stated the resident's code status was correct on the admission history and should be DNR. Resident #1's code status order was changed to DNR on 11/24/25 at 3:30 PM. On 11/25/25 at 1:15 PM, RN #1 stated the physician entered the code status order and she did not know what happened to cause the error. On 11/25/25 at 1:40 PM, the survey team met with the administrative team and discussed the concern regarding Resident #1's code status.No further information regarding this concern was presented to the survey team prior to the exit conference on 11/25/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on staff interview and clinical record review, the facility staff failed to offer a pneumococcal vaccine in accordance with nationally recognized standards for 1 of 5 sampled residents, Resident #1. The findings included:Resident #1's diagnoses included but were not limited to congestive heart failure, hypertension, myocardial infarction, and hyponatremia.Resident #1's ECU [extended care unit] admission History dated 11/20/25 indicated the resident had received a pneumococcal vaccine after the age of 65. However, the date and type of pneumococcal vaccine was not documented in Resident #1's clinical record.Registered Nurse (RN) #1 was interviewed on 11/25/25 at approximately 11:45 AM. RN #1 verified Resident #1's admission history form only indicated he had received a pneumococcal vaccine after the age of 65 but did not include the type of pneumococcal vaccine or date received. The facility Infection Preventionist (IP) provided Resident #1's Official Immunization Record from the Virginia Immunization Information System (VIIS) which indicated the resident had not received a pneumococcal vaccine in the past. The facility was unable to provide evidence of Resident #1 being offered a pneumococcal vaccine following admission. On 11/25/25 at 12:15 PM, the survey team met with the administrative team and discussed the concern of staff failing to offer Resident #1 a pneumococcal vaccine.No further information regarding this concern was presented to the survey team prior to the exit conference on 11/25/25.