STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495181	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clinch Valley Medical Center	6801 Gov George C Perry Hwy Richlands, VA 24641

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident interview, family interview, staff interview, clinical record review, and facility document review, the facility staff failed to accurately document education for the flu and pneumococcal vaccines for 5 of 5 current resident reviews, Residents #2, #3, #7, #9, and #16. The findings included: 1. For Resident #2 (R2), the facility failed to provide documented evidence of education regarding risks verses benefits for the flu and pneumococcal vaccines. R2's diagnosis list indicated diagnoses, which included, but not limited to hip fracture, hypertension, and diabetes.The most recent quarterly minimum data set (MDS) with an assessment reference date (ARD) of 3/6/26 assigned R2 a brief interview for mental status (BIMS) summary score of 11 out of 15 for cognitive abilities, indicating the resident was moderately impaired. Interview with R2 on 3/25/2026 at 11:50 am, resident was somewhat groggy and confused. When asked about the flu vaccine resident stated he had received it, when asked about pneumonia vaccine he was unsure, stated he had received all his vaccines at his local pharmacy. On 3/25/25, the MDS Coordinator/RN, provided paperwork from the paper chart to indicate the resident had refused their flu vaccine upon admit and that he had not received the pneumovax and the patient and family were unsure/unable to determine but the patient does not want. No documentation on if the resident received education on the influenza or pneumococcal vaccine located in the paper chart or electronic record at the start of the survey. 2. For Resident #3 (R3), the facility failed to provide documented evidence of education regarding risks verses benefits for the flu and pneumococcal vaccines. R3's diagnosis list indicated diagnoses, which included, but not limited to CVA with left sided weakness. The most recent quarterly minimum data set (MDS) with an assessment reference date (ARD) of 2/4/26 assigned R3 a brief interview for mental status (BIMS) summary score of 11 out of 15 for cognitive abilities, indicating the resident was moderately impaired. Interview with R3 on 3/25/26 at 11:45 am revealed that R3 reports having his Covid 19 and Influenza vaccine every year in the month of October but was unable to do so this year because he was incapacitated and in the hospital. He feels he has had a pneumococcal vaccination over the last few years. He thinks his daughter may be able to verify. He reports using a local pharmacy.Interview with R3's daughter on 3/25/2026 at 12:35 pm, she stated she was sure they were asked about vaccination upon admission and remembers answering questions about timelines on vaccines. R3 generally receives his vaccinations at his pharmacy or doctor's office.On 3/25/26, the MDS Coordinator/RN provided paperwork to indicate the resident had refused their flu vaccine and pneumovax vaccine upon admit, per family R3 had been vaccinated for pneumonia in the last five years. She also provided a faxed copy of vaccinations for R3 indicating he had been vaccinated for the flu on 10/10/24 but no record of the pneumovax. No documentation on if the resident received education on the influenza or pneumococcal vaccine located in the paper chart or electronic record at the start of the survey. 3. For Resident #7 (R7), the facility failed to provide documented evidence of education regarding risks verses benefits for the flu and pneumococcal vaccines. R7's diagnosis list indicated diagnoses, which included, but not limited to renal cell carcinoma with metastatic, CHF, acute cholecystitis, stage III sacral ulcer. The most recent quarterly minimum data set (MDS) with an (continued on next page)

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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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	assessment reference date (ARD) of 2/2/26 assigned R3 a brief interview for mental status (BIMS) summary score of 15 out of 15 for cognitive abilities, indicating the resident was cognitively intact. Interview with R7 on 3/25/2026 at 11:30am, revealed R7 in his room, in bed. He reports being up to date on his Influenza shot, had the Covid 19 shot and booster, and feels positive he has taken the pneumococcal vaccine within the last two or three years. He does not remember if he spoke to anyone upon admission as he was very sick when he came in the facility and had been transferred from another state.On 3/25/2026, the MDS Coordinator/RN, provided paperwork to indicate that upon admit, the resident had refused their flu vaccine and refused the pneumococcal vaccine due to being on immune therapy. No documentation on if the resident received education on the influenza or pneumococcal vaccine located in the paper chart or electronic record at the start of the survey.4. For Resident #9 (R9), the facility failed to provide documented evidence of education regarding risks verses benefits for the flu and pneumococcal vaccines. R9's diagnosis list indicated diagnoses, which included, but not limited to UTI, hypertension, diabetes. The most recent quarterly minimum data set (MDS) with an assessment reference date (ARD) of 3/18/26 assigned R9 a brief interview for mental status (BIMS) summary score of 13 out of 15 for cognitive abilities, indicating the resident was cognitively intact. Interview with R9 on 3/25/2026 at 11:25am, resident in her room and sitting in her chair, reports she had the last flu vaccine, Covid as well and knowns she has had all the last ones regarding the pneumococcal vaccine. She could not remember the year/s she had a pneumococcal vaccine but feels it was after 2020. On 3/25/2026, the MDS Coordinator/RN, provided paperwork to indicate that upon admit, the resident had received the flu vaccine prior to coming to the facility (current) and had previous doses of the pneumococcal vaccine, but dates where not documented in the electronic record. She also provided a vaccination record from R9's physician. No documentation on if the resident received education on the influenza or pneumococcal vaccine located in the paper chart or electronic record at the start of the survey.5. For Resident #16 (R16), the facility failed to provide documented evidence of education regarding risks verses benefits for the flu and pneumococcal vaccines. The most recent quarterly minimum data set (MDS) with an assessment reference date (ARD) of 3/26/26 assigned R16 a brief interview for mental status (BIMS) summary score of 14 out of 15 for cognitive abilities, indicating the resident was cognitively intact. Interview with Resident #16 (R16) on 3/25/2026 at 12:15 PM revealed, R16 sitting up in a chair in her room, alert and oriented. R16 stated that she took the 1st COVID vaccine, and it messed her up, she has had the pneumonia vaccine not sure which one it was or when, has had pneumonia twice and stated the pneumonia shot is not going to help me. Asked if they offered her the vaccines here (FLU, Pneumonia and Covid), she stated they did but again stated she wasn't taking any more vaccines the COVID vaccine really messed her up. When asked if education of how either taking a vaccine or not taking one would hurt or help her, she responded, yes, and I still don't want it. No documentation located in the electronic record or paper copy provided regarding documentation of education and acceptance or refusal, at the time of the interview. Requested and reviewed a facility policy titled, Inpatient Influenza and Pneumococcal Screening and Vaccination with a revision date of 10/2017, section: Procedure, which read in part, . 2. The screenings for pneumococcal disease will be done 365 days a year. The screening for influenza will be done form October 1st through March 31st. 3. At the end of the screening process, the most current versions of the applicable Vaccine Information Statements ([NAME]) will be given to the patient and will be used to assist in educating the patient regarding vaccines . On 3/25/2026, the MDS Coordinator/RN, provided paperwork to indicate that upon admit, the resident had refused all vaccinations and does not want the Influenza or pneumococcal vaccination. No documentation on if the resident received education on the influenza or pneumococcal vaccine located in the paper chart or electronic record at the start of the survey. Requested and reviewed a facility policy titled, Documentation with a revision date of 2/2024, section: Patient Care Notes, which read in part, .Patient care Notes are sufficiently detailed to contribute to the comprehensive survey of the patient, which the entire clinical record is designed to provide An (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Interview with Infection Preventionist on 3/24/2026 at 3:00 pm revealed they do not keep a record of educating the residents about the flu or pneumonia vaccines and only ask if they have been vaccinated. Interview with the MDS Coordinator/RN on 3/25/2026 at 1:05pm, she provided verbal confirmation of flu vaccination documentation she had just entered in the electronic chart regarding the current residents. She stated it was supposed to have been done previously but had not been done. She discussed the Education Provided tab in the electronic record that asks questions about influenza and pneumococcal vaccines. She reports it is not being utilized as it should be by staff. When completing her MDS assessments she provides handouts for vaccine recommendations for flu, Covid and pneumococcal. while she does discuss vaccines and provide handouts, she will make sure there is documentation of the resident accepting or declining the educational materials going forward and that staff are educated on documentation.Interview with Registered Nurse (RN) #4 (RN4) on 03/25/2026 at 2:25 PM, RN4 states on admission we ask about vaccines, RSV, pneumonia, FLU, and COVID we also include the Flu vaccination status on the bedside shift report (blank copy given), I've honestly never had anyone tell me they hadn't got the vaccine that wanted it. When asked what would you do if they do want the vaccine, she reports she would call infection control.Interview with RN#1 (RN1) on 3/25/2026 at 2:25 PM, when asked if they educated the residents about vaccines, if they hadn't gotten them or refused to get them, RN1 stated they would and they would put it in a note. When asked the question regarding vaccines on the admission assessment, RN1 stated, no we just know to ask. Interview with the MDS Coordinator/RN on 3/25/2026 at 1:05pm, she provided verbal confirmation of flu vaccination documentation she had just entered in the electronic chart regarding the current residents. She stated it was supposed to have been done previously but had not been done. She discussed the Education Provided tab in the electronic record that asks questions about influenza and pneumococcal vaccines. She reports it is not being utilized as it should be by staff. When completing her MDS assessments she provides handouts for vaccine recommendations for flu, Covid and pneumococcal. while she does discuss vaccines and provide handouts, she will make sure there is documentation of the resident accepting or declining the educational materials going forward and that staff are educated on documentation.Interview with the Infection Preventionist on 3/25/2026 at 4:30 PM, when asked about the pneumonia policy, she reports they don't have a policy on the pneumonia vaccine and don't have one specific for skilled patients but have one for the medical center. When asked if they were following the one for the medical center in regards to the skilled nursing unit, she replied, we are in the process of updating the current to include the skilled residents. The policies are not specific to LTC residents, but policies do include the skilled and hospital together, being organizational wide. The IP had a copy of the Infection Control requirements for documenting education on vaccines per CMS Appendix PP. On 03/25/26 at 4:30 p.m., an end of the day meeting with the Chief Nursing Officer, Assistant Administrator, Infection Preventionist (IP), RN/MDS Coordinator, Administrator, and Quality Risk Manager held. Discussed at the meeting was the inability to locate documentation on vaccination education, with the resident declining or accepting the educational materials. The facility does not have a separate procedure for skilled nursing at this time regarding vaccinations or documentation of education. No further information regarding this issue was provided to the survey team prior to the exit conference.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, staff interview, clinical record review, and facility document review, the facility staff failed to follow establish infection control guidelines for 1 of 5 current residents in the survey sample, Resident #9.The findings included: The facility nursing staff failed to wear gloves when accessing a peripheral IV site.Per the Cleveland Clinic a peripheral IV is a thin, flexible tube that healthcare providers use to draw blood and administer treatments, IV fluids, and medications.Resident #9's diagnoses included urinary tract infection, hypertension, and diabetes.Section C (cognitive patterns) of Resident #9's admission minimum data set (MDS) assessment with an assessment reference date (ARD) of 03/18/26 included a brief interview for mental status (BIMS) score of 13 out of a possible 15 points, indicating Resident #9 was cognitively intact.Resident #9's comprehensive care plan included the focus area IV therapy. Interventions included routine site care.Resident #9's provider orders included Furosemide (Lasix) IV 40 mg and normal saline flush IV 10 milliliters (mls) as needed for IV-line flush.On 03/24/26 at approximately 12:00 p.m., Registered Nurse (RN) #1 was observed accessing Resident #9's peripheral IV. RN #1 removed the swab cap, flushed the IV line with 5 ml's of saline, slowly injected the medication Furosemide, flushed the IV line with 5 ml's of saline and replaced the swab cap. RN #1 did not apply any gloves prior to completing this procedure.On 03/24/26 at 1:05 p.m., during an interview with RN #1 this staff verbalized that they did not wear any gloves during the IV procedure and stated if the resident had been on contact isolation she would have.On 03/24/26 at 4:35 p.m. during an end of the day meeting with the Chief Nursing Officer, Assistant Administrator, Infection Preventionist (IP), RN/MDS Coordinator, Administrator, and Quality Risk Manager the issue with RN #1 not applying gloves when accessing a peripheral IV was reviewed. The IP acknowledged RN #1 should have applied gloves before accessing the IV.On 03/24/26 the IP provided the surveyor with a copy of their policy titled, Bloodborne Pathogen Exposure Control Plan. This policy read in part, .Tasks and Procedures That Are Performed By Employees In Which Occupational Exposure May Occur.Intravenous/intra-arterial therapy.Gloves will be worn in the following situations.when performing vascular access procedures.No further information regarding this issue was provided to the survey team prior to the exit conference.