STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495374	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norton Community Hospital Snf Unit	100 15th St NW Norton, VA 24273

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 0887 Level of Harm - Actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, clinical record review, and facility document review, the facility staff failed to offer a 2025-2026 COVID-19 vaccine for three (3) of eight (8) sampled residents (Resident #5, Resident #13, and Resident #12). Resident #5 developed COVID-19 26 days following admission thus resulting in harm for Resident #5. The facility staff also failed to offer 2025-2026 COVID-19 vaccines to the facility staff. The findings included:1. For Resident #5, the facility staff failed to offer the resident a 2025-2026 COVID-19 vaccine following admission to the facility on 1/14/26. The resident tested positive for COVID-19 on 2/09/26 thus resulting in harm to the resident. A facility policy titled, COVID Vaccines, revised 4/04/25, indicated Residents/resident representatives will receive education regarding the benefits, risks and potential side effects associated with the COVID-19 Vaccine. B. Residents will be offered the COVID-19 vaccine unless they have previously immunized, or it is medically contraindicated. The policy also indicated, On admission obtain the residents COVID-19 vaccine status.The resident demographic record indicated the facility admitted Resident #5 on 1/14/26. According to Resident #5's 1/15/26 History and Physical (H&P), the resident had a medical history that included pulmonary fibrosis, chronic obstructive pulmonary disease, mitral valve disease, and persistent atrial fibrillation. An admission minimum data set (MDS) with an assessment reference date (ARD) of 2/09/26, revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. A review of Resident #5's clinical record revealed an immunization history which indicated the resident had previously received COVID-19 vaccinations on 1/15/21, 2/12/21, 2/02/22, 11/17/22, and 8/29/23. Resident #5's was admitted to the facility on [DATE] and tested negative for SARS-CoV-2 (virus that causes COVID-19) on 1/30/26. However, on 2/09/26, Resident #5 tested positive for SARS-CoV-2. According to the John Hopkins Medicine article, COVID-19 Vaccine: What You Need to Know, dated 9/27/24, It usually takes about two weeks for the vaccine to become effective. The Director provided evidence from the 1/14/26 nursing admission assessment indicating Resident #5 was asked at admission if they had received the COVID-19 vaccine and the resident responded with yes.On 2/12/26 at 11:18 AM, the Director of Nursing (DON) stated the admission assessment does not prompt the nurse to enter the date of their last COVID vaccine. The 1/14/26 admission assessment was completed by Registered Nurse (RN) #3. During an interview on 2/12/26 at 11:57 AM, RN #3 stated she asked if the patient had a COVID vaccine and the patient said yes and no further action was needed. RN #3 further stated if the patient stated they had not received a COVID vaccine; they would offer one. RN #3 confirmed they do not ask for the date of the resident's most recent COVID-19 vaccine to assess if the resident was eligible for an updated vaccine. On 2/11/26 at 4:00 PM, the Director, Quality Officer, and the Director of Nursing were informed of the concern regarding Resident #5 developing COVID-19 after the facility failed to fully assess the resident's COVID-19 vaccine history and offer an updated vaccine following admission. No further information was provided prior to the exit conference on 2/12/26. 2. For Resident #13, the facility staff failed to offer the resident a 2025-2026 COVID-19 vaccine following (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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	495374	A. Building B. Wing	02/12/2026

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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 0887 Level of Harm - Actual harm Residents Affected - Few	admission to the facility on 1/27/26. The resident tested positive for COVID-19 on 2/02/26. A facility policy titled, COVID Vaccines, revised 4/04/25, indicated Residents/resident representatives will receive education regarding the benefits, risks and potential side effects associated with the COVID-19 Vaccine. B. Resident will be offered the COVID-19 vaccine unless they have previously immunized, or it is medically contraindicated. The policy also indicated, On admission obtain the residents COVID-19 vaccine status.The resident demographic record indicated the facility admitted Resident #13 on 1/27/26. According to the resident's 1/28/26 History and Physical (H&P), Resident #13 had a medical history that included acute on chronic respiratory failure, congestive heart failure, coronary artery disease, type 2 diabetes mellitus, and chronic kidney disease. Resident #13's clinical record included a Brief Interview for Mental Status (BIMS) assessment dated [DATE] which revealed a score of 15, which indicated the resident had intact cognition. A review of Resident #13's clinical record revealed an immunization history which indicated the resident had previously received COVID-19 vaccinations on 1/15/21, 2/12/21, 11/22/21, and 11/21/22. Resident #13 was admitted to the facility on [DATE] and tested positive for COVID-19 on 2/02/26. A 2/06/26 physician progress note indicated the resident was COVID positive with increased fatigue and cough and COVID specific therapy was not recommended. The Director provided evidence from the 1/27/26 nursing admission assessment indicating Resident #13 was asked at admission if they had the COVID-19 vaccine and the resident responded with yes.On 2/12/26 at 11:18 AM, the Director of Nursing (DON) stated the admission assessment does not prompt the nurse to enter the date of their last COVID vaccine. The 1/27/26 admission assessment was completed by Registered Nurse (RN) #2. During an interview on 2/12/26 at 11:40 AM, RN #2 stated it was mandatory for each admission to ask if the patient had a COVID vaccine and if the patient said yes, no further action was needed. RN #2 further stated if the patient stated they had not received a COVID vaccine, one was offered and an order was placed. RN #2 confirmed they do not ask for the date of the resident's most recent COVID-19 vaccine to assess if the resident was eligible for an updated vaccine. On 2/11/26 at 4:00 PM, the Director, Quality Officer, and the Director of Nursing were informed of the concern regarding Resident #13 developing COVID-19 after the facility failed to fully assess the resident's COVID-19 vaccine history and offer an updated vaccine following admission. No further information was provided prior to the exit conference on 2/12/26. 3. For Resident #12, the facility staff failed to offer the resident a 2025-2026 COVID-19 vaccine following admission to the facility.A facility policy titled, COVID Vaccines, revised 4/04/25, indicated Residents/resident representatives will receive education regarding the benefits, risks and potential side effects associated with the COVID-19 Vaccine. B. Resident will be offered the COVID-19 vaccine unless they have previously immunized, or it is medically contraindicated. The policy also indicated, On admission obtain the residents COVID-19 vaccine status.The resident demographic record indicated the facility admitted Resident #12 on 1/29/26. According to the active problem list, Resident #12 had a medical history that included diabetes mellitus type 2, obstructive sleep apnea, hypertension, and obesity. Resident #12's clinical record included a Brief Interview for Mental Status (BIMS) assessment dated [DATE] which revealed a score of 15, which indicated the resident had intact cognition. Resident #12's clinical record included an immunization history which did not include documentation of a previous COVID-19 vaccine. The Director provided evidence from the 1/29/26 nursing admission assessment indicating Resident #12 was asked at admission if they had the COVID-19 vaccine and the resident responded with yes.On 2/12/26 at 11:18 AM, the Director of Nursing (DON) stated the admission assessment does not prompt the nurse to enter the date of their last COVID vaccine. The 1/29/26 admission assessment was completed by Registered Nurse (RN) #2. During an interview on 2/12/26 at 11:40 AM, RN #2 stated it was mandatory for each admission to ask if the patient had a COVID vaccine and if the patient said yes, no further action was needed. RN #2 further stated if the patient stated they had not received a COVID vaccine, one was offered and an order was placed. RN #2 confirmed they do not ask for the date of the resident's most recent COVID-19 vaccine to assess if the resident was eligible for an updated vaccine. On 2/11/26 at 4:00 (continued on next page)

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	495374	A. Building B. Wing	02/12/2026

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F 0887 Level of Harm - Actual harm Residents Affected - Few	PM, the Director, Quality Officer, and the Director of Nursing were informed of the concern regarding the facility's failure to assess Resident #12's COVID-19 vaccine history and offer the vaccine. No further information was provided prior to the exit conference on 2/12/26. 4. The facility failed to offer 2025-2026 COVID-19 vaccines to the current facility staff. A facility policy titled, COVID-19 Plan dated 10/18/22, indicated Employees will be provided with reasonable time and paid leave to receive vaccination and if they experience any side effects following vaccination. Employee vaccinations will continue to be offered and reported, consistent with Federal and/or state requirements.During an interview on 2/10/26 at 1:00 PM, Infection Preventionist (IP) #1 stated the facility no longer offered COVID-19 vaccinations for staff since it was no longer mandated. On 2/11/26 at 4:00 PM, the Director, Quality Officer, and the Director of Nursing were informed of the concern regarding the facility no longer offering COVID-19 vaccines to staff.No further information was provided prior to the exit conference on 2/12/26.

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	495374	A. Building B. Wing	02/12/2026

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. Based on staff interview, clinical record review, and facility document review, the facility staff failed to conduct an admission minimum data set (MDS) assessment within 14 calendar days after admission for two (2) of eight (8) sampled residents (Resident #1 and Resident #5).The findings included: 1. For Resident #1, the facility staff failed to conduct an admission MDS assessment within 14 calendar days after admission.A facility policy titled, Care Plan/Comprehensive Assessment revised 4/04/25 indicated The RAI (Resident Assessment Instrument) manual provides instructions for when and how to use the time frames for completing assessments and transmitting data.The resident demographic record indicated the facility admitted Resident #1 on 11/26/25. According to the active problem list, Resident #1 had a medical history that included a fracture of the right ankle, debility, and chronic diastolic heart failure.Resident #1's admission MDS with an assessment reference date (ARD) of 12/11/25 was signed as completed by the Director of Nursing on 12/11/25, 16 days following admission to the facility. During an interview with the Director of Nursing (DON) on 2/10/26 at 8:54 AM, the DON stated Resident #1's ARD should have been 12/09/25 and confirmed the admission MDS was completed late.On 2/11/26 at 4:00 PM, the Director, Quality Officer, and the DON were informed of the concern regarding the late admission MDS assessment for Resident #1. No further information was provided prior to the exit conference on 2/12/26. 2. For Resident #5, the facility staff failed to conduct an admission MDS within 14 calendar days after admission. A facility policy titled, Care Plan/Comprehensive Assessment revised 4/04/25 indicated The RAI (Resident Assessment Instrument) manual provided instructions for when and how to use the time frames for completing assessments and transmitting data.The resident demographic record indicated the facility admitted Resident #5 on 1/14/26. According to Resident #5's physician History and Physical (H&P) dated 1/15/26, the resident had a medical history that included chronic obstructive pulmonary disease, pulmonary fibrosis, debility, cerebral stroke, and persistent atrial fibrillation. Resident #5's admission MDS with an assessment reference date (ARD) of 2/09/26 was signed as completed by the Director of Nursing on 2/09/26, 26 days following admission to the facility. During an interview with the Director of Nursing (DON) on 2/10/26 at 10:31 AM, the DON stated Resident #5's admission MDS was completed late.On 2/11/26 at 4:00 PM, the Director, Quality Officer, and the DON were informed of the concern regarding the late admission MDS assessment for Resident #5. No further information was provided prior to the exit conference on 2/12/26.

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	495374	A. Building B. Wing	02/12/2026

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. Based on staff interview, clinical record review, and facility document review, the facility staff failed to electronically transmit an admission minimum data set (MDS) assessment within 14 days following completion for one (1) of eight (8) sampled residents (Resident #1).The findings included: A facility policy titled Care Plan/Comprehensive Assessment revised 4/04/25 indicated The RAI (Resident Assessment Instrument) manual provides instructions for when and how to use the time frames for completing assessments and transmitting data.The Resident demographic record indicated the facility admitted Resident #1 on 11/26/25. According to the active problem list, Resident #1 had a medical history that included a fracture of the right ankle, debility, and chronic diastolic heart failure.Resident #1's admission MDS with an assessment reference date (ARD) of 12/11/25 was signed as completed by the Director of Nursing (DON) on 12/11/25. The 12/11/25 admission MDS was transmitted on 1/06/26, 26 days following completion. During an interview on 2/10/26 at 8:54 AM, the DON stated Resident #1's admission MDS was completed on 12/11/25 and transmitted on 1/06/26. The DON stated her goal was to transmit MDS assessments within seven to 10 days of completion. On 2/11/26 at 4:00 PM the Director, Quality Officer, and the DON were informed of the concern regarding the late transmission of Resident #1's admission MDS assessment.No further information was provided prior to the exit conference on 2/12/26.

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	495374	A. Building B. Wing	02/12/2026

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on staff interview, clinical record review, and facility document review, the facility staff failed to ensure the drug regimen review of each resident was reviewed at least monthly by a licensed pharmacist for one (1) of eight (8) sampled residents (Resident #1). The findings included:A facility policy titled, Medication Reconciliation/Drug Regimen revised 3/07/25 indicated, Residents drug regimen will be reviewed on admission prior to midnight the second day of admission, monthly and prn (as needed) as determined by the medical condition of the resident and risk of adverse consequences of medications.According to Resident #1's active problem list, the resident has a medical history that included a fracture of the right ankle, debility, chronic diastolic heart failure, and depression. An admission minimum data set (MDS) with an assessment reference date (ARD) of 12/11/25, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. On 2/10/26, a review of Resident #1's clinical record revealed the most recent drug regimen review was completed on 12/19/25. During an interview with the Director on 2/11/26 at 8:45 AM, she confirmed that a drug regimen review was not completed in January and added a current review had now been performed. On 2/11/26 at 4:00 PM, the Director, Quality Officer, and the Director of Nursing were informed of the concern regarding the lack of a January drug regimen review for Resident #1. No further information was provided prior to the exit conference on 2/12/26.

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	495374	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norton Community Hospital Snf Unit	100 15th St NW Norton, VA 24273

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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 and facility document review, the facility staff failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the transmission of infections as evidenced by failure to use appropriate hand hygiene during medication administration. The findings included:During an observation of medication administration on 2/10/26 at 9:45 AM, Registered Nurse (RN) #1 performed hand hygiene, donned gloves, scanned Resident #11's identification band with the medication cart's handheld scanner. RN #1 returned to the medication cart and returned the scanner. RN #1 then obtained and applied ointment to Resident #11's nares using a cotton applicator and returned to the cart. While wearing the same gloves, RN #1 then opened the resident's oral medications, placed a tablet into her gloved hand and then into the medication cup with additional oral tablets. RN #1 then proceeded to administer the oral medications to Resident #11. After administration, RN #1 removed her gloves and performed hand hygiene. 2/10/26 at 9:55 AM, RN #1 again donned gloves, scanned Resident #13's identification band with the medication cart's handheld scanner, returned the scanner, opened each medication from their individual packets and placed them in a medication cup. While wearing the same gloves, RN #1 then placed two potassium tablets into her gloved hand before placing them in a medication cup and administering them to the resident. The facility policy titled, Hand Hygiene, revised 12/05/25 indicated, Hands must be washed with soap and water or alcohol hand gel used.Before handling medications.Gloves should never be used as a substitute for Hand Hygiene.On 2/11/26 at 4:00 PM, the Director, Quality Officer, and the Director of Nursing were informed of the concerns regarding RN #1's hand hygiene observations. No further information was provided prior to the exit on 2/12/26.

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	495374	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norton Community Hospital Snf Unit	100 15th St NW Norton, VA 24273

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, clinical record review, and facility document review, the facility staff failed to offer a pneumococcal vaccine in accordance with nationally recognized standards for two (2) of eight (8) sampled residents (Resident #1 and Resident #12). The findings included:1. For Resident #1, the facility staff failed to offer the resident a pneumococcal conjugate vaccine 15 (PCV15), pneumococcal conjugate vaccine 20 (PCV20), or pneumococcal conjugate vaccine 21 (PCV21) following admission to the facility.The resident demographic record indicated the facility admitted Resident #1 on 11/26/25. According to the active problem list, Resident #1 had a medical history that included a fracture of the right ankle, debility, and chronic diastolic heart failure. An admission minimum data set (MDS) with an assessment reference date (ARD) of 12/11/25, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. A review of Resident #1's clinical record included an immunization history which indicated the resident received a pneumococcal polysaccharide vaccine (PPSV23) on 8/26/21. Resident #1's immunization history did not include any additional pneumococcal vaccines. The Centers for Disease Control and Prevention (CDC) guideline titled, Pneumococcal Vaccine Timing for Adults dated March 2025 indicated adults [AGE] years of age or older who have had a PPSV23 only at any age should have one dose of PCV15, PCV20, or PCV21 at least one year after the last dose of PPSV23. Resident #1's clinical record failed to include documentation of the facility offering the resident a PCV15, PCV20, or PCV21 vaccine following admission.During an interview on 2/10/26 at approximately 1:30 PM, the Director of Nursing (DON) confirmed there was no documentation of a pneumococcal vaccine being offered to Resident #1 following admission to the facility. A facility policy titled, Influenza and Pneumococcal, revised 1/03/25 specified On admission obtain the residents influenza and pneumococcal immunization history. Provide immunization UNLESS: a. Resident/resident representative declines. b. A Medical contraindication exists. c. Resident has already received the vaccine. The policy also indicated All residents will be screened, recommended, and encouraged based on the up-to-date CDC ACIP (Advisory Committee on Immunization Practices) Vaccine Recommendations and Guidelines.On 2/11/26 at 4:00 PM, the Director, Quality Officer, and the DON were informed of the concern regarding staff failing to offer Resident #1 a pneumococcal vaccine following admission.No further information was provided prior to the exit conference on 2/12/26. 2. For Resident #12, the facility staff failed to offer the resident a pneumococcal conjugate vaccine 20 (PCV20) or pneumococcal conjugate vaccine 21 (PCV21) following admission to the facility.The resident demographic record indicated the facility admitted Resident #12 on 1/29/26. According to the active problem list, Resident #12 had a medical history that included type 2 diabetes mellitus, obstructive sleep apnea, and obesity. Resident #12's clinical record included a Brief Interview for Mental Status (BIMS) assessment dated [DATE] which revealed a score of 15 which indicated the resident had intact cognition. Resident #12's clinical record included an immunization history which indicated the resident received a pneumococcal conjugate 13 (PCV13) vaccine on 3/24/15 and a pneumococcal polysaccharide 23 (PPSV23) vaccine on 10/06/16. The Centers for Disease Control and Prevention (CDC) guideline titled, Pneumococcal Vaccine Timing for Adults dated March 2025 indicated adults [AGE] years of age or older who have had a PCV13 at any age and a PPSV23 before age [AGE] should have a PCV20 or PCV21 at least five (5) years after the last pneumococcal vaccine dose. Resident #12's clinical record failed to include documentation of the facility offering the resident a PCV20 or PCV21 vaccine following admission.During an interview on 2/10/26 at approximately 1:30 PM, the Director of Nursing (DON) confirmed there was no documentation of a pneumococcal vaccine being offered to Resident #12 following admission to the facility. A facility policy titled, Immunizations Influenza and Pneumococcal, revised 1/03/25 specified On admission obtain the residents influenza and pneumococcal immunization history. Provide immunization UNLESS: a. Resident/resident representative declines. b. A Medical contraindication (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495374	A. Building B. Wing	02/12/2026

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	exists. c. Resident has already received the vaccine. The policy also indicated All residents will be screened, recommended, and encouraged based on the up-to-date CDC ACIP (Advisory Committee on Immunization Practices) Vaccine Recommendations and Guidelines.On 2/11/26 at 4:00 PM, the Director, Quality Officer, and the DON were informed of the concern regarding staff failing to offer Resident #12 a pneumococcal vaccine following admission.No further information was provided prior to the exit conference on 2/12/26.