

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2023
NAME OF PROVIDER OR SUPPLIER Derry Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Chester Road Derry, NH 03038	

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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>43002</p> <p>Based on interview and record review, the facility failed to administer effectively during a COVID-19 outbreak consistent with national standards with a census of 47 residents.</p> <p>Findings include:</p> <p>Observation, interview and record review revealed administration failed to ensure that the facility had updated and implemented policies and procedures for infection control that were consistent with national standards including return to work guidelines for healthcare personnel who were positive for COVID-19 illness and proper personal protective (PPE) equipment for staff while caring for COVID-19 positive residents. Refer to F880 Infection Prevention and Control.</p> <p>Interview and record review revealed the facility failed to implement the facility's influenza and pneumococcal policies and procedures ensuring that residents were offered the influenza and pneumococcal immunizations and residents received education regarding the benefits and potential side effects of the immunization. Refer to F883 Influenza And Pneumococcal Immunizations.</p> <p>Interview and record review revealed that the facility failed to test staff who were working with symptoms of COVID-19. Refer to F886 Testing-Residents and Staff.</p> <p>Interview and record review revealed that the facility failed to implement the facility's COVID-19 vaccination policies and procedures ensuring residents were offered, and if requested, received the COVID-19 immunization and residents received education regarding the benefits and potential side effects of the immunization. Reference F887 COVID-19 Immunization.</p> <p>45991</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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43002</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to follow return to work guidelines for health care personnel who were positive for COVID-19 illness from working in the facility (Staff identifiers are C, I, J, and K); and failed to ensure that staff were aware of which residents were COVID-19 positive and what type of personal protective equipment (PPE) was required while caring for COVID-19 positive residents. (Staff identifiers are E, F, and G.) The facility also failed to have policies and procedures consistent with national standards and conduct annual reviews of them. These failures increased the likelihood of exposure to pathogens for the facility's census of 47 residents, staff, and visitors, including one resident (Resident #6) who tested positive after being cared for by a COVID-19 positive staff member (Staff C).</p> <p>Findings include:</p> <p>Interview on 3/23/23 at 8:30 a.m. with Staff A (Administrator) revealed that the facility currently had a census of 47 residents. Staff A stated that the current COVID-19 outbreak started on 3/7/23 and that there had been 37 residents and 13 staff positive for COVID-19. Staff A confirmed that COVID-19 positive residents were on both units and that they were not moving residents or cohorting residents.</p> <p>Return to work</p> <p>Interview on 3/23/23 at 2:35 p.m. with Staff A (Administrator) and Staff B (Corporate Clinical Nurse) revealed that the facility follows the Centers for Disease Control and Prevention (CDC) guidelines and recommendations for returning to work after a staff member tests positive for COVID-19. Staff A stated the facility was in COVID-19 outbreak status with both positive residents and staff. Staff B stated that staff were returning to work after 5 days with a negative COVID-19 test as the facility was in crisis mode. Staff B stated Staff O (Minimum Data Set Coordinator) had communicated with New Hampshire (NH) Department of Health and Human Services (DHHS) Bureau of Infectious Disease Control (BIDC) COVID-19 Operations on 3/20/23.</p> <p>Review on 3/23/24 of an email communication, provided by Staff O (Minimum Data Set Coordinator) sent on 3/20/23 at 12:05 p.m. from New NH DHHS BIDC COVID-19 Operations revealed, . Before implementing crisis mode, I strongly recommend adjusting schedule, consider hire temporary healthcare staff through NH health care association . Cancel all non-essential procedures and visits. Shift HCP [Health Care Personnel] who work in these areas to support other . activities in the facility. Facilities will need to ensure these HCP have received appropriate orientation . Identify additional HCP to work in the facility . As appropriate, request that HCP postpone elective time off from work . HCP may return back: At least 5 days have passed since symptoms first appeared (day 0), and at least 24 hours have passed since last fever without the use of fever-reducing medications, and symptoms (e.g., cough, shortness of breath) have improved. Healthcare facility may choose to confirm resolution of infection with a negative nucleic acid amplification or a series of 2 negative antigen tests taken 48 hours apart .</p> <p>No additional documentation was provided by the facility during the survey to indicate that additional steps had been taken to manage staffing shortages related to COVID-19.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Interview on 3/23/23 at 1:30 p.m. with Staff O confirmed the above email was received on 3/20/23.</p> <p>Review on 3/23/23 of the CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 [Severe acute respiratory syndrome coronavirus 2] Infection or Exposed to SARS-CoV-2, updated September 23, 2022 and provided by the facility on 3/23/23, revealed, . Return to Work Criteria for HCP [Health Care Personnel] with SARS-CoV-2 Infection. The following are criteria to determine when HCP with SARS-CoV-2 infection could return to work and are influenced by severity of symptoms and presence of immunocompromising conditions. After returning to work, HCP should self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen. If symptoms recur (e.g. [for example], rebound) these HCP should be restricted from work and follow recommended practices to prevent transmission to others (e.g., use of well-fitting source control) until they again meet the healthcare criteria below to return to work unless an alternative diagnosis is identified. HCP with mild to moderate illness who are not moderately to severely immunocompromised could return to work after the following criteria have been met: At least 7 days have passed since symptoms first appeared if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7), and at least 24 hours have passed since last fever without the use of fever-reducing medications, and symptoms (e.g., cough, shortness of breath) have improved. *Either a NAAT [Nucleic Acid Amplification Test] (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review on 3/24/23 of the CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages, updated September 23, 2022 and provided by the facility on 3/24/23 revealed, . Key Points . CDC's mitigation strategies offer a continuum of options for addressing staffing shortages. Contingency strategies followed by crisis strategies are provide to augment conventional strategies and are meant to be considered and implemented sequentially (i.e.[that is], implementing conventional strategies followed by contingency strategies followed by crisis strategies. Introduction . CDC's mitigation strategies offer a continuum of options for addressing staffing shortages. Contingency, followed by crisis capacity strategies, augment conventional strategies and are meant to be considered and implemented sequentially (i.e., implementing contingency strategies before crisis strategies) . Allowing HCP with SARS-CoV-2 infection to return to work before meeting the conventional criteria could result in healthcare-associated SARS-CoV-2 transmission. Healthcare facilities (in collaboration with risk management) should inform patients and HCP when the facility is utilizing these strategies, specify the changes in practice that should be expected, and describe the actions that will be taken to protect patients and HCP from exposure to SARS-CoV-2 if HCP with suspected or confirmed SARS-CoV-2 infection are requested to work to fulfill staffing needs. As part of conventional strategies, it is recommended that healthcare facilities: Ensure any COVID-19 vaccine requirements for HCP are followed, and where none are applicable, encourage HCP to remain up to date with all recommended COVID-19 vaccine doses. Understand their normal staffing needs and the minimum number of staff needed to provide a safe work environment and safe patient care under normal circumstances. Understand the local epidemiology of COVID-19-related indicators (e.g., community transmission levels). Communicate with local healthcare coalitions and federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) to identify additional HCP (e.g., hiring additional HCP, recruiting retired HCP, using students or volunteers), when needed . When staffing shortages are anticipated, healthcare facilities and employers, in collaboration with human resources and occupational health services, should use contingency capacity strategies to plan and prepare for mitigating this problem. These include: Adjusting staff schedules, hiring additional HCP, and rotating HCP to positions that support patient care activities. Cancel all non-essential procedures and visits. Shift HCP who work in these areas to support other patient care activities in the facility. Facilities will need to ensure these HCP have received appropriate orientation and training to work in these areas that are new to them. Attempt to address social factors that might prevent HCP from reporting to work, such as need for transportation or housing that allows for physical distancing, particularly if HCP live with individuals with underlying medical conditions or older adults. Consider that these social factors disproportionately affect persons from some racial and ethnic groups, who are also disproportionately affected by COVID-19 (e.g., African Americans, Hispanics and Latinos, and American Indians and Alaska Natives). Identify additional HCP to work in the facility. Be aware of state-specific emergency waivers or changes to licensure requirements or renewals for select categories of HCP. As appropriate, request that HCP postpone elective time off from work. However, there should be consideration for the mental health benefits of time off and that care-taking responsibilities may differ substantially among staff. Developing regional plans to identify designated healthcare facilities or alternate care sites with adequate staffing to care for patients with SARS-CoV-2 infection. Allowing HCP with SARS-CoV-2 infection who are well enough and willing to work to return to work as follows: HCP with mild to moderate illness who are not moderately to severely immunocompromised: At least 5 days have passed since symptoms first appeared (day 0), and at least 24 hours have passed since last fever without the use of fever-reducing medications, and symptoms (e.g., cough, shortness of breath) have improved. Healthcare facilities may choose to confirm resolution of infection with a negative nucleic acid amplification test (NAAT) or a series of 2 negative antigen tests taken 48 hours apart*. HCP who were asymptomatic throughout their infection and are not moderately to severely immunocompromised: At least 5 days have passed since the date of their first positive viral test (day 0) .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Interview on 3/24/23 at 9:00 a.m. with Staff A revealed that the facility did not have a policy and procedure for returning to work after a staff member tests positive for COVID-19 and followed the above CDC recommendations.</p> <p>Interview on 3/24/23 at 1:00 p.m. with Staff A and Staff B confirmed that there was a resident admitted on [DATE] and that admissions had not been put on hold despite the COVID-19 outbreak and concerns with staffing.</p> <p>Staff C</p> <p>Review on 3/23/23 of the facility's COVID-19 line list revealed that Staff C (Registered Nurse) tested positive on 3/18/23 for COVID-19 and had symptoms.</p> <p>Interview on 3/23/23 at 3:05 p.m. with Staff B and Staff A confirmed that Staff C worked on 3/18/23 and 3/20/23 due to staffing shortages. Both confirmed that they were aware that Staff C had tested positive for COVID-19 on 3/18/23.</p> <p>Review on 3/24/23 of the facility's Testing Log revealed that Staff C tested positive for COVID-19 at 8:15 (did not indicate a.m. or p.m.). Further review of the Testing Logs revealed that Staff C again tested positive for COVID-19 on 3/20/23 at 8:20 a.m.</p> <p>Review on 3/24/23 of Staff C's timecard report revealed that Staff C punched in on 3/18/23 at 8:40 a.m. and punched out at 11:29 p.m. Further review revealed that Staff C punched in on 3/20/23 at 8:11 a.m. and punched out at 2:22 p.m.</p> <p>Interview on 3/24/23 at 12:38 p.m. with Staff A confirmed that Staff C tested positive on 3/18/23 at 8:15 a.m. Staff A stated that Staff C left the facility at around 9:00 a.m. and then returned to work around 5:00 p.m., working as a nurse on the [NAME] Unit, at which time he/she performed medication administration. Staff A stated that Staff C worked as an LNA (Licensed Nursing Assistant) on 3/20/23 passing breakfast trays to COVID-19 positive residents.</p> <p>Review on 3/24/23 of the facility's Census from 3/18/23 against the facility's COVID-19 line list revealed that there were 7 residents on [NAME] Wing that had not tested positive for COVID-19.</p> <p>Review on 3/27/23 of the following 7 resident Medication Administration Records (MARs) for 3/18/23 revealed that Staff C administered medications on 3/18/23 to all 7 COVID-19 negative residents (Resident #'s 5, 6, 7, 8, 9, 10 and 11).</p> <p>Review on 3/27/23 of the facility's updated COVID-19 line listing, provided 3/27/27, revealed that Resident #6 tested positive for COVID-19 on 3/21/23.</p> <p>Staff I</p> <p>Review on 3/23/23 of the facility's COVID-19 line list revealed that Staff I (LNA) tested positive on 3/15/23 and was asymptomatic.</p> <p>Review on 3/24/23 of the facility's testing log revealed that Staff I tested negative 3/20/23.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review on 3/24/23 of Staff K's timecard report revealed that Staff K punched into work on 3/21/23 (day 5 after testing positive) at 10:00 a.m. and worked until 6:00 p.m.</p> <p>Staff wearing PPE</p> <p>Interview on 3/23/23 at 2:35 p.m. with Staff A and Staff B confirmed it was the facility's policy that N95 mask and protective eyewear were required for all staff when in the building.</p> <p>Observation 3/23/23 at 8:30 a.m. of Staff N (Housekeeper) in the common area near the entrance and nursing station mopping the floor with a surgical mask on and no protective eyewear.</p> <p>Interview on 3/24/23 at 8:45 a.m. with Staff N confirmed that he/she wore a surgical mask in the common areas and only wore an N95 mask in resident rooms.</p> <p>Observation on 3/23/23 at 9:00 of Staff F (LNA) wearing a blue surgical mask entering a resident room that had a yellow quarantine droplet contact precautions sign which read staff and providers must wear an N95 mask.</p> <p>Interview on 3/23/23 at 9:10 a.m. with Staff F stated that the resident in the above room had COVID-19. Staff F stated that he/she had a medical waiver that he/she could not wear an N95 mask and confirmed that he/she was allowed to care for COVID-19 positive residents wearing a surgical mask and a face shield. Staff F stated that he/she does not have a routine to change his/her mask, including going from COVID-19 positive residents to COVID-19 negative residents. Both staff confirmed that the facility had enough PPE supplies in the building.</p> <p>Observation on 3/23/23 at 9:03 a.m. of Staff G (Licensed Practical Nurse (LPN)) in a resident room that had a yellow quarantine droplet contact precautions sign which read staff and providers must wear an N95 mask. Staff G had on a blue surgical mask. Staff G was observed doffing his/her gown and gloves, bunched them up, and left the COVID-19 positive room with the dirty PPE in his/her hand. Staff G walked down the hallway towards the lobby/main entrance, with the dirty PPE in his/her hand, turned around and walked pass both staff and residents. Staff G then walked back into the resident's room and discarded the dirty PPE into the trash.</p> <p>Interview on 3/23/23 at 9:03 a.m. with Staff G confirmed that he/she was not wearing an N95 mask. Staff G stated today was his/her first day at the facility, had not been told that he/she needed to wear an N95 mask. Staff G confirmed that the resident in the above room was COVID-19 positive. Staff G stated he/she did know where to throw out the dirty PPE.</p> <p>Observation on 3/23/23 at 9:25 a.m. with Staff M (Maintenance Director) revealed that Staff M was wearing an N95 mask; however, it was positioned off-center with it being loosely fitted with gaps around his/her nose.</p> <p>Interview on 3/23/23 at 9:25 a.m. with Staff M could not recall if he/she had been fit-tested for an N95 mask.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Observation on 3/23/23 at 12:20 p.m. of Staff E (LNA) and Staff F in a room that had a yellow quarantine droplet contact precautions sign that read a gown, N95 respirator, eye protection and gloves must be worn. PPE was set up outside the door. Staff E was assisting Resident#2 by the B (window) bed and had gloves and an N95 mask on. Staff F was assisting Resident #1, in the A (door) bed, and had gloves and a blue surgical mask on. Neither staff had eye protection or gowns on. Both staff were observed touching the residents, assisting with positioning in their chairs and touching items in the room such as the over-bed tray tables. Neither staff were observed changing their masks when leaving the room.</p> <p>Interview on 3/23/23 at 12:22 p.m. with Staff E and Staff F revealed that they had been told that the entire unit was no longer on COVID-19 isolation and that this room in particular was no longer on isolation. Staff E stated they had been using PPE in rooms that they did not have to and then stated it was confusing who was or was not on isolation. Staff F stated that he/she could not speak with me due to being upset.</p> <p>Review on 3/23/23 of Resident #1 March 2023 Medication Administration Record revealed the following physician's order with a start date of 3/14/23 Contact/Droplet: COVID [19 positive] Gloves, gown, appropriate masking. Don before room entry, doff before room exit; change before caring for another resident. Face shield may also be needed if performing activity with risk of splash or spray, every shift for covid+ [sic] for 10 days.</p> <p>Review on 3/23/23 of Resident #2's medical record revealed that Resident #2 was not COVID-19 positive.</p> <p>Review on 3/23/23 of the facility's line list confirmed that Resident #1 was COVID-19 positive. Resident #2 was not on the line list.</p> <p>Review on 3/23/23 of the facility's policy titled Coronavirus Disease (COVID-19) - Infection Prevention and Control Measures, revised April 2020 revealed, .This facility follows recommended standard and transmission based precautions . 1. This policy is based on current recommendations for standard precautions and transmission-based precautions . 2. While in the building, personnel are required to strictly adhere to established infection prevention and control policies, including . c. Appropriate use of PPE; d. Transmission-based precautions, where indicated . 12. For a resident with known or suspected COVID-19: a. Staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available (a facemask is an acceptable alternative if a respirator is not available) . 13. If there are COVID-19 cases in the facility: a. Staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability) .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review on 3/23/23 of the facility's policy titled Coronavirus Disease (COVID-19) - Identification and Management of Ill Residents, revised September 2021 revealed, . Residents with signs and/or symptoms of COVID-19 are identified and isolated to help control the spread of infection to other residents, staff and visitors . 1. The infection preventionist is responsible for establishing and overseeing screening and monitoring efforts . Establishing a COVID-19 Care Unit 1. A COVID-19 care unit (which may be a dedicated floor, unit, wing or cluster or rooms at the end of a hallway) has been established to cohort and manage the care of residents with confirmed [COVID-19] infection. 2. The location of the COVID-19 care unit is physically separated from the other rooms or units housing residents without confirmed [COVID-19] infection. 3. Staff is assigned to work only on the COVID-19 care unit when it is in use . Ancillary staff is restricted from the unit .</p> <p>Review on 3/23/23 of the facility's policy Coronavirus Disease (COVID-19) - Using Personal Protective Equipment, dated September 2021 revealed, .3. When caring for a resident with suspected or confirmed [COVID-19] infection, the following infection prevention and control practices are followed: a. Personnel who enter the room of resident with suspected or confirmed [COVID-19] infection adhere to standard precautions and use a NIOSH (National Institute for Occupational Safety and Health) approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection . Disposable respirators are removed and discarded after exiting the resident's room or care area and closing the door unless implementing extended use or reuse . Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) is applied upon entry to the resident room or care area, if not already wearing as part of extended use strategies to optimize PPE supply . A clean isolation gown is donned upon entry into the resident room or area . The gown is removed and discarded in a dedicated container for waste or linen before leaving the resident room or care area . All personnel receive training on and demonstrate an understanding of . when to use PPE . what PPE is necessary . how to properly don, use, and doff PPE in a manner to prevent self-contamination . how to properly dispose of . PPE .</p> <p>Review on 3/24/23 of the additional facility policy revealed the following;</p> <p>Coronavirus Disease (COVID-19) Surge Capacity Staffing was last revised in April 2020;</p> <p>Coronavirus Disease (COVID-19) - Testing Staff was last revised September in 2021;</p> <p>Coronavirus Disease (COVID-19) - Testing Residents was last revised September in 2021;</p> <p>Personal Protective Equipment - Contingency and Crisis Use of Isolation Gowns (COVID-19 Outbreaks) was last revised in September 2021;</p> <p>Coronavirus Disease (COVID-19) - Facemask as Source Control was last updated September 2021.</p> <p>Interview on 3/23/23 at 11:15 p.m. with Staff B confirmed that the above policies dated April 2020 and September 2021 were the most recent and current policies.</p> <p>The facility was asked for documentation of when the facility's policies were last reviewed, but no additional documentation was provided.</p> <p>45991</p>		

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NAME OF PROVIDER OR SUPPLIER Derry Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Chester Road Derry, NH 03038	
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(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>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>45991</p> <p>Based on interview, and record review, it was determined that the facility failed to ensure that a resident received the influenza and pneumococcal vaccines after consenting to receive for 1 out of 5 residents reviewed for immunizations (Resident identifier is #12).</p> <p>Findings include:</p> <p>Review on 3/23/23 of Resident #12's influenza and pneumococcal consent forms revealed that Resident #12's resident representative gave the facility permission to administer the influenza and pneumococcal vaccine with a sign date of 3/3/23.</p> <p>Review on 3/23/23 of Resident #12's immunization record revealed that Resident #12 did not receive the influenza and pneumococcal vaccination after consent was signed on 3/3/23.</p> <p>Interview on 3/23/23 at 2:00 p.m. with Staff K (Medical Records / Administrative Staff) confirmed that Resident #12's resident representative signed the consent agreeing to the above vaccinations and that there was no documentation of the resident receiving the vaccinations in his/her Medical Record.</p> <p>Review on 3/24/23 of the facility's policy titled, Influenza Vaccine, revised March 2022 revealed .All residents and employees who have no medical contraindications to the vaccine will be offered the influenza vaccine annually to encourage and promote the benefits associated with vaccinations against influenza Policy Interpretation and Implementation 1. Between October 1st and March 31st each year, the influenza vaccine shall be offered to residents and employees, unless the vaccine is medically contraindicated or the resident or employee has already been immunized 4. Prior to vaccination, the resident (or residents legal representative) or employee will be provided information and education regarding the benefits and potential side effects of the influenza vaccine (See current vaccine information statements at https://www.cdc.gov/vaccines/hcp/vis/index.html for educational materials). Provision of such education shall be documented in the resident/employee medical record. 5. For those who receive the vaccine, the date of vaccination, lot number, expiration date, person administering, and the site of vaccination will be documented in the resident's/employee's medical record.</p> <p>(continued on next page)</p>		

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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>Review on 3/14/23 of the facility's policy titled, Pneumococcal Vaccine, revised March 2022 revealed Policy Statement All residents are offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. Policy Interpretation and Implementation 1. Prior to or upon admission, residents are assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, are offered the vaccine series within (30) days of admission to the facility unless medically contraindicated or the resident or the resident has already been vaccinated. 2. Assessments of pneumococcal vaccination status are conducted within (5) working days of the resident's admission if not conducted prior to admission. 3. Before receiving a pneumococcal vaccine, the resident or legal representative receives information and education regarding the benefits and potential side effects of the pneumococcal vaccine (See current vaccine information statements at https://www.cdc.gov/vaccines/hcp/vis/index.html for educational materials.) Provision of such education is documented in the resident's medical record. 4. Pneumococcal vaccines are administered to residents (unless medically contraindicated, already given, or refused) per our facility's physician-approved pneumococcal vaccination protocol 6. For each resident who receives the vaccine, the date of vaccination, lot number, expiration date, person administering, and the site of vaccination are documented in the resident's medical record.</p>

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<p>F 0886</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Perform COVID19 testing on residents and staff.</p> <p>43002</p> <p>Based on interview and record review, it was determined that the facility failed to test staff with symptoms consistent of COVID-19 for 2 of 4 staff reviewed who presented to work with signs and symptoms of COVID-19 (Staff identifier are P and Q).</p> <p>Findings include:</p> <p>Review on 3/27/23 of the Centers for Disease Control and Prevention (CDC) Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 [severe acute respiratory syndrome-related coronavirus] Infection or Exposure to SARS-CoV-2 updated 9/23/22, revealed, .Evaluating Healthcare Personnel with Symptoms of SARS-CoV-2 Infection. HCP [Health Care Personnel] with even mild symptoms of COVID-19 should be prioritized for viral testing with nucleic acid or antigen detection assays .</p> <p>Review on 3/27/23 of the CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated 9/27/22 revealed, . This guidance applies to all U.S. [United States] settings where healthcare is delivered, including nursing homes and home health . Anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test for SARS-CoV-2 as soon as possible .</p> <p>Staff P</p> <p>Review on 3/24/23 of the facility's COVID-19 Screening Log for Visitation and Staff on 3/16/23 revealed that Staff P (Registered Nurse) screened in and recorded yes to having COVID-19 symptoms in the last 48 hours and being exposed to COVID-19 in the last 14 days.</p> <p>Review on 3/24/23 of the facility's COVID-19 testing log revealed no COVID-19 testing was documented as being completed for Staff P on 3/16/23.</p> <p>Review on 3/27/23 of the facility's staffing for 3/16/23 revealed that Staff P worked on [NAME] Wing on 3/16/23.</p> <p>Staff Q</p> <p>Review on 3/24/23 of the facility's COVID-19 Screening Log for Visitation and Staff on 3/19/23 revealed that Staff Q (Licensed Practical Nurse) screened in and recorded yes to having COVID-19 symptoms in the last 48 hours and being exposed to COVID-19 in the last 14 days.</p> <p>Review on 3/24/23 of the facility's COVID-19 testing log revealed no COVID-19 testing was documented as being completed for Staff Q on 3/19/23.</p> <p>Review on 3/27/23 of the facility's staffing for 3/19/23 revealed that Staff Q worked 11:00 p.m. to 7:00 a.m.</p> <p>Review on 3/27/23 of the facility's COVID-19 line listing revealed that Staff Q tested positive for COVID-19 on 3/22/23.</p> <p>(continued on next page)</p>		

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<p>F 0886</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review on 3/27/23 of the facility's policy and procedure titled Coronavirus Disease (COVID-19) - Testing Staff, revised September 2021, revealed, .Staff in the facility, including all paid and unpaid individuals with potential for direct or indirect exposure to residents or infectious material, are tested for the [COVID-19] virus to detect the presence of current infections (viral testing) and to help prevent the transmission of COVID-19 in the facility . Symptomatic staff (those with signs or symptoms associated with COVID-19) are tested immediately, regardless of severity of symptoms .</p> <p>Interview on 3/24/23 at approximately 3:00 p.m. with Staff B (Corporate Clinical Nurse) confirmed that Staff P and Staff Q screened in with symptoms and exposure with no testing documented.</p> <p>45991</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45991</p> <p>Based on interview, record review, and policy review, it was determined that the facility failed to offer COVID-19 vaccination for 2 out of 5 residents reviewed for COVID-19 Immunization (Resident identifiers are #3 and #12).</p> <p>Findings include:</p> <p>Resident #12</p> <p>Review on 3/23/23 of Resident #12's medical record revealed Resident #12 admitted to the facility on [DATE]. Further review of Resident #12's medical record revealed a physician's order for pneumococcal and influenza vaccination dated 3/3/23. There was no current order for COVID-19 vaccination.</p> <p>Review on 3/23/23 of Resident #12's medical record revealed a consent for COVID-19 vaccination signed by Resident #12's resident representative dated 3/3/23.</p> <p>Review on 3/23/23 of Resident #12's immunization record revealed no documentation of administration of the COVID-19 vaccination.</p> <p>Interview on 3/23/23 at 2:00 p.m. with Staff K (Medical Records / Administrative Staff) confirmed that Resident #12's resident representative signed the consent for COVID-19 vaccination and that there was no COVID-19 vaccination documentation in Resident #12's medical record.</p> <p>Interview on 3/24/23 at approximately 11:15 a.m. with Staff B confirmed that there was no record of COVID-19 immunization in Resident #12 medical record and that the facility was waiting for Resident #12's vaccination history.</p> <p>43002</p> <p>Resident #3</p> <p>Review on 3/23/23 of Resident #3's Admission Minimum Data Set (MDS) with an assessment reference date of 12/20/22 revealed under Section A1600 Entry Date was coded 12/14/22. Further review revealed under Section C0500 Brief Interview of Mental Status was coded as 15 meaning cognitively intact.</p> <p>Review on 3/23/23 of the facility's COVID-19 line list revealed that Resident #3 tested positive for COVID-19 on 3/10/23.</p> <p>Review on 3/23/23 of Resident #3's electronic medical record revealed that under the immunization tab that there was no COVID-19 vaccination history documented.</p> <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review on 3/23/23 of Resident #3's paper medical record revealed that there was no consent for COVID-19 completed and no history was documented that Resident #3 had received the vaccine prior to admission. Further review of Resident #3's paper medical record revealed that Resident #3 had a partially completed a consent to receive vaccinations, including the COVID-19 vaccination, on 12/12/22 (which was prior to admission to the facility); however, there was no follow up to this request documented in the medical record.</p> <p>Observation on 3/23/23 at 1:00 p.m. of Resident #3 revealed the resident in bed with oxygen on. Resident #3's room had an isolation sign on the door and personal protective equipment outside.</p> <p>Interview on 3/23/23 at 1:00 p.m. with Resident #3 revealed that he/she admitted to the facility in 12/14/22 and that he/she had wanted to receive the COVID-19 vaccinations, but was told that he/she had missed the clinic for the COVID-19 vaccination. Resident #3 confirmed that he/she had not been offered the COVID-19 vaccine since admission and that he/she had not been updated as to when he/she would receive it. Resident #3 confirmed that he/she currently had COVID-19 and was on isolation and receiving oxygen.</p> <p>Interview on 3/24/23 at 12:30 p.m. with Staff O (MDS Coordinator) confirmed that Resident #3 did not have the COVID-19 vaccination. Staff O confirmed that above 12/12/22 consent was from prior to Resident #3 admitting the facility and did not know if any follow up had been done. Staff O confirmed that the facility's consent form was not in Resident #3's medical record.</p> <p>Interview on 3/24/23 at 12:35 p.m. via the telephone with Staff D (Infection Preventionist) revealed that Staff D had called to get the COVID-19 vaccination from the pharmacy. When asked if he/she had documented this, Staff D stated he/she did not. Staff D stated that there was no COVID-19 vaccinations in the facility to administer. Staff D confirmed that he/she knew that Resident #3 had wanted the COVID-19 vaccination, but did not document this anywhere. Staff D stated that in her head she had 3 residents that needed the COVID-19 vaccination.</p> <p>Interview on 3/27/23 at 3:10 p.m. with Staff D revealed that he/she had ordered the COVID-19 vaccinations from the pharmacy on 3/25/23. Staff D stated he/she had not ordered COVID-19 vaccinations prior to 3/25/23. Staff D confirmed that Resident #3 had not received the COVID-19 vaccination.</p> <p>Review on 3/24/23 of the facility's policy titled Coronavirus Disease (COVID-19) - Vaccination of Residents, revised December 2021, revealed .Policy Statement Each resident is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident has already been immunized. Policy Interpretation and Implementation .4. The COVID-19 vaccine may be offered and provided directly by the LTC [long term care] facility or indirectly, such as through an arrangement with a pharmacy partner, local health department, or other appropriate health entity 9. Residents must sign a consent to vaccinate form prior to receiving the vaccine. The form is provided to the resident in a language and format understood by the resident or representative 15. A vaccine administration record is provided to the resident and a copy is filed in the resident record Documentation and Reporting .2. If the resident did not receive the COVID-19 vaccine due to a medical contraindications, prior vaccination or refusal, appropriate documentation is made in the resident's record.</p>		