

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>01/12/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MOUNTAIN RIDGE HEALTH AND REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>611 OLD US HIGHWAY 70 EAST BLACK MOUNTAIN, NC 28711</b>
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E 000	Initial Comments	E 000		
F 000	An unannounced recertification and complaint investigation survey was conducted on 01/09/23 through 01/12/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# NP5B11.	F 000		
F 583 SS=D	<p>INITIAL COMMENTS</p> <p>A recertification and complaint investigation survey was conducted from 01/09/23 through 01/12/23. Event ID# NP5B11.</p> <p>The following intakes were investigated: NC00194368 and NC00189943. One of two complaint allegations was substantiated resulting in deficiency (F880).</p> <p>Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)</p> <p>§483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.</p> <p>§483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident,</p>	F 583		2/5/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  02/05/2023
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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.

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F 583	<p>Continued From page 1 including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident and Wound Nurse interviews the facility failed to provide privacy by not closing the door during wound care for 1 of 1 resident (Resident #20) reviewed for wound care.</p> <p>The findings include:  Resident #20 was admitted to the facility on 12/12/22.  The admission Minimum Data Set (MDS) dated 12/19/22 revealed Resident #20 was cognitively intact.  On 01/10/23 9:48 AM an observation was made of the Wound Nurse performing a dressing change to Resident #20's venous ulcer which was located on the Resident's left inner shin. The Resident was sitting up in her wheelchair and the venous ulcer was visible from the open door. The Wound Nurse entered the Resident's room announcing her intentions of performing the</p>	F 583	<p>The facility failed to provide personal privacy and confidentiality for affected resident #20. The facility failed to provide privacy for Resident #20 during wound care by not closing the resident door.</p> <p>Wound Care Nurse provided education on 1/10/23 by the Director of Nursing specific to the resident right to be treated with dignity and respect as it pertains to privacy during care. Resident #20 has since been provided privacy during wound treatment care.</p> <p>All other residents receiving wound care have the potential to be affected by deficient practice.</p> <p>Staff education began on 1/10/23 for all facility personnel specific to promoting and maintaining resident dignity during care. Education was provided by the Director of Nursing and Staff</p>		

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F 583	<p>Continued From page 2</p> <p>dressing change to the venous ulcer on Resident #20 and did not provide privacy by closing the door nor did she ask the Resident if she wanted the door closed during the treatment. During the wound care procedure, the Activities Director (AD) approached the open door and proceeded to ask Resident #20 if she wanted fresh ice in her water. Also, during the wound care procedure, at least three different individuals were noted to pass by the Resident's open door and look in the Resident's room.</p> <p>During an interview with Resident #20 on 01/10/23 10:06 AM immediately after the wound care was performed by the Wound Nurse, the Resident stated that she would have preferred for the door to be closed during the wound care because it made her nervous for people to look at her while the procedure was being done.</p> <p>An interview was conducted with the Wound Nurse on 01/10/23 10:08 AM who indicated that she should have provided privacy for Resident #20 by closing the door while she conducted the wound dressing change but forgot because she was nervous.</p> <p>On 01/10/23 10:46 AM during an interview with the Director of Nursing she explained that the Wound Nurse should have provided privacy for Resident #20 by either closing the door to her room or the Nurse could have positioned the Resident's wheelchair so that the ulcer was not visible from the door.</p> <p>An interview was conducted on 01/11/23 2:34 PM with the Regional Director of Operations and the Administrator. They indicated it was their expectation that the Wound Nurse provide</p>	F 583	<p>Development Coordinator. Education was completed 2/3/23. All new hires and agency staff will be educated prior to starting their first shift.</p> <p>It is the expectation that all residents will be treated with dignity and respect involving all aspects of care delivery. The facility will diligently work to honor preferences and render care in adherence to the resident specific plan of care. Audits will be completed by the Director of Nursing, Staff Development Coordinator, Quality Assurance Nurse, and Administrator 5 times per day 5 times per week for a period of 4 weeks, then 3 times per day 5 times per week for a period of 4 weeks, then 1 time per day 5 days per week for a period of 4 weeks to validate the care is being delivered in honor of the resident's specific preferences and with dignity and respect.</p> <p>The Director of Nursing is responsible for implementing this plan of correction and reporting the findings to the Quality Assurance Performance Improvement (QAPI) Committee monthly. The QAPI committee consists of, but is not limited to, the Director of Nursing, Administrator, MDS Coordinator, Assistant Director of Nursing, Social Worker, Activities Director, Dietary Manager, Maintenance Director, Medical Records, and Medical Director. The audits will be reviewed monthly and recommendations for changes of the plan of correction will occur if the facility is not maintaining compliance with regulatory requirements.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 583	Continued From page 3 privacy for any resident when she performed wound care treatments on the residents.	F 583	The plan of correction can be changed to include additional education and monitoring to obtain and maintain substantial compliance.		
F 880 SS=D	<p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other</p>	F 880	Date of Completion: 2/5/23	2/5/23	

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F 880	<p>Continued From page 4</p> <p>persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, record review, staff, Wound Nurse, and Nurse Practitioner interviews the facility failed to perform hand hygiene</p>	F 880	<p>It is the policy of this facility to establish and maintain an infection prevention and control system designed to provide a safe,</p>		

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F 880	<p>Continued From page 5</p> <p>between glove changes during venous ulcer wound care for 1 of 3 residents (Resident #20) reviewed for wound care.</p> <p>The finding included:</p> <p>Review of the facility's undated "Clean Dressing Change" policy revealed "It is the policy of this facility to provide wound care in a manner to decrease potential for infection and/or cross-contamination. 7. Wash hands and put on clean gloves. 9. Loosen the tape and remove the existing dressing. If needed to minimize skin stripping or pain, moisten with prescribed cleansing solution or use adhesive remover to remove tape. 10. Remove gloves, pulling inside out over dressing. Discard into appropriate receptacle. 11. Wash hands and put on clean gloves.</p> <p>A continuous observation of a venous ulcer wound care was performed on Resident #20's left inner shin by the Wound Nurse on 01/10/23 9:48 AM. The WN sanitized her hands, donned clean gloves, and brought the wound care supplies into the Resident's room and laid the supplies out on a protective barrier. The Wound Nurse proceeded to remove the old wound dressing from the Resident's left shin venous ulcer wound after having to soak the dressing with normal saline before it could be removed from the ulcer. The old dressing contained heavy brownish drainage and bright red blood. She then removed her soiled gloves and donned a new pair of gloves without sanitizing or washing her hands. The WN cleansed the venous ulcer with saline and removed her gloves and sanitized her hands before she donned a new pair of gloves to complete the treatment.</p>	F 880	<p>sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases.</p> <p>The facility failed to perform hand hygiene between glove changes during wound care for Resident #20 per facility policy for Clean Dressing Technique. Wound Care Nurse provided education on 1/10/23 by the Director of Nursing specific to clean dressing technique with emphasis on hand hygiene between glove changes. Resident #20 has since been provided wound care with proper infection control procedures inclusive of clean dressing technique with hand hygiene between glove changes.</p> <p>Other residents with physician ordered wound dressing changes have the potential to be affected by the same deficient practice.</p> <p>Education began on 1/10/23 for licensed nursing personnel on clean dressing technique with special emphasis on hand hygiene. Education conducted by the Director of Nursing and Staff Development Coordinator with completion on 2/3/23. All new hires and agency staff will be educated prior to starting their first shift.</p> <p>The facility will ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choice. Audits will be completed by the Director of</p>		

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F 880	Continued From page 6  During an interview with the Wound Nurse (who also served as the Infection Control Nurse) on 01/10/23 10:08 AM she acknowledged she did not sanitize or wash her hands after she removed the soiled dressing from the venous ulcer and before she donned a clean pair of gloves. The Wound Nurse explained that she did not touch anything after she removed her gloves so therefore her hands were not dirty. When asked what the facility's policy was regarding changing gloves during a wound treatment and if she performed the wound treatment according to the facility's policy, she stated she did not know what the policy was because she had only been doing the treatments for about a year.  On 01/10/23 10:46 AM an interview was conducted with the Director of Nursing (DON) who explained the facility's policy was to always sanitizer your hands after you remove your gloves because your hands were always considered dirty after you remove gloves no matter what you were doing.	F 880	Nursing and or designees inclusive of the Staff Development Coordinator, MDS Coordinator, and Quality Assurance Nurse on a sample of 5 residents per day 5 times per week for 4 weeks, then 5 residents per day 3 times per week for 8 weeks, then 5 residents per day 1 time per week for 12 weeks to ensure that residents receive treatment and care in accordance with professional standards of practice inclusive of the facility policy for clean dressing change related to hand hygiene, the comprehensive person-centered care plan, and the residents <input type="checkbox"/> choice in accordance with the facility procedure for wound/skin impairment management.  The Director of Nursing is responsible for implementing this plan of correction and reporting the findings to the Quality Assurance Performance Improvement (QAPI) Committee monthly. The QAPI committee consists of, but is not limited to, the Director of Nursing, Administrator, MDS Coordinator, Assistant Director of Nursing, Social Worker, Activities Director, Dietary Manager, Maintenance Director, Medical Records, and Medical Director. The audits will be reviewed monthly and recommendations for changes of the plan of correction will occur if the facility is not maintaining compliance with regulatory requirements. The plan of correction can be changed to include additional education and monitoring to obtain and maintain substantial compliance.		

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F 880	Continued From page 7	F 880	Date of Completion: 2/5/23		
F 883 SS=E	<p>Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2)</p> <p>§483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that-</p> <ul style="list-style-type: none"> <li>(i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</li> <li>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</li> <li>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</li> <li>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following: <ul style="list-style-type: none"> <li>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and</li> <li>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</li> </ul> </li> </ul> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <ul style="list-style-type: none"> <li>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the</li> </ul>	F 883		2/5/23	



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F 883	<p>Continued From page 8</p> <p>immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to include in the resident's medical record documentation of education provided regarding the benefits and potential side effects of receiving the influenza vaccine or consent forms indicating the acceptance or refusal of the influenza vaccine for 5 of 5 sampled residents (Residents #3, #15, #23 #27, and #68).</p> <p>Findings included:</p> <p>The facility's policy titled "Influenza Vaccination", with no effective or revised date, read in part, "It is the policy of this facility to minimize the risk of acquiring, transmitting, or experiencing complications from influenza by offering our residents, staff members and volunteer workers annual immunization against influenza ...2) Influenza vaccinations will be routinely offered</p>	F 883	<p>It is the policy of this facility to provide education to the resident and/or resident representative on the risks and benefits of the influenza immunization and pneumococcal immunization. Each resident should be offered immunization unless medically contraindicated and the medical record must include documentation that education was provided, whether the resident received the immunization, or it was contraindicated or refused.</p> <p>The facility failed to include in the resident's medical record documentation of education provided regarding the benefits and potential side effects of receiving the influenza vaccine or consent forms indicating the acceptance or refusal</p>		

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F 883	<p>Continued From page 9</p> <p>annually from October 1st through March 31st unless such immunization is medically contraindicated, the individual has already been immunized, or refuses the vaccine ...7) Individuals receiving the influenza vaccine, or their legal representative, will be required to sign a consent form prior to the administration of the vaccine. The completed, signed and dated record will be filed in the individual's medical record ...9) The resident's medical record will include documentation that the resident and/or their representative was provided education regarding the benefits and potential side effects of the immunization and that the resident received or did not receive the immunization due to contraindication or refusal."</p> <p>1. Resident #3 was admitted to the facility on 12/22/22.</p> <p>The admission Minimum Data Set (MDS) dated 12/29/22 assessed Resident #3 with intact cognition.</p> <p>Review of Resident #3's immunization status revealed he refused the influenza vaccination with no date of the refusal documented.</p> <p>Review of Resident #3's medical record revealed no documentation of consent to indicate he received education on the influenza vaccine and/or was offered, received or declined the influenza vaccine during the influenza season of October 2022 to March 2023.</p> <p>During a joint interview with the Director of Nursing (DON) on 01/12/23 at 10:35 AM, the Wound Nurse confirmed she provided residents and/or their representatives with education on the</p>	F 883	<p>of the influenza vaccine for Residents #3, #15, #23, #27, and #68.</p> <p>Consent forms have been placed in the medical record for Residents #3, #15, #23, #27, and #68.</p> <p>All residents have the potential to be affected by the same deficient practice of failure to include in the resident's medical record documentation of education provided regarding the benefits and potential side effects of receiving the influenza vaccine or consent forms indicating the acceptance or refusal of the influenza vaccine. All current residents had records reviewed and influenza consent information uploaded by Medical Records on 2/5/23.</p> <p>Education began and was completed on 1/12/23 on facility policy for Pneumococcal and Influenza Immunization specific to documentation of education provided regarding the benefits and potential side effects of receiving the influenza vaccine or consent forms indicating the acceptance or refusal of the vaccine. Education completed by the Director of Nursing to members of Nurse Management inclusive of the Staff Development Coordinator, MDS nurses, Staff Development Coordinator, and Infection Control Nurse. Other members in attendance included Director of Social Work and Admissions Director.</p> <p>Audit will be completed weekly of all new admissions to ensure that influenza and</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>MOUNTAIN RIDGE HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>611 OLD US HIGHWAY 70 EAST</b> <b>BLACK MOUNTAIN, NC 28711</b>		
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F 883	<p>Continued From page 10</p> <p>influenza vaccine and obtained consents prior to administering the influenza vaccination unless they had previously signed a consent indicating they wanted the influenza vaccine every year during their stay at the facility. The Wound Nurse confirmed Resident #3's medical record did not contain documentation of consents to indicate he was educated on the influenza vaccine and either received or declined the influenza vaccine during the influenza season October 2022 to March 2023. The Wound Nurse explained she kept all resident consent forms filed in a binder located in her office and did not realize the documentation needed to be maintained in the resident's medical record as well. She reviewed Resident #3's influenza consent form and stated consent was refused by Resident #3's representative on 12/22/22.</p> <p>During joint interviews with the Administrator and Regional Director of Operations (RDO) on 12/12/23 at 11:54 AM and 2:06 PM, the RDO stated she was aware the facility could not have one signed consent from a resident or their representative for the influenza vaccine that covered every year throughout their stay. She explained education and consent should be obtained each time the influenza vaccination was offered and the documentation maintained in the resident's medical record. The RDO stated she was not sure when or how the process had changed and contributed it to the change in administration staff over the years, such as the Administrator and/or Director of Nursing.</p> <p>2. Resident #15 was admitted to the facility on 03/03/16.</p> <p>The quarterly Minimum Data Set (MDS) dated</p>	F 883	<p>pneumococcal education was provided to newly admitted residents regarding the benefits and potential side effects of receiving the vaccine. The consent form indicating acceptance or refusal of the vaccine has been uploaded into the resident specific medical record. Weekly audits will be completed by the Administrator ongoing for a period of 12 weeks to ensure compliance with facility policy.</p> <p>The Director of Nursing is responsible for implementing this plan of correction and reporting the findings to the Quality Assurance Performance Improvement (QAPI) Committee monthly. The QAPI committee consists of, but is not limited to, the Director of Nursing, Administrator, MDS Coordinator, Assistant Director of Nursing, Social Worker, Activities Director, Dietary Manager, Maintenance Director, Medical Records, and Medical Director. The audits will be reviewed monthly and recommendations for changes of the plan of correction will occur if the facility is not maintaining compliance with regulatory requirements. The plan of correction can be changed to include additional education and monitoring to obtain and maintain substantial compliance.</p> <p>Date of Completion: 2/5/23</p>		

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F 883	<p>Continued From page 11</p> <p>11/10/22 assessed Resident #15 with intact cognition.</p> <p>Review of Resident #15's immunization status revealed she received the influenza vaccine on 10/06/22.</p> <p>Review of Resident #15's medical record revealed no documentation of consents to indicate she was educated on the influenza vaccine and/or was offered, received or declined the influenza vaccine since 10/16/17.</p> <p>During a joint interview with the Director of Nursing (DON) on 01/12/23 at 10:35 AM, the Wound Nurse confirmed she provided residents and/or their representatives with education on the influenza vaccine and obtained consents prior to administering the influenza vaccination unless they had previously signed a consent indicating they wanted the influenza vaccine every year during their stay at the facility. The Wound Nurse confirmed Resident #15's medical record did not contain documentation of consents to indicate she was educated on the influenza vaccine and either received or declined the influenza vaccine during the influenza season October 2022 to March 2023. The Wound Nurse explained she kept all resident consent forms filed in a binder located in her office and did not realize the documentation needed to be maintained in the resident's medical record as well. She reviewed Resident #15's influenza consent form and explained consent was obtained for her to receive the influenza vaccine on 10/16/17 and every year thereafter. The Wound Nurse stated she was unaware education and consents should be obtained each time the influenza vaccination was offered and had just followed the process she</p>	F 883			

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F 883	<p>Continued From page 12 was instructed.</p> <p>During joint interviews with the Administrator and Regional Director of Operations (RDO) on 12/12/23 at 11:54 AM and 2:06 PM, the RDO stated she was aware the facility could not have one signed consent from a resident or their representative for the influenza vaccine that covered every year throughout their stay. She explained education and consent should be obtained each time the influenza vaccination was offered and the documentation maintained in the resident's medical record. The RDO stated she was not sure when or how the process had changed and contributed it to the change in administration staff over the years, such as the Administrator and/or Director of Nursing.</p> <p>3. Resident #23 was admitted to the facility on 07/13/22.</p> <p>The admission Minimum Data Set (MDS) dated 12/20/22 assessed Resident #23 with moderate impairment in cognition.</p> <p>Review of Resident #23's immunization status revealed she refused the influenza vaccination with no date of the refusal documented.</p> <p>Review of Resident #23's medical record revealed no documentation of consent to indicate she or her representative received education on the influenza vaccine and/or was offered, received or declined the influenza vaccine during the influenza season of October 2022 to March 2023.</p> <p>During a joint interview with the Director of Nursing (DON) on 01/12/23 at 10:35 AM, the</p>	F 883			

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F 883	<p>Continued From page 13</p> <p>Wound Nurse confirmed she provided residents and/or their representatives with education on the influenza vaccine and obtained consents prior to administering the influenza vaccination unless they had previously signed a consent indicating they wanted the influenza vaccine every year during their stay at the facility. The Wound Nurse confirmed Resident #23's medical record did not contain documentation of consents to indicate she or her representative were educated on the influenza vaccine and either received or declined the influenza vaccine during the influenza season October 2022 to March 2023. The Wound Nurse explained she kept all resident consent forms filed in a binder located in her office and did not realize the documentation needed to be maintained in the resident's medical record as well. She reviewed Resident #23's influenza consent form and stated consent was refused by Resident #23's representative on 08/29/22.</p> <p>During joint interviews with the Administrator and Regional Director of Operations (RDO) on 12/12/23 at 11:54 AM and 2:06 PM, the RDO stated she was aware the facility could not have one signed consent from a resident or their representative for the influenza vaccine that covered every year throughout their stay. She explained education and consent should be obtained each time the influenza vaccination was offered and the documentation maintained in the resident's medical record. The RDO stated she was not sure when or how the process had changed and contributed it to the change in administration staff over the years, such as the Administrator and/or Director of Nursing.</p> <p>4. Resident #27 was admitted to the facility on 08/30/18.</p>	F 883			

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F 883	Continued From page 14  The quarterly Minimum Data Set (MDS) dated 11/03/22 assessed Resident #27 with severe impairment in cognition.  Review of Resident #27's immunization status revealed she received the influenza vaccine on 10/06/22.  Review of Resident #27's medical record revealed no documentation of consents to indicate she was educated on the influenza vaccine and/or was offered, received or declined the influenza vaccine since 10/08/19.  During a joint interview with the Director of Nursing (DON) on 01/12/23 at 10:35 AM, the Wound Nurse confirmed she provided residents and/or their representatives with education on the influenza vaccine and obtained consents prior to administering the influenza vaccination unless they had previously signed a consent indicating they wanted the influenza vaccine every year during their stay at the facility. The Wound Nurse confirmed Resident #27's medical record did not contain documentation of consents to indicate she was educated on the influenza vaccine and either received or declined the influenza vaccine during the influenza season October 2022 to March 2023. The Wound Nurse explained she kept all resident consent forms filed in a binder located in her office and did not realize the documentation needed to be maintained in the resident's medical record as well. She reviewed Resident #27's influenza consent form and explained consent was obtained from her representative to receive the influenza vaccine on 10/08/19 and every year thereafter. The Wound Nurse stated she was unaware education and	F 883			

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F 883	<p>Continued From page 15</p> <p>consents should be obtained each time the influenza vaccination was offered and had just followed the process she was instructed.</p> <p>During joint interviews with the Administrator and Regional Director of Operations (RDO) on 12/12/23 at 11:54 AM and 2:06 PM, the RDO stated she was aware the facility could not have one signed consent from a resident or their representative for the influenza vaccine that covered every year throughout their stay. She explained education and consent should be obtained each time the influenza vaccination was offered and the documentation maintained in the resident's medical record. The RDO stated she was not sure when or how the process had changed and contributed it to the change in administration staff over the years, such as the Administrator and/or Director of Nursing.</p> <p>5. Resident #68 was admitted to the facility on 03/20/21.</p> <p>The quarterly Minimum Data Set (MDS) dated 12/23/22 assessed Resident #68 with moderate impairment in cognition.</p> <p>Review of Resident #68's immunization status revealed she received the influenza vaccine on 10/05/22.</p> <p>Review of Resident #68's medical record revealed no documentation of consents to indicate she was educated on the influenza vaccine and/or was offered, received or declined the influenza vaccine since 09/03/21.</p> <p>During a joint interview with the Director of Nursing (DON) on 01/12/23 at 10:35 AM, the</p>	F 883			



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F 883	<p>Continued From page 16</p> <p>Wound Nurse confirmed she provided residents and/or their representatives with education on the influenza vaccine and obtained consents prior to administering the influenza vaccination unless they had previously signed a consent indicating they wanted the influenza vaccine every year during their stay at the facility. The Wound Nurse confirmed Resident #68's medical record did not contain documentation of consents to indicate she was educated on the influenza vaccine and either received or declined the influenza vaccine during the influenza season October 2022 to March 2023. The Wound Nurse explained she kept all resident consent forms filed in a binder located in her office and did not realize the documentation needed to be maintained in the resident's medical record as well. She reviewed Resident #68's influenza consent form and explained consent was obtained from her representative to receive the influenza vaccine on 09/03/21 and every year thereafter. The Wound Nurse stated she was unaware education and consents should be obtained each time the influenza vaccination was offered and had just followed the process she was instructed.</p> <p>During joint interviews with the Administrator and Regional Director of Operations (RDO) on 12/12/23 at 11:54 AM and 2:06 PM, the RDO stated she was aware the facility could not have one signed consent from a resident or their representative for the influenza vaccine that covered every year throughout their stay. She explained education and consent should be obtained each time the influenza vaccination was offered and the documentation maintained in the resident's medical record. The RDO stated she was not sure when or how the process had changed and contributed it to the change in</p>	F 883			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 883	Continued From page 17 administration staff over the years, such as the Administrator and/or Director of Nursing.	F 883			