

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

PRINTED: 02/04/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495297	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/20/2022
NAME OF PROVIDER OR SUPPLIER BOWLING GREEN HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 120 ANDERSON AVENUE BOWLING GREEN, VA 22427		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments	E 000			
	An unannounced abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted 1/19/22 through 1/20/22. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.				
F 000	INITIAL COMMENTS	F 000			
	An unannounced abbreviated COVID-19 focused survey and complaint survey was conducted 1/19/22 through 1/20/22. One complaint (VA00053251- unsubstantiated) was investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.				
	The census in this 120 certified bed facility was 114. Of the 114 current residents, 19 residents were positive for the COVID-19 virus. The survey sample consisted of 5 current resident reviews (Residents #1 through #5).				
F 883 SS=D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2)	F 883			2/2/22
	§483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (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; (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;				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/31/2022

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 883	<p>Continued From page 1</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 influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the 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</p>	F 883			

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F 883	<p>Continued From page 2</p> <p>contraindication or refusal. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to address and offer the pneumococcal immunization (vaccine) for two of five residents in the survey sample, Residents #1 and #3.</p> <p>The facility staff failed to obtain information to address if Resident #1 and Resident #3 were candidates for the pneumococcal immunization and failed offer the immunization to the residents.</p> <p>The findings include:</p> <p>1. Resident #1 was admitted to the facility on 9/8/21. Resident #1's diagnoses included but were not limited to diabetes, chronic kidney disease and bilateral leg amputations. Resident #1's quarterly minimum data set assessment with an assessment reference date of 12/15/21, coded the resident as being cognitively intact.</p> <p>Review of Resident #1's immunization record failed to reveal documentation if the resident received the pneumococcal immunization prior to admission, documentation that the resident was not a candidate for the immunization or documentation that Resident #1 was offered the immunization. The immunization record only documented, "Pneumovax 13 (name of pneumococcal immunization). Consent Required."</p> <p>On 1/20/22 at 1:02 p.m., an interview was conducted with LPN (licensed practical nurse) #2, the infection control nurse. LPN #2 stated that</p>	F 883	<p>The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F883</p> <p>1-Resident #1 has received the Pneumococcal vaccine. Resident #3 was offered the Pneumococcal vaccine, but refused.</p> <p>2-The Infection Preventionist or designee will complete an audit to ensure that the pneumococcal immunization was addressed and offered to the current residents.</p> <p>3- The Staff Development Coordinator or designee will educate Licensed Nurses on the policy and procedure for pneumococcal immunizations to include identifying residents appropriate for the vaccine and offering the vaccine, providing education on the vaccine, documentation of refusal or administration of the vaccine.</p> <p>4-The DON or designee will complete</p>		

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F 883	<p>Continued From page 3</p> <p>when a resident is admitted, she searches online Virginia immunization records to obtain information about residents' previous vaccines. LPN #2 stated she then contacts the resident or representative and asks if they would like for the pneumococcal immunization to be administered and if so, she obtains consent and arranges the immunization administration. LPN #2 stated she tries to complete this process within two to three days. LPN #2 was asked to provide evidence that Resident #1's pneumococcal immunization was addressed and offered.</p> <p>On 1/20/22 at 1:39 p.m., ASM (administrative staff member) #1 (the administrator) was made aware of the above concern.</p> <p>On 1/20/22 at 2:49 p.m., ASM #1 stated she had no further information to provide.</p> <p>The facility policy titled, "Influenza & Pneumococcal Vaccinations" documented, "Vaccination against pneumonia will be offered to Center patients as indicated...d. Vaccination Information Sheet (VIS) for pneumococcal vaccine will be provided to the patient and/or responsible party prior to administration of vaccine..."</p> <p>No further information was presented prior to exit.</p> <p>2. Resident #3 was admitted to the facility on 12/18/20. Resident #3's diagnoses included but were not limited to diabetes, high blood pressure and major depressive disorder. Resident #3's quarterly minimum data set assessment with an assessment reference date of 12/29/21, coded the resident's cognition as severely impaired.</p>	F 883	<p>weekly audits of newly admitted residents to ensure that the pneumococcal immunization was addressed and offered to the residents. Results of the audit will be presented to the QAPI committee for review and recommendations as needed.</p> <p>5-Completion date 2/2/22.</p>		

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F 883	<p>Continued From page 4</p> <p>Review of Resident #3's immunization record failed to reveal documentation if the resident received the pneumococcal immunization prior to admission, documentation that the resident was not a candidate for the immunization or documentation that Resident #3 was offered the immunization. The immunization record only documented, "Pneumovax 13 (name of pneumococcal immunization). Consent Required."</p> <p>On 1/20/22 at 1:02 p.m., an interview was conducted with LPN (licensed practical nurse) #2 (the infection control nurse). LPN #2 stated that when a resident is admitted, she searches Virginia immunization records online to obtain information about residents' previous vaccines. LPN #2 stated she then contacts the resident or representative and asks if they would like for the pneumococcal immunization to be administered and if so, she obtains consent and arranges the immunization administration. LPN #2 stated she tries to complete this process within two to three days. LPN #2 was asked to provide evidence that Resident #3's pneumococcal immunization was addressed and offered.</p> <p>On 1/20/22 at 1:39 p.m., ASM (administrative staff member) #1 (the administrator) was made aware of the above concern.</p> <p>On 1/20/22 at 2:49 p.m., ASM #1 stated she had no further information to provide.</p> <p>No further information was presented prior to exit.</p>	F 883			