STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	06/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD MECHANICSVILLE, VA 23111

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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted onsite on 6/30/2023. The facility was in substantial compliance with 42 CFR Part 483.475(b)(6) emergency preparedness regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. The census in this 120 certified bed facility was 110 at the time of the survey.	E 000		
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted onsite on 6/30/2023. Corrections are required for compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. No complaints were investigated during the survey. The census in this 120 certified bed facility was 110 at the time of the survey. The survey sample consisted of 5 resident reviews and 1 employee review.	F 000		
F 883 SS=D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §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	F 883		7/20/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/13/2023

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F 883	Continued From page 1	F 883		

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;
(iii) The resident or the resident's representative has the opportunity to refuse immunization; and
(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:
(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and
(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.

§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-
(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;
(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;
(iii) The resident or the resident's representative has the opportunity to refuse immunization; and
(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:
(A) That the resident or resident's representative

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F 883	Continued From page 2 was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, and facility documentation review, the facility staff failed to provide influenza vaccines for 3 residents, Residents #2, #3, and #5, out of 5 residents reviewed for influenza immunization and facility staff failed to provide a pneumococcal vaccine for 1 resident, Resident #5, out of 5 residents reviewed for pneumococcal immunization. The findings included: 1. The facility staff failed to provide influenza immunization, to include education of risks/benefits about influenza immunization, for Residents #2, #3, and #5. On 6/30/23 at approximately 2:30 PM, clinical record reviews were performed and revealed the following: A. For Resident #2, the clinical record review revealed Resident #2, who was admitted to the facility on 10/8/22, had received influenza immunization on 10/26/21. There was no documentation of the flu vaccine being offered, refused, contraindicated, or administered for the current year, 2022. B. For Resident #3, the clinical record review	F 883	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 deficiencies cited have been or will be corrected by the date or dates indicated. F883 Influenza and Pneumococcal Immunizations 1. Residents #2, #3 and #5 were provided education with documentation in the clinical record about vaccinations declined by the facility Administrator on 6/30/2023. 2. Current residents in the center have the potential to be affected. An audit was conducted by the DON on 7/1/23 on all current residents to verify education of risk/benefit was provided for flu immunization and pneumococcal vaccine administered if criteria met and documented in clinical record. Any deficient practice found was corrected by the facility DON and/or IP by 7/12/23. 3. The Staff Development Coordinator or designee will educate all licensed nurses on the flu vaccination process during flu	

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F 883	Continued From page 3 revealed Resident #3 was admitted to the facility on 4/21/22. Resident #3 refused to have a flu vaccine on 10/20/22, however there was no evidence of education regarding the risks/benefits for influenza immunization. C. For Resident #5, the clinical record review revealed Resident #5 was admitted to the facility on 8/26/22. Resident #5 refused to have a flu vaccine on 10/20/22, however there was no evidence of education regarding the risks/benefits for influenza immunization. On 6/30/23 at approximately 2:45 PM, a group interview was conducted with the Director of Nursing (DON) who accessed the clinical records for the residents sampled and verified the findings. The Infection Preventionist (IP) confirmed there was no additional information and stated, "it [no offer to vaccinate and/or educate] appears to be an oversight". Both the DON and IP acknowledged that providing immunization education to residents who may be unsure, or refuse the initial offer to vaccinate, may be beneficial for them to be able to make a fully informed decision. A facility policy was requested and received. On 6/30/23 at approximately 3:00 PM, a review of the facility policy entitled, "Influenza Vaccination", effective date 5/01/23, was conducted. It stated under the subtitle, "Procedure", item 1a, "Influenza vaccine should be offered annually...optimal time to administer influenza vaccine is in late September or early October of each year. The vaccine can be given after the flu season begins...Those who have not had a flu vaccine will be offered one upon admission" and item 1, e, 1 read, "Educate the patient and or RP	F 883	season that includes documentation in the resident□s clinical record for offering the flu vaccine, and education of risk/benefits. The Staff Development Coordinator or designee will educate all licensed nurses on the pneumococcal vaccine process and criteria for administration and documentation of education of risks/benefits provided to the resident and/or RP. 4. The IP (Infection Preventionist) or designee will complete a weekly audit of current new admissions to verify flu vaccinations are offered during flu season and documentation of education for risk/benefits was provided. The IP (Infection Preventionist) or designee will complete a weekly audit of current new admissions to ensure the pneumococcal vaccine is administered if criteria is met and documented in clinical record. All audits will be done weekly x 30 days. Results of the review will be presented to the QAPI committee for review and recommendation. Once the committee determines the problem no longer exists, the review will be conducted on a random basis. 5. Date of compliance : 7/20/23	

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F 883	Continued From page 4	F 883		

[Responsible Party]...document education in the electronic medical record".

On 6/30/23 at approximately 3:15 PM, the Facility Administrator and Director of Nursing were made aware of the findings. No further information was provided.

2. The facility staff failed to include education of risks/benefits about pneumococcal immunization, for Resident #5.

On 6/30/23 at approximately 2:30 PM, a clinical record review was performed for Resident #5 and revealed Resident #5 refused to have a pneumococcal vaccine on 3/6/23, however there was no evidence of education regarding the risks/benefits for pneumococcal immunization.

On 6/30/23 at approximately 2:45 PM, a group interview was conducted with the Director of Nursing (DON) who accessed the clinical records for the residents sampled and verified the findings. The Infection Preventionist (IP) confirmed there was no additional information and stated, "it [no vaccine education] appears to be an oversight". Both the DON and IP acknowledged that providing immunization education to residents who may be unsure, or refuse the initial offer to vaccinate, may be beneficial for them to be able to make a fully informed decision. A facility policy was requested and received.

On 6/30/23 at approximately 3:00 PM, a review of the facility policy entitled, "Pneumococcal Vaccinations", effective date 5/01/23, was

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F 883	Continued From page 5 conducted. It stated under the subtitle, "Procedure", item 1, e, 1 read, "Educate the patient and or RP [Responsible Party]...document education in the electronic medical record". On 6/30/23 at approximately 3:15 PM, the Facility Administrator and Director of Nursing were made aware of the findings. No further information was provided.	F 883		
F 887 SS=D	COVID-19 Immunization CFR(s): 483.80(d)(3)(i)-(vii) §483.80(d) (3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following: (i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized; (ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine; (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine; (iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects associated with the COVID-19 vaccine, before requesting consent for administration of any	F 887		7/20/23

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F 887	Continued From page 6 additional doses; (v) The resident, resident representative, or staff member has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision; (vi) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and (B) Each dose of COVID-19 vaccine administered to the resident; or (C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal; and (vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following: (A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine; (B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and (C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN). This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, and facility documentation review, the facility staff failed to provide COVID-19 bivalent education for 2 residents, Residents #1, and #5, out of 5 residents reviewed for COVID-19 bivalent immunization. The findings included:	F 887	F887 COVID-19 Immunization 1. Residents #1 and Resident #5 were educated about the risk/benefits of the COVID-19 Vaccine by the Facility Administrator on 6/30/23. 2. Current residents in the center have the potential to be affected. An audit was conducted by the DON on 7/1/23 on all current residents to verify education of	

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F 887	Continued From page 7 The facility staff failed to provide education of risks/benefits about COVID-19 immunization, for Residents #1, and #5. On 6/30/23 at approximately 2:30 PM, clinical record reviews were performed and revealed the following: A. For Resident #1, the clinical record review revealed Resident #1 refused to have a COVID-19 bivalent vaccine on 3/3/23, however there was no evidence of education regarding the risks/benefits for COVID-19 immunization. B. For Resident #5, the clinical record review revealed Resident #5 refused to have a COVID-19 bivalent vaccine on 3/6/23, however there was no evidence of education regarding the risks/benefits for COVID-19 immunization. On 6/30/23 at approximately 2:45 PM, a group interview was conducted with the Director of Nursing (DON) who accessed the clinical records for the residents sampled and verified the findings. The Infection Preventionist (IP) confirmed there was no additional information and stated, "it [no vaccine education] appears to be an oversight". Both the DON and IP acknowledged that providing immunization education to residents who may be unsure, or refuse the initial offer to vaccinate, may be beneficial for them to be able to make a fully informed decision. A facility policy was requested and received. On 6/30/23 at approximately 3:00 PM, a review of the facility policy entitled, "COVID-19 Vaccinations", effective date 5/01/23, was conducted. It stated under the subtitle,	F 887	risk/benefit was provided for COVID vaccine declinations. Any deficient practice found was corrected by the facility DON and/or IP by 7/12/23. 3. The Staff Development Coordinator or designee will educate all licensed nurses on the COVID-19 bivalent vaccination process that includes documentation in the resident□s clinical record education of risk/benefits provided. 4. The IP (Infection Preventionist) or designee will complete a weekly audit of new admissions to verify COVID-19 bivalent vaccination education for risk/benefits was provided and documented in the resident□s clinical record x 30 days. Results of the review will be presented to the QAPI committee for review and recommendation. Once the committee determines the problem no longer exists, the review will be conducted on a random basis. 5. Date of compliance : 7/20/23	

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F 887	Continued From page 8	F 887		

"Procedure", item 1, "CDC [Centers for Disease Control and Prevention] recommends that everyone stay up to date with COVID-19 vaccination" and item 2c read, "If contraindicated or refused, document in the patient's immunization record, including that the patient and/or RP [Responsible Party] was provided education regarding the benefits and potential risks associated with the COVID-19 vaccine".

The CDC (Centers for Disease Control and Prevention) document titled, "Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States", updated May 12, 2023, page 2, "Recommendations for the use of COVID-19 vaccines", read, "COVID-19 vaccination is recommended for everyone ages 6 months and older in the United States for the prevention of COVID-19" and "CDC recommends that people ages 6 months and older receive at least 1 bivalent mRNA COVID-19 vaccine".

On 6/30/23 at approximately 3:15 PM, the Facility Administrator and Director of Nursing were made aware of the findings. No further information was provided.