

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

PRINTED: 10/05/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495408</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/14/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>KING'S GRANT RETIREMENT COMMUN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>350 KING'S WAY ROAD MARTINSVILLE, VA 24112</b>		
(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  An unannounced Emergency Preparedness survey was conducted 9/12/23 through 9/14/23. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No emergency preparedness complaints were investigated during the survey.	E 000			
F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid standard survey was conducted 9/12/23 through 9/14/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.	F 000			
F 883 SS=D	The census in this 32 certified bed facility was 29 at the time of the survey. The survey sample consisted of 12 current resident reviews and 2 closed record reviews.  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 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	F 883			10/27/23

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

TITLE

(X6) DATE

Electronically Signed

10/02/2023

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>(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 contraindication or refusal.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 883			

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F 883	<p>Continued From page 2</p> <p>Based on staff interview, clinical record review, and facility document review, the facility staff failed to offer a pneumococcal vaccine to 2 of 5 sampled residents for immunizations in accordance with nationally recognized standards, Residents #12 and #13.</p> <p>The findings included:</p> <p>1. For Resident #12, the facility staff failed to offer the resident a pneumococcal conjugate vaccine 20 (PCV20) or a pneumococcal polysaccharide vaccine 23 (PPSV23) following admission to the facility.</p> <p>A review of the Centers for Disease Control and Prevention (CDC) guideline titled, "Pneumococcal Vaccination: Summary of Who and When to Vaccinate" last reviewed 2/13/23, read in part, "...For adults 65 years or older who have only received PCV13, CDC recommends you either: Give 1 dose of PCV20 at least 1 year after PCV13 or Give 1 dose of PPSV23 at least 1 year after PCV13 ..."</p> <p>Resident #12's diagnosis list indicated diagnoses, which included, but not limited to Alzheimer's Disease, Atherosclerotic Heart Disease, and Essential Hypertension.</p> <p>The most recent quarterly minimum data set (MDS) with an assessment reference date (ARD) of 8/08/23 assigned the resident a brief interview for mental status (BIMS) summary score of 3 out of 15 indicating the resident was severely cognitively impaired.</p> <p>Resident #12 was admitted to the facility on 11/03/22 and was 91 years old at the time of</p>	F 883	<p>HC Survey Plan of Correction 2023: September 12-14, 2023</p> <p>1. Residents #12 and #13 and their associated POAs were educated and offered the pneumonia vaccine. Both Residents #12 and #13 received the vaccine. This education, offer, acceptance and administration date noted on their vaccine immunization records within the Electronic Medical Record (EMR).</p> <p>2. 100% Audit conducted on all Residents checking compliance for influenza and pneumonia vaccines noting documented evidence of the vaccines being offered / accepted / rejected, vaccine education provided, and administration noted on the Resident vaccine immunization record within the EMR.</p> <p>3. Staff educated on the revised King's Grant policy now reflecting CDC Guidance including vaccine history assessment upon admission, resident / POA vaccine education, and proper documentation along with acceptance / rejection of vaccine offer and vaccine administration where applicable per CDC recommended guidance per vaccine type.</p> <p>4. Administrator Designee will conduct vaccine audits ongoing monthly for 3 months then quarterly with QAPI oversight to ensure compliance with this new policy revision.</p> <p>5. All above noted corrective actions will be completed by 10/27/23.</p>		

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F 883	<p>Continued From page 3 admission.</p> <p>A review of Resident #12's clinical record revealed they had received a pneumococcal conjugate vaccine 13 (PCV13) on 3/03/17 prior to admission. Surveyor was unable to locate evidence to indicate Resident #12 was offered a PCV20 or PPSV23 vaccine following admission to the facility.</p> <p>On 9/13/23 at 4:26 PM, surveyor spoke with the director of nursing (DON) and requested any evidence of Resident #12 receiving or being offered any additional pneumococcal vaccinations. The DON stated they would check in the Virginia Immunization System (VIS) and Care Connect for additional information. No additional pneumococcal vaccine information was provided for Resident #12.</p> <p>Surveyor requested and received the facility policy titled "Pneumococcal Vaccines" issued/revised 11/2021 which read in part, "...Communicate the resident's vaccine history to his/her provider. The provider will indicate if the resident needs PCV13 or PPSV23 or both ..."</p> <p>On 9/14/23 at 1:25 PM, surveyor spoke with the DON who stated the facility focus had been on providing COVID vaccinations and they will work on providing pneumonia vaccines and will also review the facility policy.</p> <p>On 9/14/23 at 5:24 PM, the survey team met with the facility administrative team including the administrator and DON and discussed the concern of Resident #12 not being offered a PCV20 or PPSV23 following admission.</p>	F 883			

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F 883	<p>Continued From page 4</p> <p>No further information regarding this concern was presented to the survey team prior to the exit conference on 9/14/23.</p> <p>2. For Resident #13, the facility staff failed to offer the resident a pneumococcal conjugate vaccine 20 (PCV20) or a pneumococcal conjugate vaccine 15 (PCV15) following admission to the facility.</p> <p>A review of the Centers for Disease Control and Prevention (CDC) guideline titled, "Pneumococcal Vaccination: Summary of Who and When to Vaccinate" last reviewed 2/13/23, read in part, "...For adults 65 years or older who have only received PPSV23, CDC recommends you: Give 1 dose of PCV15 or PCV20. The PCV15 or PCV20 dose should be administered at least 1 year after the most recent PPSV23 vaccination ..."</p> <p>Resident #13's diagnosis list indicated diagnoses, which included, but not limited to Hemiplegia and Hemiparesis following Cerebral Infarction, Dementia, Type 2 Diabetes Mellitus, and Malignant Neoplasm of Skin.</p> <p>The most recent quarterly minimum data set (MDS) with an assessment reference date (ARD) of 8/31/23 assigned the resident a brief interview for mental status (BIMS) summary score of 3 out of 15 indicating the resident was severely cognitively impaired.</p> <p>Resident #13 was admitted to the facility on 6/20/19 and was 81 years old at the time of admission.</p> <p>A review of Resident #13's clinical record revealed they received a pneumococcal</p>	F 883			

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F 883	<p>Continued From page 5</p> <p>polysaccharide 23 (PPSV23) vaccine on 5/17/18 prior to admission to the facility. Surveyor was unable to locate evidence to indicate Resident #13 was offered a PCV20 or PCV15 vaccine following admission to the facility.</p> <p>On 9/13/23 at 4:26 PM, surveyor spoke with the director of nursing (DON) and requested any evidence of Resident #13 receiving or being offered any additional pneumococcal vaccinations. The DON stated they would check in the Virginia Immunization System (VIS) and Care Connect for additional information. No additional pneumococcal vaccine information was provided for Resident #13.</p> <p>Surveyor requested and received the facility policy titled "Pneumococcal Vaccines" issued/revised 11/2021 which read in part, "...Communicate the resident's vaccine history to his/her provider. The provider will indicate if the resident needs PCV13 or PPSV23 or both ..."</p> <p>On 9/14/23 at 1:25 PM, surveyor spoke with the DON who stated the facility focus had been on providing COVID vaccinations and they will work on providing pneumonia vaccines and will also review the facility policy.</p> <p>On 9/14/23 at 5:24 PM, the survey team met with the facility administrative team including the administrator and DON and discussed the concern of Resident #13 not being offered a PCV20 or PCV15 following admission.</p> <p>No further information regarding this concern was presented to the survey team prior to the exit conference on 9/14/23.</p>	F 883			