

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345344	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/30/2026
NAME OF PROVIDER OR SUPPLIER Camellia Gardens Center for Nursing and Rehab			STREET ADDRESS, CITY, STATE, ZIP CODE 280 South Beckford Drive , Henderson, North Carolina, 27536	
(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
E0000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 01/28/2026 through 01/30/2026. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 1E1806-H1.	E0000		
F0000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted on 1/28/26 through 1/30/26. Event ID # 1E1806-H1. The following intakes were investigated: 2730157, 2660281, 2655453, 2656112, 826210, 826206, 826211, 826204, 826197, 826202, and 826039. 20 of the 20 complaint allegations did not result in deficient practice. This recertification and complaint investigation survey was originally scheduled in October 2025 and was cancelled as a result of the Federal Government shutdown. It was rescheduled as a weekend entry off hours survey on Sunday 1/25/26 and Winter Storm Fern resulted in the inability to complete the weekend entry. The survey entry was delayed until Wednesday 1/28/26.	F0000		
F0628 SS = B	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following:	F0628		

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 reverse for further 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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F0628 SS = B	<p>Continued from page 1</p> <p>(A) Contact information of the practitioner responsible for the care of the resident.</p> <p>(B) Resident representative information including contact information</p> <p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>§483.15(c)(3) Notice before transfer.</p> <p>Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this</p>	F0628		

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F0628 SS = B	<p>Continued from page 2 section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible</p>	F0628		

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F0628 SS = B	<p>Continued from page 3 for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice.</p> <p>If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure</p> <p>In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>§483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to</p>	F0628		

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F0628 SS = B	<p>Continued from page 4 the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.</p> <p>§483.21(c)(2) Discharge Summary</p> <p>When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:</p> <p>(i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.</p> <p>(ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.</p> <p>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record reviews, and staff, resident and Resident Representative (RR) interviews, the facility failed to notify the resident and Resident Representative in writing of the reason for the transfer/discharge to the hospital and/or failed to provide a copy of the bed hold policy to the resident or Resident Representative. This affected 3 of 3 residents reviewed for transfer to the hospital (Resident #1, Resident #60 and Resident #34).</p> <p>The findings included:</p> <p>1. Resident #1 was admitted to the facility on 8/12/21.</p> <p>The annual Minimum Data Set (MDS) assessment dated 1/11/26 revealed Resident #1 was cognitively intact.</p> <p>Review of Resident #1's face sheet revealed she was her own RR.</p> <p>a. The nursing progress note dated 2/15/25 revealed Resident #1 was sent to the hospital.</p>	F0628		

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F0628 SS = B	<p>Continued from page 5</p> <p>The medical record indicated Resident #1 was transferred to the hospital on 2/15/25 and returned to the facility on 2/20/25.</p> <p>The medical record was reviewed, and there was no documentation that Resident #1 received written notification of the reason for her transfer/discharge to the hospital or a copy of the bed hold policy.</p> <p>b. The nursing progress note dated 10/27/25 revealed Resident #1 was sent to the hospital.</p> <p>The medical record indicated Resident #1 was transferred to the hospital on 10/27/25 and returned to the facility on 11/25/25.</p> <p>The medical record was reviewed and there was no documentation that Resident #1 received written notification of the reason for her transfer/discharge to the hospital. Resident #1 did receive the bed hold policy for the 10/27/25 hospital transfer.</p> <p>An interview was conducted with Resident #1 on 1/30/26 at 4:00 PM. Resident #1 confirmed that she was her own Resident Representative. Resident #1 stated she had not received a written notification of the bed hold policy or the transfer/discharge notice when she was transferred to the hospital.</p> <p>An interview was conducted with the Social Worker on 1/30/26 at 3:50 PM who revealed the Business Office Manager was responsible for providing residents and the RR with copies of the bed hold policy when a resident was transferred to the hospital. The Social Worker further stated that she was not aware that she was to notify the resident and resident RR in writing of transfer/discharge to the hospital.</p> <p>An interview was conducted with the Business Office Manager on 1/30/26 at 4:00 PM. The Business Office Manager stated that she had access to the electronic medical record remotely and followed up with the resident or Resident Representative within 24 hours of the resident being transferred to the hospital about the bed hold policy. The Business Office Manager stated a handwritten copy of the bed hold policy was sent to</p>	F0628		

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F0628 SS = B	<p>Continued from page 7 the bed hold policy when Resident #60 went to the hospital.</p> <p>An interview was conducted with the Social Worker on 1/30/26 at 3:50 PM who revealed the Business Office Manager was responsible for providing residents and the RR with copies of the bed hold policy when a resident was transferred to the hospital. The Social Worker further stated that she was not aware that she was to notify the resident and resident RR in writing of transfer/discharge to the hospital.</p> <p>An interview was conducted with the Business Office Manager on 1/30/26 at 4:00 PM. The Business Office Manager stated that she had access to the electronic medical record remotely and followed up with the resident or resident's RR within 24 hours of the resident being transferred to the hospital about the bed hold policy. The Business Office Manager stated a handwritten copy of the bed hold policy was sent to the resident or RR the next day after the resident was transferred to the hospital. The Business Office Manager stated she was not sure what happened with the bed hold policy for Resident #60. The Business Office Manager confirmed she could not locate evidence she had provided the bed hold policy for Resident #60's transfer to the hospital. The Business Office Manager stated she was not responsible for the written notification of transfer/discharge. She stated the Social Worker was responsible for written notification.</p> <p>During an interview with the Administrator on 1/30/26 at 4:28 PM, she stated the Social Worker was responsible for notifying the resident and Resident Representative in writing of transfer/discharge to the hospital. The Administrator further stated the Business Office Manager was responsible for making sure the bed hold policy was completed and mailed to the Resident Representative. The Administrator was unable to provide an explanation as to why the bed hold policy nor the transfer/discharge notice had not been sent for Resident #60.</p> <p>3. Resident #34 was admitted to the facility on 10/14/25.</p> <p>The quarterly MDS dated 1/17/26 revealed Resident #34 was cognitively intact.</p>	F0628		

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F0628 SS = B	<p>Continued from page 8</p> <p>The medical record indicated Resident #34 was transferred to the hospital on 1/8/26.</p> <p>The medical record was reviewed and there was no documentation that Resident #34 or the RR received a copy of the bed hold policy.</p> <p>An interview was conducted with Resident #34's Representative on 1/30/26 at 8:52 AM. The RR stated she had not received a copy of the bed hold policy when Resident #34 was transferred to the hospital on 1/8/26. The RR stated she had coordinated Resident #34's surgery date with the Director of Nursing and knew that Resident #34 would be returning to the facility to the same bed afterwards. During the interview, Resident #34's RR stated she did receive written notification of the resident's transfer to the hospital.</p> <p>An interview was conducted with the Director of Nursing (DON) on 1/30/26 at 10:06 AM. The DON stated that the week that Resident #34 was transferred to the hospital the Business Office Manager was out of the office and the DON tried to help. The DON stated that she had communicated with the Resident Representative about Resident #34's upcoming surgery by email but she did not email the bed hold policy to Resident #34's Representative. The DON indicated she was not aware that the bed hold policy needed to be mailed to the RR.</p> <p>An interview was conducted with the Administrator on 01/30/2026 at 1:51 PM. The Administrator stated that the Business Office Manager was responsible for making sure the bed hold policy was completed and mailed to the Residents' Representative. The Administrator was unable to explain what happened with the bed hold policy since the Business Office Manager was out or why the bed hold form was not mailed to the RR.</p>	F0628		
F0761 SS = D	<p>Label/Store Drugs and Biologicals</p> <p>CFR(s): 483.45(g)(h)(1)(2)</p> <p>§483.45(g) Labeling of Drugs and Biologicals</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p>	F0761		

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F0761 SS = D	<p>Continued from page 9</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, observation, and staff interviews, the facility failed to date a multi-dose vial of medication when opened in 1 of 2 medication storage refrigerators reviewed for medication storage (Nurse's Station #1 medication room).</p> <p>The findings included:</p> <p>On 1/30/26 at 2:57 p.m., an observation was completed of the medication storage room with the Director of Nursing (DON). The observation revealed one multi-dose vial of opened Tuberculin Purified Diluted solution (used in a skin test to help diagnose tuberculosis) without an opened date written on the vial, located in the medication refrigerator.</p> <p>A review of the manufacturer's instruction label on the bottle indicated the medication should be discarded 30 days from the date medication was opened.</p> <p>An interview was completed on 1/30/26 at 3:18 p.m. with the DON. She indicated it was the Unit Manager's responsibility to check the medication room for expired or undated opened medications. The DON stated the undated medication should have been discarded or returned to the pharmacy.</p> <p>An interview was completed on 1/30/26 at 3:24 p.m. with the Unit Manager. The Unit Manager stated she, along with the staff nurses check the medication room for expired and undated opened medications. The Unit</p>	F0761		

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F0761 SS = D	Continued from page 10 Manager stated she was unaware of why the vial was not dated when opened by the nursing staff member. The Unit Manager was unable to recall when she last checked the medication room and medication room refrigerator for expired or undated medications.	F0761		
F0851 SS = F	An interview was completed on 1/30/26 at 2:08 p.m. with the Administrator. She stated all multi-dose medication vials should be dated when they are opened. Payroll Based Journal CFR(s): 483.70(p)(1)-(5) §483.70(p) Mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. §483.70(p)(1) Direct Care Staff. Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping). §483.70(p)(2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following: (i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS); (ii) Resident census data; and (iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each	F0851		

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F0851 SS = F	<p>Continued from page 11 category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual).</p> <p>§483.70(p)(3) Distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency.</p> <p>§483.70(p)(4) Data format. The facility must submit direct care staffing information in the uniform format specified by CMS.</p> <p>§483.70(p)(5) Submission schedule. The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly.</p> <p>This REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interviews, the facility failed to submit accurate payroll data on the Payroll Based Journal (PBJ) report to the Centers for Medicare and Medicaid Services (CMS) related to Registered Nurse (RN) hours for Federal Fiscal Year (FY) 2025 Quarter 2 (January through March 2025), Quarter 3 (April through June 2025), and Quarter 4 (July through September 2025). This was for 3 of 3 quarter's reviewed for sufficient nurse staffing.</p> <p>Findings included:</p> <p>a. The PBJ report for FY 2025 revealed for Quarter 2 (January 1 through March 31, 2025) there were no RN hours on the following dates: 2/16/25, 3/15/25, and 3/16/25</p> <p>The daily staff schedules conflicted with the PBJ information. The schedules indicated there was an RN scheduled for at least 8 hours per day on the following dates: 2/16/25, 3/15/25, and 3/16/25</p> <p>b. The PBJ report for FY 2025 revealed for Quarter 3 (April 1 through June 30, 2025) there were no RN hours on the following dates: 4/5/25, 4/6/25, 4/12/25, 4/13/25, 4/19/25, 4/20/25, 4/26/25, 4/27/25, 5/3/25,</p>	F0851		

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F0851 SS = F	<p>Continued from page 12 5/10/25, 5/11/25, 5/17/25, 5/23/25, 5/24/25, 5/25/25, 5/26/25, 6/1/25, 6/8/25, 6/12/25, 6/15/25, 6/22/25, 6/23/25, 6/28/25, 6/29/25, and 6/30/25.</p> <p>The daily staff schedules conflicted with the PBJ information. The schedules indicated there was an RN scheduled for at least 8 hours per day on the following dates: 4/5/25, 4/6/25, 4/12/25, 4/13/25, 4/19/25, 4/20/25, 4/26/25, 4/27/25, 5/3/25, 5/10/25, 5/11/25, 5/17/25, 5/23/25, 5/24/25, 5/25/25, 5/26/25, 6/1/25, 6/8/25, 6/12/25, 6/15/25, 6/22/25, 6/23/25, 6/28/25, 6/29/25, and 6/30/25.</p> <p>c. The PBJ report for FY 2025 revealed for Quarter 4 (July 1 through September 30, 2025) there were no RN hours on the following dates: 7/5/25, 7/6/25, 7/12/25, 7/13/25, 7/19/25, 7/20/25, 7/26/25, 7/27/25, 8/2/25, 8/3/25, 8/9/25, 8/10/25, 8/16/25, 8/17/25, 9/3/25, 9/6/25, 9/7/25, 9/13/25, and 9/14/25.</p> <p>The daily staff schedules conflicted with the PBJ information. The scheduled indicated there was an RN scheduled for at least 8 hours per day on the following dates: 7/5/25, 7/6/25, 7/12/25, 7/13/25, 7/19/25, 7/20/25, 7/26/25, 7/27/25, 8/2/25, 8/3/25, 8/9/25, 8/10/25, 8/16/25, 8/17/25, 9/3/25, 9/6/25, 9/7/25, 9/13/25, and 9/14/25.</p> <p>During an interview on 1/30/26 at 10:26 a.m. the Regional Nurse Consultant revealed that the dates identified with no RN hours on the PBJ reports for FY 2025 Quarter 2, Quarter 3, and Quarter 4 were inaccurate. She stated on each of the dates identified with no RN hours the facility had RN coverage for a minimum of 8 consecutive hours per day. She explained that she and the Minimum Data Set (MDS) Nurse, who was an RN, both worked shifts to ensure the requirement for RN coverage was met. She explained that since she and the MDS Nurse were both salary employees, they did not clock in or out, so their hours did not show on timecards. She stated the corporate office had to manually adjust and input any hours for salary nursing staff who worked to cover shifts.</p> <p>In an interview on 1/30/26 at 2:14 p.m. the Administrator explained that the corporate office was not always consistent with the process of manually adjusting and inputting nursing staff hours for payroll data to accurately reflect nursing staff hours on the PBJ reports submitted to CMS. She further explained that this was why the PBJ reports for FY 2025 Quarter 2, Quarter 3, and Quarter 4 had multiple dates with</p>	F0851		

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F0851 SS = F	Continued from page 13 inaccurate data for RN hours. She revealed the problem had now been resolved in the first quarter of 2026. The Administrator stated that when she noticed the discrepancy in September 2025, she notified the Regional Business Office Manager and the error was fixed. Telephone calls to the Regional Business Office Manager on 2/29/26 at 2:23 p.m. and on 2/30/26 at 11:04 a.m. went unanswered and a return call was not received.	F0851		
F0887 SS = F	COVID-19 Immunization CFR(s): 483.80(d)(3)(i)-(vii) §483.80 Infection control §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 additional doses. (v) The resident or resident representative, has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision; and (vi) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident representative was	F0887		

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F0887 SS = F	<p>Continued from page 14 provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and</p> <p>(B) Each dose of COVID-19 vaccine administered to the resident, or</p> <p>(C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal.</p> <p>(vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following:</p> <p>(A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine;</p> <p>(B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and</p> <p>(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).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, and resident and staff interviews, the facility failed to assess residents for eligibility and ensure residents were offered the COVID-19 vaccination for 5 of 5 residents reviewed for immunizations (Resident #8, Resident #5, Resident #2, Resident #32, and Resident #44) and failed to maintain documentation related to staff COVID-19 vaccination status.</p> <p>The findings included:</p> <p>The facility's policy titled "Infection Prevention and Control Program" last reviewed 1/01/26 indicated that the facility had established and maintained 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. The policy further noted that the Infection Preventionist (IP) was responsible for the oversight of the program.</p> <p>The facility policy titled "COVID-19 Vaccination" implemented on 3/01/23 indicated that it was the policy of the facility to minimize the risk of acquiring, transmitting or experiencing complications from COVID-19 by educating and offering our residents and staff the COVID-19 vaccine. The policy further noted</p>	F0887		

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F0887 SS = F	<p>Continued from page 15 that the facility will educate and offer the COVID-19 vaccine to residents, resident representatives and staff and maintain documentation of such.</p> <p>1a. Resident #8 was admitted to the facility on 10/11/23 with diagnoses which included diabetes, chronic kidney disease, and chronic obstructive pulmonary disease (COPD).</p> <p>The Minimum Data Set (MDS) significant change assessment dated 12/12/25 revealed Resident #8 had moderate cognitive impairment and was coded as not up to date on the COVID-19 vaccination.</p> <p>Resident #8's immunization record revealed that the resident received the COVID-19 vaccination at the facility on 8/06/24. There was no documentation that the resident had been offered, given, or refused additional doses of the COVID-19 vaccination.</p> <p>An interview was conducted with the Unit Manager on 1/30/26 at 10:26 am who revealed she was unable to provide any documentation regarding COVID-19 vaccination status for Resident #8.</p> <p>b. Resident #5 was admitted to the facility on 4/19/21 with diagnoses which included diabetes and chronic obstructive pulmonary disease (COPD).</p> <p>The Minimum Data Set (MDS) quarterly assessment dated 1/25/26 revealed Resident #5 was cognitively intact and was coded as not up to date on the COVID-19 vaccination.</p> <p>Resident #5's immunization record revealed Resident #5 last refused the COVID-19 vaccination on 12/13/23. There was no documentation that Resident #5 had been offered, given, or refused any additional doses of the COVID-19 vaccination.</p> <p>An interview was conducted with the Unit Manager on 1/30/26 at 10:26 am who revealed she was unable to provide any documentation regarding COVID-19 vaccination status for Resident #5.</p> <p>c. Resident #2 was admitted to the facility on 3/17/21 with diagnoses which included diabetes, chronic kidney disease, and vascular dementia.</p> <p>The Minimum Data Set (MDS) quarterly assessment revealed Resident #2 had severe cognitive impairment and was coded as not up to date on the COVID-19 vaccination.</p>	F0887		

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F0887 SS = F	<p>Continued from page 16</p> <p>Resident #2's immunization record revealed the resident last refused the COVID-19 vaccination in 2023. There was no documentation that the resident had been offered, given, or refused additional doses of the COVID-19 vaccination.</p> <p>An interview was conducted with the Unit Manager on 1/30/26 at 10:26 am who revealed she was unable to provide any documentation regarding COVID-19 vaccination status for Resident #2.</p> <p>d. Resident #32 was admitted to the facility on 10/17/25 with diagnoses which included chronic obstructive pulmonary disease (COPD), and hypertension.</p> <p>The Minimum Data Set (MDS) quarterly assessment dated 1/20/26 revealed Resident #32 was cognitively intact and was coded as not up to date on the COVID-19 vaccination.</p> <p>Resident #32's immunization record revealed no documentation that the resident had been offered, given, or refused the COVID-19 vaccination.</p> <p>An interview was conducted with the Unit Manager on 1/30/26 at 10:26 am who revealed she was unable to provide any documentation regarding COVID-19 vaccination status for Resident #32.</p> <p>An interview was conducted with Resident #32 on 1/30/26 at 4:20 pm who revealed she was unable to recall if the COVID-19 vaccine had been offered to her.</p> <p>e. Resident #44 was admitted to the facility on 9/06/24 with diagnoses which included diabetes, chronic kidney disease, and obstructive sleep apnea (OSA).</p> <p>The Minimum Data Set (MDS) quarterly assessment dated 11/03/25 revealed Resident #44 was cognitively intact and was coded as not up to date on the COVID-19 vaccination.</p> <p>Resident #44's immunization record revealed no documentation that the resident had been offered, given, or refused the COVID-19 vaccination.</p> <p>Resident #44 was interviewed on 1/30/26 at 4:24 pm. Resident #44 revealed he was not sure if he had been offered the COVID-19 vaccination this past year.</p> <p>An interview was conducted with the Unit Manager on 1/30/26 at 10:26 am who revealed she was unable to provide any documentation regarding COVID-19 vaccination status for Resident #44.</p>	F0887		

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F0887 SS = F	<p>Continued from page 17</p> <p>An interview was conducted with the Infection Preventionist (IP) on 1/30/26 at 10:21 am who revealed she had been the facility's IP for approximately one and a half years. The IP stated she had offered the COVID-19 vaccination to residents, but she stated no residents had wanted to have the vaccine since she had been the IP at the facility. The IP stated she was unable to locate any documentation that she had offered COVID-19 vaccinations to the residents and she was unable to recall if she had any residents sign the declination form.</p> <p>During an interview on 1/30/26 at 1:00 pm with the Director of Nursing (DON) she revealed she had been at the facility for approximately four months, and she had not focused on the COVID-19 vaccinations for residents since taking the position. The DON confirmed that the facility had not offered the COVID-19 vaccination to residents since she had been employed at the facility and the facility was unable to locate any documentation that the residents were offered the vaccine in 2025.</p> <p>An interview with the Administrator was conducted on 1/30/26 at 10:54 am who revealed the DON was ultimately responsible for the oversight of the resident COVID-19 vaccinations because the IP reported to the DON. The Administrator stated the IP was responsible for offering, administering, and documentation of resident COVID-19 vaccinations. The Administrator stated she was not sure why the COVID-19 vaccinations would not have been offered to residents because she was told by the IP that the vaccinations were offered.</p> <p>2. The facility was unable to provide documentation of COVID-19 vaccination status for staff.</p> <p>During an interview on 1/30/26 at 11:57 am with Nurse Aide #1 she revealed she did not recall the facility offering information on the COVID-19 vaccination or giving the vaccine to staff during the last year.</p> <p>An interview was conducted with the Infection Preventionist (IP) on 1/30/26 at 10:21 am who revealed she had been the facility's IP for approximately one and a half years. The IP stated that she was not responsible for maintaining the staff COVID-19 vaccination status records. The IP stated she was not sure who was responsible for tracking staff COVID-19 vaccinations, but she stated she believed that department managers were responsible for their respective staff.</p> <p>During an interview on 1/30/26 at 1:00 pm with the</p>	F0887		

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F0887 SS = F	Continued from page 18 Director of Nursing (DON) who revealed she had not managed the staff COVID-19 vaccination status logs at the facility, and she was not sure who was responsible to do so. The DON stated the facility offered the COVID-19 vaccine for staff, but she was not sure who received the vaccine and who kept the records. The Administrator was interviewed on 1/30/26 at 10:54 am. The Administrator revealed that she and the nursing management team, which included the IP, Unit Manager, and DON were working together to track the COVID-19 vaccinations. The Administrator stated the information was forwarded via email as the vaccinations were provided to the corporate office and she would try to obtain the information. The Administrator was unable to provide any further documentation regarding the staff COVID-19 vaccination status.	F0887		