STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345370	A. BUILDING _____ B. WING _____	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINEHURST HEALTHCARE & REHABILITATION CENTER	300 BLAKE BOULEVARD PINEHURST, NC 28374

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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted onsite 12/21/20 and continued remotely until 12/23/20. The facility was found in compliance with 42 CFR 483.73 related to E-0024 (b) (6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# WYZ611.	E 000		
F 883 SS=C	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 (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	F 883		1/11/21

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

Electronically Signed | 01/08/2021

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F 883	Continued From page 1 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 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 record reviews and staff interviews, the facility failed to assess the residents for eligibility and ensure residents were offered the pneumococcal and influenza vaccines for 2 of 5 residents reviewed for immunization (Residents # 3 and 5). These failures occurred during a COVID-19 pandemic. The findings included: The facility's policy and procedure on immunizations dated 1/2017 was reviewed. The policy stated in part to vaccinate all residents	F 883	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. F883	

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F 883	Continued From page 2 against pneumococcal disease and influenza unless refused or contraindicated. The facility policy further indicated that before administering the pneumococcal and influenza vaccines, the resident or residents' representative would be provided education regarding the benefits and potential side effects of the vaccine with documentation in the medical record. 1. Resident #3, age 92, was admitted to the facility on 12/27/19 with diagnoses that included dementia, congestive heart failure (CHF) and coronary artery disease (CAD). Review of the most recent Minimum Data Set (MDS) assessment dated 10/13/20 indicated Resident #3 had severe cognitive impairment. A review of Resident #3's medical record revealed there were no records to indicate whether education was provided to Resident #3's responsible party (RP) regarding the benefits and the potential side effects of the either of the pneumococcal and influenza immunizations. In addition, there was no documentation to indicate whether Resident #3 received or refused the vaccines. On 12/22/20 at 4:42 PM via written correspondence, the Director of Nursing (DON) reported she was unable to locate any immunization records for Resident #3 to determine whether or not the RP had approved or declined either of the pneumococcal and influenza vaccines. A phone interview occurred with the Director of Nursing (DON) on 12/23/20 at 12:27 PM who stated she was the facility Infection Control	F 883	The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited: The facility did not follow processes as outlined in the policies and procedures to ensure that Residents # 3 and #5 were assessed for the eligibility of and offered the pneumococcal and influenza vaccines including utilization of the Vaccine Information Sheet (VIS) to provide education to the residents and the resident representatives. 1. Corrective action for resident(s) affected by the alleged deficient practice: Resident #3 was assessed and offered the pneumococcal and influenza vaccine. Influenza was administered 01/05/2021. The pneumococcal vaccine was administered on 01/06/2021. MD was informed. Family was informed. Resident #5 was assessed and offered the pneumococcal and influenza vaccine. Influenza was administered 12/22/2020. The pneumococcal vaccine was administered 12/25/2020. MD was informed. Family was informed 2. Corrective action for residents with the potential to be affected by the alleged deficient practice. All residents who have not been assessed and offered the influenza vaccine for the 2020/2021 flu season have the potential to be affected by the alleged deficient practice. All residents who have not been assessed and offered the pneumococcal vaccine have the potential to be affected	

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F 883	Continued From page 3 Nurse. She explained she had mailed/provided education regarding the benefits and potential side effects of the pneumococcal and influenza immunizations to all residents and responsible parties (RP's) in October 2020. She then made phone calls to RP's who had not returned the consents and felt it was an oversight she had not followed up with Resident #3's RP. The DON further stated it was her expectation, immunization education be provided, and immunizations be administered as stated in their policy after consent was obtained. 2. Resident #5, age 74, was admitted to the facility on 12/30/19 with diagnoses that included chronic obstructive pulmonary disease (COPD), dementia and chronic kidney disease. Review of the most recent Minimum Data Set (MDS) assessment dated 10/6/20 indicated Resident #5 had moderately impaired cognition. A review of Resident #5's medical record revealed there were no records to indicate whether education was provided to Resident #5's responsible party (RP) regarding the benefits and the potential side effects of the either of the pneumococcal and influenza immunizations. In addition, there was no documentation to indicate whether Resident #5 received or refused the vaccines. On 12/22/20 at 4:42 PM via written correspondence, the Director of Nursing (DON) reported she was unable to locate any immunization records for Resident #5 to determine whether or not the RP had approved or declined either of the pneumococcal and influenza vaccines.	F 883	by the alleged deficient practice. On 12/30/2020 a corrective action was initiated. The Director of Nurses/Unit Managers completed a 100% audit of all pneumococcal and influenza vaccines to assess any residents who were eligible and didn't receive the pneumococcal and influenza vaccine. Audit was completed on 01/06/2021. Any residents who were not vaccinated were assessed and offered the pneumococcal and influenza vaccine according to facility policy. The Director of Nurses/Unit Managers followed up with the residents and any family representatives for any residents who were identified as not receiving the pneumococcal and influenza vaccine during this audit to provide education for the vaccine. There were no adverse events and no cases of influenza diagnosed during this current flu season. There were no adverse events and no cases of pneumonia diagnosed for any residents who have not received their pneumonia vaccine. Residents who consented to the pneumococcal and influenza vaccine have been vaccinated and their medical record has been updated as of 01/08/2021. Residents who declined the pneumonia and influenza vaccine have the declination updated in their records in PCC according to the facility policy as of 01/08/2021.	

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F 883	Continued From page 4 A phone interview occurred with the Director of Nursing (DON) on 12/23/20 at 12:27 PM who stated she was the facility Infection Control Nurse. She explained she had mailed/provided education regarding the benefits and potential side effects of the pneumococcal and influenza immunizations to all residents and responsible parties (RP's) in October 2020. She then made phone calls to RP's who had not returned the consents and felt it was an oversight she had not followed up with Resident #5's RP. The DON further stated it was her expectation, immunization education be provided, and immunizations be administered as stated in their policy after consent was obtained. .	F 883	3. Measures /Systemic changes to prevent reoccurrence of alleged deficient practice: Education: The Director of Nurses and the Nurse Management team were re-educated on the immunization policy and procedures by the Clinical Nurse Consultant. The education included the following topics: • Education to the resident or resident's representative of the benefits and potential adverse side effects of the vaccinations. • Obtaining of consent for administration of the vaccinations. • Uploading the consent or declination in Point Click Care (PCC). • Obtaining a physician's order to administer the vaccinations. • Administration of the vaccines. • Documentation of the vaccinations in the resident's immunization record in PCC. • Utilizing the Immunization Check list for pneumococcal and influenza vaccines On 12/30/2020 the Director of Nurses/Nurse Management team began education of all full time, part time and as needed nurses and agency nurses on the Pneumococcal and Influenza administration process. The in-service will be completed by 01/11/2021 at which time all nurses must be in-serviced prior to working. The Director of Nurses will ensure that that any of the above identified staff who does not complete the in-service training by 01/11/2021 will not be allowed to work until the training is	

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F 883	Continued From page 5	F 883	completed. The in-service will be incorporated into the new employee facility orientation. 4. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements. The Director of Nurses/Unit Managers will monitor the immunization process for pneumococcal and influenza vaccines by observing 5 residents utilizing the Immunization Audit Tool during the Daily Clinical Meeting Monday through Friday for compliance of the facility policy. This audit will be completed weekly for a period of 4 weeks and then monthly for a period of 3 months. Reports will be presented to the monthly Quality Assurance committee by the Director of Nurses to ensure corrective action is initiated as appropriate. The Clinical Team will review in the Quality Assurance Meeting weekly until resolved. Compliance will be monitored and the ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly Quality Assurance Meeting is attended by the Administrator, Director of Nurses, MDS Coordinator, Unit Manager, Therapy Manager, Health Information Manager, and the Dietary Manager.	