

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345573</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/09/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARBOR ACRES UNITED METHODIST RETIREMENT COMMUNITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1250 ARBOR ROAD WINSTON SALEM, NC 27104</b>
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E 000	Initial Comments  An unannounced recertification and complaint survey was conducted on 11/07/22 through 11/09/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #U1VI11.	E 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 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	F 883		12/17/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  11/23/2022
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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>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> <p>Based on staff interviews and record review, the facility failed to ensure the residents' medical record included pneumococcal immunization status for 2 of 5 residents (Resident #3 and #56) reviewed for pneumococcal immunization status.</p> <p>The findings included:</p> <p>A review of the facility policy (revised 9/22) "Immunization Policy," read: upon admission nursing staff will document in the Immunization Record the resident's history of immunization with the pneumococcal vaccine, influenza vaccine, and COVID-19 vaccine.</p>	F 883	<p>Tag 483.80(d) Influenza and pneumococcal immunizations</p> <p>(1) Influenza. The facility must develop policies and procedures to ensure that:</p> <p>-Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization</p> <p>-Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is</p>		

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F 883	<p>Continued From page 2</p> <p>1) Resident #3 was admitted to the facility on 9/19/2022 with diagnoses that included a pelvic fracture and Alzheimer's disease.</p> <p>The Admission Minimum Data Set (MDS), dated 9/26/2022, for Resident #3 was reviewed for the immunization section. The pneumococcal vaccine questions had documentation that read: the vaccine was not up to date and had not been offered.</p> <p>A review of Resident #3's medical record revealed there was no documentation to indicate whether the Resident received or refused a pneumococcal vaccine.</p> <p>An interview was conducted with the Director of Nursing (DON) on 11/09/2022 at 1:39 p.m. She reviewed the medical record for Resident #3 and revealed she had been unable to locate a consent for the Pneumococcal vaccine or a record of her pneumococcal vaccination history. She stated it was her expectation that the information be obtained by the admission nurse and entered into the chart within 48 hours of admission.</p> <p>2) Resident #56 was admitted to the facility on 10/28/2022 with diagnoses that included atrial fibrillation and heart failure.</p> <p>The Admission MDS dated 11/4/2022, for Resident #56 was reviewed for the immunization section. The pneumococcal vaccine questions had documentation that read: the vaccine was not up to date and had not been offered.</p> <p>A review of Resident #56's medical record</p>	F 883	<p>medically contraindicated or the resident has already been immunized during this time period</p> <p>-The resident or the resident's representative has the opportunity to refuse immunization</p> <p>-The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>-That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization</p> <p>-That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The nursing staff failed to ensure the residents' medical record included pneumococcal immunization status for 2 of 5 residents who were reviewed for pneumococcal immunization status.</p> <p>We have educated staff on 11/17/22 completing the immunization documentation within 48 hours of admission as per Arbor Acres Policy. Immunization Policy, reads: upon admission nursing staff will document in the Immunization Record the resident's history of immunization with the pneumococcal vaccine, influenza vaccine, and COVID-19 vaccine.</p> <p>The Director of Nursing has added to the admission check off list the immunizations as it regards to Flu, Pneumonia and</p>		

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F 883	<p>Continued From page 3</p> <p>revealed there was no documentation to indicate whether the Resident received or refused a pneumococcal vaccine.</p> <p>An interview was conducted with the DON on 11/09/2022 at 1:39 p.m. She reviewed the medical record for Resident #56 and revealed she had been unable to locate a consent for the Pneumococcal vaccine or a record of his pneumococcal vaccination history. She stated it was her expectation that the information be obtained by the admission nurse and entered into the chart within 48 hours of admission.</p>	F 883	<p>COVID-19 11/21/22</p> <p>Upon admission the Admission Coordinator will have the POA complete an immunization form along with the collection of documentation. This form will also have education handouts attached for review regarding the benefits and potential side effects of the immunizations.</p> <p>Upon admission to a Medicare bed the residents or POA will complete an immunization form. This form will also have education handouts attached for review regarding the benefits and potential side effects of the immunizations.</p> <p>Staff will document in EHR regarding vacation status. This information will be under TB scrn/Immun section of resident profile.</p> <p>Vaccines will be available for residents at any time upon admission if they have not received prior.</p> <p>The Nurse Manger will audit daily for 4 weeks. The medical records coordinator will be auditing resident's immunization records weekly for 60 days and monthly thereafter to insure compliance.</p>		