| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155005 | A. BUILDING 00<br>B. WING | 04/03/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
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| BEAUMONT REHABILITATION AND HEALTHCARE CENTER | 1345 N MADISON AVE<br>ANDERSON, IN 46011 |

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| F 0000<br><br>Bldg. 00 | This visit was for the Investigation of Complaints IN00455984, IN00455432, IN00455339, IN00455001, IN00454979 and IN00454955.<br><br>Complaint IN00455984 - No deficiencies related to the allegations are cited.<br><br>Complaint IN00455432 - No deficiencies related to the allegations are cited.<br><br>Complaint IN00455339 - No deficiencies related to the allegations are cited.<br><br>Complaint IN00455001 - No deficiencies related to the allegations are cited.<br><br>Complaint IN00454979 - No deficiencies related to the allegations are cited.<br><br>Complaint IN00454955 - No deficiencies related to the allegations are cited.<br><br>Unrelated deficiencies are cited.<br><br>Survey dates: April 1, 2 and 3, 2025<br><br>Facility number: 000005<br>Provider number: 155005<br>AIM number: 100270840<br><br>Census Bed Type:<br>SNF/NF: 100<br>SNF: 4<br>Total: 104<br><br>Census Payor Type:<br>Medicare: 5 | F 0000 | 4-25-2025<br><br>ISDH<br>ATT: Suzanne Williams<br>Director of Division LTC<br>2 North Meridian Street<br>Indianapolis, Indiana 46204<br><br>CCN/Provider Number: 155005<br>AIM Number: 100270840<br>Facility ID: 000005<br>Survey Event: ID GYU411<br><br>Re: Complaint Survey<br>Beaumont Rehabilitation and Healthcare Center<br>1345 N Madison Ave<br>Anderson, IN 46011<br><br>Dear Ms. Williams:<br>On April 3, 2025, a Complaint Survey (IN00454955, IN00454979, IN00455339, IN00455432, IN00455984) was conducted by the Indiana State Department of Health. Enclosed please find the Statement of Deficiencies with our facilities Plan of Correction for the alleged deficiencies.<br><br>Please consider this letter and Plan of Correction to be the facility's credible allegation of compliance.<br><br>We respectfully request a desk review to ensure that the facility | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| David Pruett | Executive Director | 04/21/2025 |

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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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| | Medicaid: 86<br>Other: 13<br>Total: 104<br><br>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.<br><br>Quality review completed April 10, 2025. | | has achieved substantial compliance with the applicable requirements as set forth in the Plan of Correction.<br><br>Please feel free to call me with any further questions.<br>(1-765-644-2888) Respectfully submitted,<br>David Pruett<br>Executive Director | |
| F 0883<br>SS=E<br>Bldg. 00 | 483.80(d)(1)(2)<br>Influenza and Pneumococcal Immunizations<br><br>Based on interview and record review, the facility failed to provide current education on influenza vaccines and to obtain current influenza vaccination consents for 4 of 6 residents reviewed for immunizations. (Resident D, E, G, and H)<br><br>Findings include:<br><br>1. Resident D's clinical record was reviewed on 4/2/25 at 11:53 a.m. Diagnoses included type 2 diabetes, hypertension, history of traumatic brain injury, depression, cerebral infarction, obstructive and reflux uropathy, anemia, chronic kidney disease, anxiety, and dementia.<br><br>A review of the resident's immunization record indicated the influenza vaccination consent form was signed and dated on 10/10/23 and was administered on 10/1/24. Education related to the risk and benefits of the influenza vaccine was dated 8/6/21. The consent for the pneumococcal vaccine was signed and dated 10/10/23. The pneumococcal vaccine was administered on 6/26/23. The consent for the COVID -19 vaccine | F 0883 | **F883 E Influenza and Pneumococcal Immunizations**<br>**The facility respectfully requests paper compliance.**<br>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth, or the facts alleged, or the conclusion set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required by the provisions of the health and safety code section 1280 and 42CFR 483.<br>This plan of correction constitutes the facility's written credible allegation of compliance.<br>**1.What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:**<br>Residents D, E, G, and H | 05/09/2025 |

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| | was signed and dated 10/10/23. The COVID-19 booster was administered on 10/28/24.<br><br>2. Resident E's clinical record was reviewed on 4/3/25 at 11:00 a.m. Diagnoses included schizophrenia, anemia, hypothyroidism, osteoporosis, and hyperlipidemia.<br><br>A review of the resident's immunization record indicated the consent for the RSV (respiratory syncytial virus) vaccination was signed and dated 10/11/23 and was administered on 10/1/24. Education related to the risk and benefits of the influenza vaccine was dated 8/6/21 and was administered on 10/2/24.<br><br>3. Resident G's clinical record was reviewed on 4/3/25 at 10:47 a.m. Diagnoses included cerebrovascular attack, coronary artery disease, depression, hypertension, and hyperlipidemia.<br><br>A review of the immunization record indicated the influenza vaccine was administered on 10/1/24. The clinical record lacked a signed and dated consent form. Education related to the risk and benefits of the influenza vaccine was dated 8/6/21. The pneumococcal vaccination consent form was signed and dated 9/14/23 and was administered on 10/28/24. The COVID-19 vaccination consent form was signed and dated 9/14/23 and was administered on 10/28/24.<br><br>4. Resident H's clinical record was reviewed on 4/3/25 at 11:21 a.m. Diagnoses included schizophrenia, depression, dementia, hypertension, and hyperlipidemia.<br><br>A review of the immunization record indicated the influenza vaccine was administered at a hospital on 9/27/24 and documented on the vaccine | | and responsible parties will receive education regarding the benefits and potential side effects of immunizations.<br>The resident/representative after education will choose to receive/refuse immunizations.<br>Documentation will be present in the medical record of education, consent, refusal, and administration.<br>**2.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken:**<br><br>A facility audit was conducted on immunization consents/declinations and education.<br>Any resident noted not to have consents/declinations for immunizations were educated with current information from the Department of Health and Human Services Center for Disease Control and Prevention, and a consent or refusal obtained, and documentation noted within the medical record<br>Vaccinations will be provided for those residents that have requested.<br>Residents' vaccination status will be documented in the immunization tab.<br>**3.What measures will be put into place and what systemic** | |

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| | consent form. The influenza vaccine was administered in the facility on 10/2/24. The administration record lacked the dose and location of placement. Education related to the risk and benefits of the influenza vaccination was dated 8/6/21. The consent for the COVID-19 vaccine vaccination was dated and signed 10/7/24. The record lacked any documentation that the vaccine was administered or refused.<br><br>During an interview on 4/2/25 at 1:33 p.m., the Regional Clinical Consultant and the Infection Control Provider (ICP) indicated the facility had not educated residents and/or their families on the risk and benefits of the influenza vaccine using the most current information from the Department of Health and Human Services Center for Disease Control and Prevention. All residents and/or families were given consents for vaccinations every year. The facility did not know why consents for the 2024-2025 influenza season were not provided.<br><br>A current facility policy, dated 3/8/2017, indicated it was retrieved from the CMS (Centers for Medicare and Medicaid Services) manual titled, "Pneumococcal Immunization," provided by the ICP on 4/3/25 at 10:37 a.m. indicated the following: "...Before offering the pneumococcal immunization, each resident or the resident's legal representative will be provided education regarding the benefits and potential side effects of the immunization. ....The resident's medical record includes documentation that indicates, at a minimum, the following: Documentation that the resident and/or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and that the resident either received or did not receive the pneumococcal immunization due to | | **changes will be made to ensure that the deficient practice does not recur:**<br>Nursing staff members received Directed In-servicing education per Director of Nursing/Infection Preventionist on Influenza and Pneumonia Policy.<br>Vaccination status will be determined upon admission.<br>Education will be provided to the resident and or representative regarding benefits and risk and potential side effects associated with the Pneumonia/Influenza vaccine.<br>Vaccination consents or declinations will be kept in residents record and vaccination logs.<br>Nursing staff will be educated on Consent/Decline forms.<br>Documentation will be accessible in the clinical record if the resident does not receive the vaccine due to medical contraindications.<br>Vaccination logs will be kept current and reviewed weekly per the Infection Preventionist.<br>Identified issues will be addressed immediately.<br><br>**4.How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:** | |

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| | medical contraindication or refusal...."<br><br>A current facility policy, dated 5/21/2024, titled "Influenza Vaccine Policy," provided by the Regional Clinical Consultant, indicated the following: " .... Procedure: .... 2. Influenza vaccinations will be routinely offered annually from October 1st through March 31st unless such immunization is medically contraindicated, the individual has already been immunized during the time period, or refuses to receive the vaccine. .... 5. Prior to the administration of the influenza vaccine, the person receiving the immunization, or his/her legal representative, will be provided a copy of CDC's current vaccine information statement relative to the influenza vaccination. 6. The vaccine information statements (VIS) will, as appropriate, be supplemented with visual presentations or oral explanations to assist vaccine recipients in understanding the benefits and potential side effects of the influenza vaccine. .... 7. Individuals receiving the influenza vaccine, or their legal representative, will be required to sign a consent form prior to the administration of the vaccine. The completed, signed and dated record will be filed in the individual's medical record or the staff's medical file if completed by the facility. ....9. The resident's medical record or staff's medical file will include documentation that the resident and/or the resident's representative was provided education regarding the benefits and potential side effects of immunization, and that the resident received or did not receive the immunization due to medical contraindication or refusal...."<br><br>3.1-18(a) | | The party responsible for this plan of correction will be the Director of Nursing/IP/designee with Executive Director oversight.<br>Weekly review of vaccination status during regularly scheduled departmental meeting will continue for 6 weeks to determine compliance has been maintained thereafter random bi-weekly reviews of resident immunization status.<br>The results of audits will be reviewed in the Quality Assurance Meeting for 6 months or until 100% compliance has been maintained for 3 months at which time the IDT team will determine if discontinuation is appropriate.<br><br>**5.DOC**<br>May 9, 2025 | |