

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

PRINTED: 11/28/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155535		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/26/2023	
NAME OF PROVIDER OR SUPPLIER  WILLOW CROSSING HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 3550 CENTRAL AVE COLUMBUS, IN 47203			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00419260 and IN00420359.</p> <p>Complaint IN00419260 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00420359 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies cited.</p> <p>Survey dates: October 25 and 26, 2023</p> <p>Facility number: 000572 Provider number: 155535 AIM number: 100267710</p> <p>Census Bed Type: SNF/NF: 107 Total: 107</p> <p>Census Payor Type: Medicare: 10 Medicaid: 89 Other: 8 Total: 107</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 2, 2023.</p>			F 0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of the survey finding, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</p>		
F 0761 SS=D Bldg. 00	<p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently</p>						

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

TITLE

(X6) DATE

Alisha Miller

HFA

11/13/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosed 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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	<p>accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</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>Based on observation, interview, and record review, the facility failed to store medications appropriately related to medications left on the counter at the nurse's station and unlocked medication carts for 2 of 4 observations of medication storage. (200 Hall and</p> <p>Findings include:</p> <p>1. During an observation on 10/25/23 at 12:03 P.M., a box containing an Albuterol inhaler for Resident N was sitting at the top ledge of the nurse's station in view of anyone walking past. No nursing staff were present at the nurses station.</p> <p>During an observation on 10/25/23 at 12:08 P.M.,</p>			F 0761	<p>F761 The facility will store medications appropriately related to medications left on the counter at the nurse's station and unlocked medication carts.</p> <p>1. The albuterol inhaler was placed in the medication cart and all medication carts were locked.</p> <p>2. All residents have the potential to be affected. All nursing staff was immediately inserviced on the need to secure medication. A round of the facility was completed to ensure all medication was stored correctly. No further concerns were noted. See below</p>		11/13/2023

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	<p>the Medication Cart 1 was sitting outside of Room 210. No staff were within sight of the area and the cart was unlocked. An unidentified male walked by the cart at 12:09 P.M. The Maintenance Director walked by the cart at 12:10 P.M. A nurse came out of Resident F's room at 12:11 P.M. and returned to the cart.</p> <p>2. During a continuous observation on 10/25/23 from 11:53 A.M. to 12:23 P.M., of Medication Cart 2, located in the hallway across from the nurse's station, was unlocked. At 11:53 a.m., one nursing staff member was located in the nurses station. At 11:55 a.m. to 12:23 p.m., there were no nursing staff in consistent observation of the unlocked medication cart. Several staff members including, but not limited to, the DON (Director of Nursing), a housekeeper, a maintenance man, a dietary aide, and CNA (Certified Nurse Aide) 10 had walked by the unlocked medication cart.</p> <p>During an interview on 10/25/23 at 12:23 P.M., The DON indicated the medication cart should have been locked if the nurse was not standing by it and medication should not be left sitting out at the nurse's station unattended.</p> <p>The current "STORING DRUGS" policy, dated 12/2017, was provided by the ADON (Assistant Director of Nursing) on 10/26/23 at 3:27 P.M. The policy indicated, "...Drugs and biologicals will be stored in a safe, secure, and orderly manner...and accessible only to licensed nursing and pharmacy personnel or staff members lawfully authorized to administer medications...When a permitted person is not in a drug storage area, the drug storage areas and devices must be kept locked..."</p> <p>3.1-25(m)</p>				<p>for corrective measures.</p> <p>3. The Storing Drug policy and procedures were reviewed with no changes made. (See attachment A) The staff was inserviced on the above procedure.</p> <p>4. The DON or designee will conduct two rounds daily ensuring all medication are stored per policy. The DON or her designee will utilize the nursing monitoring tool daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained. (See attachment B) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly if warranted.</p> <p><b>If compliance is not obtained or maintained, the nurse or QMA will be re-educated one on one to ensure they are knowledgeable about how to properly store medications per policy. Additional monitoring will occur if compliance not met by having the administrator complete rounds twice daily assuring medication is stored per policy.</b></p> <p>5. The above corrective measures will be completed on or before Nov 13, 2023.</p>		

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F 0842 SS=D Bldg. 00	<p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral</p>						

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	<p>directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on observation and interview, the facility failed to maintain readily accessible, accurate, and systematically organized resident records for 1 of 12 resident records reviewed. (Resident H)</p> <p>Findings include:</p> <p>The Nurse's Notes for Resident H from readmission in September 2022 to present were requested from the facility on 10/26/23 at 1:22 P.M.</p>	F 0842	<p>F842 The facility will maintain readily accessible, accurate, and systematically organized resident records</p> <p>1. Resident H medical records were sorted and placed in her medical records file.</p> <p>2. All residents have the potential to be affected. The medical records office was completely</p>		11/13/2023		

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	<p>During an observation and interview on 10/26/23 at 4:30 P.M., several staff members, including but not limited to, the Clinical Support Nurse, the DON (Director of Nursing), and the Administrator, were in the Medical Records office sorting through stacks of loose papers. The room had multiple stacks of papers on tops of cabinets, the desk, and tables. The staff were sorting through papers in search of the resident's Nurse's Notes. The Clinical Support Nurse indicated the facility did not currently have a Medical Records staff person and residents' records had piled up and were not separated by each resident.</p> <p>One page of hand written Nurse's Notes for Resident H was provided by the Administrator on 10/26/23 at 4:33 P.M. There were notes on the front and back of the page that included the following dates and times:</p> <ul style="list-style-type: none"> <li>- 09/01/22, with no time noted,</li> <li>- 09/18/22 at 2:00 P.M.,</li> <li>- 10/06/22 at 2:30 P.M.,</li> <li>- 10/06/22 at 3:00 P.M.,</li> <li>- 10/07/22 at 10:00 A.M.,</li> <li>- 10/08/22 at 9:30 A.M.,</li> <li>- 10/09/22 at 1:00 P.M.,</li> <li>- 10/11/22 at 8:30, morning or evening was not documented,</li> <li>- 10/12/23, with no time noted,</li> <li>- 10/12/23 at 8:00 P.M., and</li> <li>- 10/13/23 at 2:00 P.M.</li> </ul> <p>A copy of Electronic Resident Progress Notes for Resident H was provided by the Administrator on 10/26/23 at 4:33 P.M. The notes included the following dates and times:</p> <p>-12/13/22 at 12:12 P.M.,</p>				<p>cleaned and medical records were filed in the proper resident's folder. (See attachment C) No concerns were noted. See below for corrective measures.</p> <p>3. The charting and documentation policy and procedure was reviewed with no changes made. (See attachment D) The staff was inserviced on the above procedure.</p> <p>4. The DON or designee will ensure all medical records are stored in the resident's medical record file daily per policy. The DON or her designee will utilize the nursing monitoring tool daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained. (See attachment B) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly if warranted. If compliance is not obtained and maintained, the nurse consultant will re-educate the nursing administration and administrator on the policy of storing medical records. Increased monitoring will also occur if warranted with the nurse consultant reviewing medical records weekly for proper storage.</p> <p>5. The above corrective measures will be completed on or before Nov</p>		

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F 0887 SS=E Bldg. 00	<p>-12/22/22 at 1:20 P.M., -01/10/23 at 1:43 P.M., -01/14/23 at 9:36 P.M., -01/14/23 at 1:26 P.M., -01/15/23 at 2:13 P.M., -01/15/23 at 4:00 P.M., and -01/15/23 at 9:04 P.M.</p> <p>The current "CHARTING AND DOCUMENTATION" policy dated 10/2014, was provided by the Administrator on 10/26/23 at 5:24 P.M. The policy indicated, "...The facility shall maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete, accurately documented, readily accessible and systematically organized..."</p> <p>3.1-50(a)(2) 3.1-50(a)(3) 3.1-50(a)(4)</p> <p>483.80(d)(3)(i)-(vii) COVID-19 Immunization §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</p>				13, 2023.		

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	<p>receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine;</p> <p>(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;</p> <p>(v) The resident, resident representative, or staff member has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision;</p> <p>(vi) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident representative was 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; and</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</p>						



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	<p><b>Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN).</b> Based on record review and interview, the facility failed to provide COVID-19 booster immunizations for 8 of 10 residents reviewed for immunizations (Resident F, G, L, M, C, D, E, and H)</p> <p>Findings include:</p> <p>1. The clinical record for Resident F was reviewed on 10/25/23 at 10:30 A.M. An Admission MDS (Minimum Data Set) assessment, dated 10/06/23, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, cancer, anemia, heart failure, hypertension, diabetes, anxiety, and depression.</p> <p>The resident's Admission Packet, dated 10/03/23, indicated the resident requested the facility would ensure the resident received the COVID-19 booster as soon as it was available. The form was signed by the resident.</p> <p>The resident had the following COVID-19 immunizations: 01/30/21, 02/20/21, and 11/20/21.</p> <p>The clinical record lacked indication the resident had received a COVID-19 booster since 11/20/21 or since admission on 10/03/23.</p> <p>The resident was COVID-19 positive on 10/19/23.</p> <p>2. The clinical record for Resident G was reviewed on 10/25/23 at 10:35 A.M. A Quarterly MDS assessment, dated 09/21/23, indicated the resident was severely cognitively impaired. The diagnoses included, but were not limited to, hypertension, renal insufficiency, non-Alzheimer's dementia, and anxiety.</p>			F 0887	<p>F887 The facility failed to provide COVID-19 booster.</p> <p>1. Resident F, G, L, M, C, D, E, and H had the Covid-19 Booster vaccine offered and consent updated.</p> <p>2. All residents have the potential to be affected. All residents were offered the Covid-19 booster vaccine and consent updated. All residents who consented to the booster had the vaccine administered on November 13th, 2023. (See attachment E) No concerns were noted. See below for corrective measures.</p> <p>3. The COVID-19 Resident Vaccine Education and Administration policy and procedure was reviewed with no changes made. (See attachment F) The staff was inserviced on the above procedure.</p> <p>4. The administrator or her designee will review all resident's covid-19 immunization status and ensure Covid-19 boosters are up to date.</p> <p>Consents will be reviewed upon admission and vaccine given per request of the resident. The DON or her designee will utilize the nursing monitoring tool daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until</p>		11/13/2023

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	<p>The resident's Admission Packet, dated 10/14/22, indicated the resident requested the facility would ensure the resident received the COVID-19 booster as soon as it was available. The form was signed by the POA (Power of Attorney).</p> <p>The resident had the following COVID-19 immunizations: 01/23/21, 02/13/21, 09/27/21, 11/01/22, and 01/18/23.</p> <p>The clinical record lacked any COVID-19 boosters given after 01/18/23.</p> <p>The resident was COVID-19 positive on 10/18/23.</p> <p>3. The clinical record for Resident L was reviewed on 10/26/23 at 1:30 P.M. A Significant Change MDS assessment, dated 09/08/23. The resident was severely cognitively impaired. The diagnoses, included but were not limited to, Alzheimer's, hypertension, diabetes, and depression.</p> <p>The resident's Admission Packet, dated 07/31/23, indicated the resident requested the facility would ensure the resident received the COVID-19 booster as soon as it was available. The form was signed by the resident's POA on 08/04/23.</p> <p>The resident had the following COVID-19 immunizations: 02/24/21, 03/24/21, and 03/22/22.</p> <p>The clinical record lacked any COVID-19 boosters given since 03/22/22 or since admission on 08/04/23.</p> <p>The resident was positive for COVID-19 on 10/16/23.</p> <p>4. The clinical record for Resident M was reviewed</p>				<p>100% compliance is obtained and maintained. (See attachment B)</p> <p>The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly if warranted. If compliance is not obtained and maintained, the nurse consultant will re-educate the nursing administration and administrator on the policy of administering vaccines in a timely manner. Increased monitoring will also occur if warranted with the nurse consultant reviewing consents and administration of vaccines weekly.</p> <p>5. The above corrective measures will be completed on or before Nov 13, 2022.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>on 10/26/23 at 1:45 P.M. A Quarterly MDS assessment, dated 09/08/23, indicated the resident was severely cognitively impaired. The diagnoses included, but were not limited to, heart failure, Alzheimer's disease, anxiety, and depression.</p> <p>The resident's Admission Packet, dated 05/01/23, indicated the resident requested the facility would ensure the resident received the COVID-19 booster as soon as it was available. The form was signed by the resident's POA on 05/01/23.</p> <p>The resident had the following COVID-19 immunizations: 01/14/21, 02/11/21, 11/03/21, 05/17/22, and 09/21/22.</p> <p>The clinical record lacked any COVID-19 boosters given since 09/21/22, or since admission of 05/01/23.</p> <p>The resident was positive for COVID-19 on 10/19/23.</p> <p>5. The clinical record for Resident C was reviewed on 10/25/23 at 10:15 A.M. A Quarterly MDS assessment, dated 09/25/23, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, stroke, Alzheimer's, dementia, anxiety, and depression.</p> <p>The resident's Admission Packet, dated 09/13/23, indicated the resident requested the facility would ensure the resident received the COVID-19 booster as soon as it was available. The form was signed by the resident on 09/10/23.</p> <p>The resident had received the following COVID-19 immunizations: 01/18/21, 02/15/21, 12/28/21, 07/08/22, and 10/07/22.</p>						

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	<p>The clinical record lacked any COVID-19 boosters given since 10/07/22, or since admission on 09/13/23.</p> <p>6. The clinical record for Resident D was reviewed on 10/25/23 at 10:20 A.M. A Significant Change MDS assessment, dated 10/16/23, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, cancer, hypertension, dementia, anxiety, and depression.</p> <p>The resident's Admission Packet, dated 09/01/23, indicated the resident requested the facility would ensure the resident received the COVID-19 booster as soon as it was available. The form was signed by the resident representative on 09/01/23.</p> <p>The resident had the following COVID-19 immunizations: 10/19/22, 11/02/22, and 04/03/23.</p> <p>The clinical record lacked any COVID-19 boosters given since 04/03/23, or since admission on 09/01/23.</p> <p>7. The clinical record for Resident E was reviewed on 10/25/23 at 10:25 A.M. An Admission MDS assessment, dated 09/13/23, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, anemia, heart failure, hypertension, and diabetes.</p> <p>The resident's Admission Packet, dated 09/06/23, indicated the resident requested the facility would ensure the resident received the COVID-19 booster as soon as it was available. The form was sign but the resident's POA on 09/06/23.</p> <p>The resident had the following COVID-19 immunizations: 02/09/21, 03/05/21, and 11/09/21.</p>						

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	<p>The clinical record lacked any COVID-19 boosters given since 11/09/21, or since admission on 09/06/23.</p> <p>8. The clinical record for Resident H was reviewed on 10/25/23 at 10:40 A.M. An Annual MDS assessment, dated 09/24/23, indicated the resident was moderately cognitively impaired. The diagnoses included, but were not limited to, heart failure, hypertension, diabetes, Alzheimer's, depression, and anxiety.</p> <p>The resident's Admission Packet, dated 09/19/22, indicated on the "COVID-19 Resident Vaccine Education" form the resident declined the COVID-19 vaccine (The resident had previously received the COVID-19 vaccines on 01/30/21, 02/27/21, and 11/02/21). The "COVID-19 Resident Booster Education" form, signed by the resident's POA on 09/19/22, indicated the resident's POA requested the facility would ensure the resident received the COVID-19 booster as soon as it was available.</p> <p>The resident's record indicated the resident had the following COVID-19 immunizations: 01/30/21, 02/27/21, and 11/02/21.</p> <p>The clinical record lacked any COVID-19 boosters given since 11/02/21, or since admission on 09/19/22.</p> <p>During an interview on 10/25/23 at 11:56 A.M., the ADON (Assistant Director of Nursing) indicated when a resident admitted to the facility she would review their admission documentation and also review CHIRP (Patient Vaccination Review) to see when they were due for vaccines. If the resident was due for a COVID-19 vaccine or booster and signed the agreement to get it, then an order</p>						

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	<p>would be inputted into the computer and the pharmacy would send it within two to three days.</p> <p>During an interview on 10/26/23 at 10:04 A.M., the ADON indicated after the resident admitted to the facility the Admission Director would let her know if the resident declined or signed consent for a COVID-19 vaccine or booster. The order would be placed in the computer and she would call the pharmacy and get the vaccine ordered. The admission paperwork was usually completed within 24-48 hours after admission. The vaccine would be administered a week later or five to seven days after admission. The pharmacy delivered medications daily except for Sunday. She would obtain resident vaccination information from CHIRP to see when the resident was able to have a COVID-19 booster. The nurse administering the medication would document in the EMAR (Electronic Medication Administration Record) and the consent form would be signed. She usually had a log of who was due for the booster on her whiteboard but it was full of COVID-19 positive resident names. The nurses would document in the nurses notes that the vaccine was administered and assess the resident 48 hours after administering.</p> <p>The current facility policy titled, "COVID-19 Resident Vaccine Education and Administration" dated 05/18/21, was provided by the Administrator on 10/26/23 at 3:34 P.M. The policy indicated, "...This facility shall offer residents and staff vaccination against COVID-19 when vaccine supplies are available to this facility...For residents and staff who choose to receive the vaccine, vaccination shall be conducted in accordance with CDC, ACIP, FDA, and manufacturer guidelines. This facility shall adhere to current infection prevention and control</p>						

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	recommendations when preparing and administering vaccines...This resident's medical record shall include documentation that indicates, at a minimum, that the resident or resident representative was provided education regarding the benefits and potential side effects of the COVID-19 vaccine, and that the resident (or representative) either accepted and received the COVID-19 vaccine or did not receive the vaccine due to medical contraindications, prior vaccination, or refusal..."  3.1-18(b)						