

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056382	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2024
NAME OF PROVIDER OR SUPPLIER The Grove Post-Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 14122 Hubbard Street Sylmar, CA 91342	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43878</p> <p>Based on observation, interview, and record review, the facility failed to implement its infection control policy by failing to:</p> <ol style="list-style-type: none"> 1. Implement its Enhanced Barrier Precautions (EBP- refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities, residents with wounds or indwelling medical devices) for three of seven sampled residents (Resident 4, Resident 6, and Resident 7). 2. Implement personal protective equipment (PPE- protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection) during a coronavirus disease 2019 (COVID-19, a highly contagious viral illness that can lead to mild respiratory issues to severe pneumonia [a lung infection causing symptoms like cough, fever, and difficulty breathing]) outbreak (an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area) when four Certified Nursing Assistants (CNA 1, CNA 2, CNA 3, and CNA 4) were observed without wearing eye protection (e.g. safety glasses or face shield) coming in and out of two out of seven sampled residents (Resident 2 and Resident 3) rooms who tested positive for COVID-19. <p>These deficient practices had the potential to result in an increased transmission of COVID-19 infections among residents and staff.</p> <p>Findings:</p> <p>a. A review of Resident 4 ' s Admission Record indicated the facility admitted the resident on 4/27/2024 with diagnoses including pressure ulcer (damage to an area of the skin caused by constant pressure on the area for a long time) of other site, urinary tract infection (a condition in which bacteria invade and grows in the urinary tract [the kidneys, ureters, bladder, and urethra]), and acute cholecystitis (is a redness and swelling [inflammation] of the gallbladder [a small, pear-shaped organ that stores and releases bile]).</p> <p>A review of the Order Summary Report for Resident 4 dated 4/27/2024 indicated:</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- cleanse biliary drain (a thin, flexible tube, allows bile to flow out from a blocked bile duct into a collection bag outside the body) insertion site with normal saline (NS- is a mixture of sodium chloride [salt] and water, that is used in medicine including cleaning wounds, removal, and storage of contact lenses, and help with dry eye), cover with dry dressing every day.</p> <p>- Flush biliary drain tube on right upper quadrant (RUQ-a section of your tummy [abdomen]) with 10 milliliters (ml-unit of measurement) NS per shift, record output every shift.</p> <p>A review of Resident 4 ' s Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 5/9/2024 indicated the resident was able to understand and be understood. The MDS indicated Resident 4 was dependent (helper does all the effort) with toileting, showering, lower body dressing and putting on and taking off footwear.</p> <p>A review of the Order Summary Report for Resident 4 dated 6/30/2024 indicated left medial heel deep tissue pressure injury (DTPI) cleanse with NS, pat dry, swab with betadine solution (contains the active ingredient povidone-iodine (PVP-I), to help prevent infection in minor cuts, scrapes, and burns), cover with foam dressing and [NAME] with kerlix.</p> <p>A review of Resident 4 ' s Wound Care Plan dated 6/30/2024 indicated pressure injury DTPI left medial heel with interventions that included offload heels using pillows when in bed, and pressure relief and reduction mattress.</p> <p>A review of Resident 4 ' s Weekly Wound assessment dated [DATE] indicted left medial heel wound measuring length of 2.5 centimeters (cm-unit of measurement) and width of 2.3 cm.</p> <p>b. A review of Resident 6 ' s Admission Record indicated the resident was admitted on [DATE] and readmitted on [DATE] with diagnoses that included gastrostomy (a surgical procedure used to insert a tube, often referred to as a G-tube, through the abdomen and into the stomach), cutaneous abscess (a localized collection of pus in the skin) of buttock, and dysphagia (swallowing difficulties).</p> <p>A review of Resident 6 ' s Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 5/7/2024 indicated the resident was able to understand sometimes and be understood sometimes. The MDS indicated Resident 6 required substantial (the helper does more than half the effort) with toileting, upper and lower body dressing, putting on and taking off footwear, and personal hygiene.</p> <p>A review of the Order Summary Report for Resident 6 dated 7/3/2024 indicated:</p> <p>- Enteral feed (any method of feeding that uses the gastrointestinal (GI) tract to deliver nutrition and calories) order every shift check tube placement and patency before each feeding and medication administration.</p> <p>- Enteral feed order every shift flush tube with 200 milliliters (ml-a unit of measurement) water.</p> <p>- Enteral feed order every shift feeding of jevity (calorically dense, fiber-fortified therapeutic nutrition that provides complete, balanced nutrition for long- or short-term tube feeding) 1.5 formula at 20 ml and hour for 20 hours to provide 400 ml and 480 calories in 24 hours via enteral pump.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Cleanse GT site with NS, pat dry, and apply dry dressing every day shift.</p> <p>A review of the Order Summary Report for Resident 6 dated 7/4/2024 indicated:</p> <p>- coccyx extending to bilateral buttocks moisture-associated skin damage (MASD- caused by prolonged exposure to various sources of moisture, including urine or stool, perspiration, wound exudate, mucus, saliva, and their content) cleanse with NS, pat dry apply triad paste daily and as needed for 21 days.</p> <p>- Left buttocks pressure injury cleanse with NS, pat dry, apply triad paste, cover with bordered dressing daily and as needed for 30 days.</p> <p>- right buttocks pressure injury cleanse with NS, pat dry, apply triad paste, cover with bordered dressing daily and as needed for 30 days.</p> <p>- Right hip abscess cleanse with NS, pat dry, apply triad paste, cover with bordered dressing daily and as needed for 30 days.</p> <p>A review of Resident 6 ' s G-tube feeding Care Plan dated 7/3/2024 indicated diet, fluids, and IV as ordered and observe for sign and symptoms of GI distress. A review of Resident 6 ' s Care Plan for MASD dated 7/4/2024 indicated MASD, coccyx extending to bilateral buttocks, related to fragile skin with interventions that included observe open wound for signs of infection, and report changes in resident ' s skin.</p> <p>A review of Resident 6 ' s Weekly Wound assessment dated [DATE] indicated:</p> <p>- Right hip length: 2.2 cm, width: 2.5, depth: 0.2 cm.</p> <p>- Right buttock length: 1.5 cm, width: 1.3, depth: 0.1cm.</p> <p>- Left buttock length 2.9cm, width: 1cm, depth: 0.1cm.</p> <p>- Coccyx extending to bilateral buttocks, MASD, skin intact.</p> <p>c. A review of Resident 7 ' s Admission Record indicated the resident was admitted on [DATE] with diagnoses that included pressure ulcer ((damage to an area of the skin caused by constant pressure on the area for a long time)) to right hip, stage 3 (full thickness tissue loss, subcutaneous fat may be visible), pressure induced deep tissue damage (purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear) of right heel, and left heel.</p> <p>A review of Resident 7 ' s Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 4/17/2024 indicated the resident sometimes understood and was sometimes understood. The MDS indicated Resident 7 was dependent (helper did all the effort) with eating, oral hygiene, toileting, showering, upper and lower body dressing, and personal hygiene. The MDS further indicated Resident 7 had two stage 3 pressure ulcers and three unstageable deep tissue injury.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Order Summary Report for Resident 7 dated 6/12/2024 indicated Medela wound vacuum to right hip 125 millimetre of mercury is a manometric unit of pressure (mm/hg-unit of measurement) continuous suction every shift.</p> <p>A review of the Order Summary Report for Resident 7 dated 6/21/2024 indicted:</p> <ul style="list-style-type: none"> - Change medela wound vacuum (a type of therapy or dressing to help wounds heal) cannister every day shift. - Cleanse right hip with NS, pat dry, apply medela wound vacuum every Monday, Wednesday, and Friday. <p>A review of the Order Summary Report for Resident 7 dated 6/26/2024 indicated left hip pressure injury (PI) cleanse with NS, pat dry, apply santly ointment (an FDA-approved prescription medicine that removes dead tissue from wounds so they can start to heal), cover with bordered dressing daily and as needed for 21 days.</p> <p>A review of the Order Summary Report for Resident 7 dated 6/28/2024 indicated re-eval sacral pressure injury (PI) cleanse with NS, pat dry, apply hydrogel, cover with foam dressing daily and as needed for 30 days.</p> <p>A review of Resident 7 ' s Weekly Wound assessment dated [DATE] indicated:</p> <ul style="list-style-type: none"> - Right hip length: 7.2cm, width: 4cm, depth: 0.5cm. - Right 4th inner toe length: 0.7 cm, width: 0.5 cm, depth: 0.4 cm. - Right inner arm near elbow length: 0.7cm, width: 0.7cm, depth: 0.4 cm. - Left hip length: 2.7cm, width: 3.4cm, depth: 0.6cm. - Sacral length: 3.3cm, width: 1.7cm, depth: 0.6cm. <p>During a concurrent interview and record review on 7/9/2024 at 12:15 p.m. with Licensed Vocational Nurse 1 (LVN 1), reviewed the facility policy titled, Enhanced Barrier Precautions. LVN 1 stated he was not sure what Enhanced Barrier Precautions (EBP) is about. LVN 1 was provided the facility policy for EBP. LVN 1 stated EBP is used for residents who have gastrostomy tube (G-tube- is a tube inserted through the belly that brings nutrition directly to the stomach). LVN 1 stated Resident 6 should be placed on EBP but stated there is no signage on the door indicating to observe EBP for Resident 6. LVN 1 stated residents on EBP require staff to wear specific PPE to protect the residents, and staff is not doing that. LVN 1 stated she thinks there is a lot of residents in the facility that should be placed on EBP.</p> <p>During a concurrent interview and record review on 7/9/2024 at 1 p.m. with Licensed Vocational Nurse 2 (LVN 2), reviewed facility policy titled, Enhanced Barrier Precautions. LVN 2 stated staff must wash hands regularly, wear gloves, gown, and mask when providing care for residents who are placed on EBP. LVN 2 stated there are residents in station 1 with g-tubes, who should be placed on EBP. LVN 2 stated staff should observe EBP to prevent cross contamination between residents.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 7/9/2024 at 1:29 p.m. observed Resident 4 ' s, Resident 6 ' and Resident 7 ' s room with no EBP signage on the door and no PPE cart outside of their rooms.</p> <p>During an interview on 7/9/2024 at 1:44 p.m. with Certified Nursing Assistant 2 (CNA 2), CNA 2 stated EBP is when you wash your hands and apply PPE to prevent the spread of infection. CNA 2 stated EBP is for residents who have g-tubes, catheters, urinary tract infections (condition in which bacteria invade and grow in the urinary tract [the kidneys, ureters, bladder, and urethra]), Clostridioides difficile (c-diff- a bacterium that causes an infection of the colon, the longest part of the large intestine) and wounds. CNA 2 stated the facility use EBP only for residents with COVID-19 or c-diff. CNA 2 stated there are residents in the facility with g-tubes, but they are not not placed on EBP. CNA 2 stated EBP are used for residents who are susceptible to infections.</p> <p>During an interview on 7/9/2024 at 4 p.m. with the Infection Preventionist (IP), the IP stated there are no residents in the facility who are placed on EBP. The IP stated residents with g-tubes and urinary catheters should be placed on EBP for infection control. The IP stated staff must wear gowns and gloves when caring for residents with EBP.</p> <p>A review of the facility ' s policies and procedures titled, Enhanced Barrier Precautions, last revised on 8/2022, indicated, Enhanced Barrier Precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents.</p> <ol style="list-style-type: none"> 1. EBP are used as an infection prevention and control intervention to reduce the spread of MDROs to residents. 2. EBP ' s employ targeted gown and glove use during high contact resident care activity (as opposed to before entering the room). 5. EBP ' s are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization. 6. EBP ' s remain in place for the duration of the resident ' s stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk. <p>d. A review of Resident 2 ' s Admission Record indicated the resident was admitted on [DATE] with diagnoses that included COVID-19, muscle weaknesses (generalized), and unsteadiness on feet.</p> <p>A review of Resident 2 ' s Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 6/19/2024 indicated the resident had the ability to make self-understood and usually understood. The MDS indicated Resident 2 was dependent (helper does all the effort) on toileting, showering, lower body dressing, and putting on and taking off footwear and required substantial (helper does more than half the effort) with personal hygiene.</p> <p>A review of Resident 2 ' s Order Summary Report dated 7/8/2024 indicated:</p> <p>- Novel respiratory (a newly identified respiratory pathogen, also called an emerging or novel respiratory pathogen, that causes acute respiratory infection) isolation precautions one time only for (COVID-19+) until 7/18/2024 at 11:59 p.m.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Paxlovid (used to treat coronavirus disease [COVID-19] in people who have mild to moderate symptoms and have a high risk for COVID-19 complications), pharmacy to dose.</p> <p>A review of Resident 2 ' s Change of Condition dated 7/8/2024 at 3:49 p.m. indicated Resident 2 had coughing and weakness. The Progress Note indicated Resident 2 was noted with coughing and generalized weakness, tested for COVID-19 and resulted positive, and doctor was notified and new orders received.</p> <p>e. A review of Resident 3 ' s Admission Record indicated the resident was admitted on [DATE] and was readmitted on [DATE] with diagnoses that included COVID-19, essential (primary) hypertension (when the pressure in your blood vessels is too high [140/90 mmHg or higher]), and muscle weakness (generalized).</p> <p>A review of Resident 3 ' s Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 7/1/202 indicated the resident was sometimes able to understand and sometimes understood. The MDS indicated Resident 2 was dependent (the helper does all the effort) on toileting, showering, lower body dressing, and personal hygiene, and required substantial (helper does more than half the effort) with eating, oral hygiene, and upper body dressing.</p> <p>A review of Resident 3 ' s Order Summary Report dated 7/8/2024 indicated:</p> <p>- Novel respiratory (a newly identified respiratory pathogen, also called an emerging or novel respiratory pathogen, that causes acute respiratory infection) isolation precautions one time only for (COVID-19+) until 7/18/2024 at 11:59 p.m.</p> <p>- Paxlovid (used to treat coronavirus disease [COVID-19] in people who have mild to moderate symptoms and have a high risk for COVID-19 complications), pharmacy to dose.</p> <p>A review of Resident 3 ' s Change of Condition dated 7/8/2024 (no time indicated) indicated Resident 3 had cough, sneezing and weakness. The Progress Note indicated Resident 3 was noted with coughing, sneezing and weakness, tested for COVID-19 and resulted positive, doctor was notified and new orders received.</p> <p>During an observation on 7/9/2024 at 9:51 a.m. observed Certified Nursing Assistant 1 (CNA 1) entering Resident 3 ' s room donning (putting on work clothes, gear, and equipment) gown, gloves and an N95 mask (is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particle), without wearing a face shield or goggles. At 10:07 a.m. observed CNA 1 don an N95 mask, gown and gloves and enter Resident 2's room without wearing a face shield or goggles.</p> <p>During an observation on 7/9/2024 at 10:27 a.m. observed Certified Nursing Assistant 2 (CNA 2) enter Resident 3 ' s room wearing an N95 mask, gown, and gloves, but was not wearing a face shield, or goggles. Certified Nursing Assistant 3 (CNA 3) observed entering Resident 3 ' s room with an N95 mask, gown and gloves but with no face shield or goggles.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 7/9/2024 at 10:48 a.m. in Resident 2 ' s room observed CNA 3, don gown, gloves, and an N95 mask but CNA 3 did not wear a face shield, or goggles. CNA 3 sated she forgot to wear goggles and stated she must wear goggles to prevent getting infected with COVID-19.</p> <p>At 10:54 a.m. CNA 1 was observed entering Resident 2 ' s room wearing gown, gloves, and an N95 mask. CNA 1 stated she should have worn goggles to prevent getting infected with COVID-19. At 10:58 a.m. observed Certified Nursing Assistant 4 (CNA 4) enter Resident 2 ' s room wearing an N95 mask, gown and gloves but was not wearing face shield or goggles. CNA 4 stated she should be wearing a face shield to prevent the spread of infection.</p> <p>During an interview on 7/9/2024 at 1:44 p.m. with CNA 2, CNA 2 stated she should wear an N95 mask, gloves, gown and face shield or goggles when caring for residents who have COVID-19 to prevent the spread the infection.</p> <p>During an interview on 7/9/2024 at 2:33 p.m. with CNA 1, CNA1 stated when caring for residents with COVID-19, staff should wear a gown, gloves, eye protection and a mask and to wash hands regularly. CNA 1 stated she should have worn an eye protection to prevent fluids from getting into the eyes from an infectious person. CNA 1 stated not wearing an eye protection can spread COVID-19.</p> <p>During an interview on 7/9/2024 at 4 p.m. with the Infection Preventionist (IP), the IP stated the PPE for COVID-19 should be an N95 mask, gown, gloves, and a face shield. The IP stated there is a risk for spreading COVID-19 when staff do not wear a face shield and or goggles when caring for residents with COVID-19.</p> <p>A review of the facility ' s policies and procedures titled, Coronavirus Disease (COVID-19)-Using Personal Protective Equipment, last revised on 9/2022 indicated personal protective equipment is provided to all employees, contractors, and volunteers free of charge.</p> <p>3. Alternatively, if community transmission is high the facility may implement:</p> <p>b. eye protection (i.e., goggles or a face shield that covers the front and side of the face) worn during all patient care encounters.</p> <p>4. When caring for resident with suspected or confirmed SARS-CoV-2 infection:</p> <p>a. Personnel who enter the room of a resident with suspected or confirmed SARS-CoV-2 infection adhere to standard precautions and use a N95 or equivalent or higher-level respirator, gown, gloves, and eye protection.</p> <p>c. eye protection:</p> <p>(1) eye protection (i.e., goggles or a face shield that covers the front and side of the face) is applied upon entry to the resident room or care area.</p> <p>(a) protective eyewear with gaps between glasses and the face do not protect eyes from all splashes and sprays.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>43878</p> <p>Based on interview and record review the facility:</p> <p>1. Failed to provide documented evidence staff were provided education regarding the benefits and potential risks associated with coronavirus disease 2019 (COVID-19, a highly contagious viral illness that can lead to mild respiratory issues to severe pneumonia [a lung infection causing symptoms like cough, fever, and difficulty breathing]) and or influenza (an infection of the nose, throat, and lungs, which are part of the respiratory system) vaccine for</p> <p>6 out of 6 sampled staff investigated during record review.</p> <p>2. Failed to provide documented evidence staff were offered the COVID-19 and or Flu vaccine for 6 out of 6 sampled staff investigated during record review.</p> <p>This deficient practice had the potential to result in an increase for transmission of COVID-19 and flu infections among residents and staff.</p> <p>Findings:</p> <p>During a record review on 7/9/2024 at 2:40 p.m. of Licensed Vocational Nurse 1's (LVN 1) immunization record, the record indicated LVN 1's last dose of COVID-19 vaccine was on 10/27/2022. The record did not indicate the staff's flu vaccine record, education on the risks and benefits of the vaccination was provided, and consent or declination for COVID-19 or flu vaccine was offered to LVN 1.</p> <p>During a record review on 7/9/2024 at 2:40 p.m. of Licensed Vocational Nurse 2's (LVN 2) immunization record, the record indicated LVN 2's last dose of COVID-19 vaccine was on 12/29/2022. The record did not indicate the staff's flu vaccine record, education on the risks and benefits of the vaccination was provided and consent or declination COVID-19 or flu vaccine was offered to LVN 2.</p> <p>During a record review on 7/29/2024 at 2:40 p.m. of Certified Nursing Assistant 1's (CNA 1) immunization record, the record did not indicate education on the risks and benefits of the vaccination was provided , and consent or declination COVID-19 or flu vaccine was offered to CNA 1.</p> <p>During a record review on 7/29/2024 at 2:40 p.m. of Certified Nursing Assistant 2's (CNA 2) immunization record, the record indicated CNA 2's last dose of COVID-19 vaccine was on 12/19/2022. The record did not indicate the staff's flu vaccine record, education on the risks and benefits of the vaccination was provided , and consent or declination COVID-19 or flu</p> <p>vaccine was offered to CNA 2</p> <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a record review on 7/29/2024 at 2:40 p.m. of Certified Nursing Assistant 3's (CNA 3) immunization record, the record indicated CNA 3's last dose of COVID-19 vaccine was on 3/14/2022. The record did not indicate the staff's flu vaccine record, education on the risks and benefits of the vaccination was provided , and consent or declination COVID-19 or flu vaccine was offered to CNA 3.</p> <p>During a record review on 7/29/2024 at 2:40 p.m. of Certified Nursing Assistant 4's (CNA 4) immunization record, the record indicated CNA 4's last dose of COVID-19 vaccine was on 11/10/2021. The record did not indicate education on the risks or benefits of the vaccination was provided, and consent or declination for COVID-19 vaccine was offered to CNA 4.</p> <p>During an interview on 7/9/2024 at 3:20 p.m. with the Director of Staff Development (DSD), the DSD stated he only received verbal consent and refusal of flu vaccine and or COVID-19 vaccine from staff. The DSD stated there is no documentation that flu and or COVID-19 vaccine were offered to staff. The DSD stated facility policy for flu and COVID-19 vaccination was not followed since he did not document the staff's refusal of either vaccine.</p> <p>During an interview on 7/9/2024 at 4 p.m. with the Infection Preventionist (IP), the IP stated staff are required to get the flu vaccine yearly and if the staff declines, the staff must wear a mask. The IP stated there is a declination form that should be filled out when a staff refuses the flu vaccine. The IP stated not offering COVID-19 and or flu vaccine to staff placed them (staff) at risk for spreading infectious diseases to residents.</p> <p>A review of the facility ' s policies and procedures titled, Influenza Vaccine, last revised on 3/2022, indicated, all residents and employees who have no medical contraindications to the vaccine will be offered the influenza vaccine annually to encourage and promote the benefits associated with vaccination against influenza. Prior to the vaccination, employee will be provided information and education regarding the benefits and potential effects of the influenza vaccine. Provision of such education shall be documented in the employee ' s medial record. If an employee refuses the vaccine for reasons other than medical contraindication, this shall be documented on the employee information consent for influenza vaccine.</p> <p>A review of the facility ' s policies and procedures titled, Coronavirus Disease (COVID-19)-Vaccination of Staff, last revised on 10/2022, indicated, all staff are required to be fully vaccinated for COVID-19. Booster per Center for Disease Control and Prevention (CDC), refers to a dose of vaccine administered when the initial sufficient immune response to the primary vaccination series is likely to have waned over time. The facility maintains documentation related to staff COVID-19 vaccination that includes, at a minimum, the following:</p> <ol style="list-style-type: none"> a. The staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine or information on obtaining COVID-19 vaccine; b. The staff were provided education regarding the benefit and potential risks associated with COVID-19 vaccine; c. A copy of the information consent; and d. Verification of vaccination or documentation of exemption/delay. 		