

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Haven of Our Lady of Peace		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 Summit Boulevard Pensacola, FL 32503	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>51236</p> <p>Based on review of the electronic medical record (EMR) and staff interviews, the facility failed to maintain complete and accurate documentation of the consent and administration for immunizations for 4 out of 5 residents sampled. (Resident #32, #46, #100, #261)</p> <p>The findings include:</p> <p>On 3/5/25 at approximately 11:00 AM, a review of vaccination consents and administration forms in the EMR was conducted with the Infection Control Nurse (ICN). The record revealed the consent form for Resident #58 did not have a completion date of the administration, nor did it have the vaccine lot number and expiration date. Resident #46 did not have a vaccine lot number or expiration date recorded. For Residents #100 and #261, the consent form did not have date the consent was offered and declined by the residents recorded.</p> <p>On 3/5/25 at approximately 12:05 PM, an interview was conducted with the ICN concerning why the dates, vaccine lot numbers and expiration dates were not recorded on the consent forms. The ICN indicated she was not certain why the information was not recorded on the consent form and agreed that it should have been documented.</p> <p>03/06/25 at approximately 1:52 PM, an interview was conducted with Director of Nursing (DON). She stated that obtaining vaccine consent or refusal was a part of the facilities admission process, the forms would be uploaded to the EMR showing this was done on admission.</p> <p>On 03/05/25 review of the facilities vaccine policy titled Influenza Vaccine last revised March 2022 was conducted. Which revealed under section 5 For each resident who receives the vaccines, the date of vaccination, lot number, expiration date, person administering, and the site of vaccination are documented in the resident's medical record.</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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