

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106129	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Gardens at Terracina Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6869 Davis Boulevard Naples, FL 34104	

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 - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25618</p> <p>Based on record review, review of the facility's policy and procedure, and staff interview, the facility failed to ensure 5 (Resident #75, #76, #77, #78, and #79) of 5 residents sampled who were admitted during the 2023 to 2024 influenza season received education regarding the benefits and potential side effect of the influenza immunization and were offered the influenza immunization. The failure to offer and provide influenza immunization education puts the residents at risk of developing influenza.</p> <p>The findings included:</p> <p>Review of the facility Influenza Vaccination policy and procedure created 9/16/15 and reviewed on 10/22/23, stated during the annual influenza season, patients, staff member, and volunteer workers would be offered an influenza vaccination unless such immunization is medically contraindicated, or the individual had already been immunized during this time period. Prior to the administration of the influenza's vaccine, the person receiving the immunization, or his/her legal representative, will be provided with a copy of Center for Disease Control (CDC) current vaccine information statement relative to the influenza vaccination. Vaccine information statements (VIS) would 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. Individuals being offered the influenza vaccine, or their legal representative, would be required to sign a consent form or declination form prior to the administration or refusal of the vaccine. The completed, signed, and dated record would be filed in the resident's medical record.</p> <p>1. On 5/30/24 review of Resident #75's medical record revealed the resident was admitted to the facility on [DATE]. The medical record lacked documentation Resident #75 had received a copy of the CDC's current vaccine information related to the influenza immunization vaccination to include the benefits and potential side effect of the influenza vaccination and the required signed consent form or declination form to the administration or refusal of the vaccine.</p> <p>2. On 5/30/24 review of Resident #76's medical record revealed the resident was admitted to the facility on [DATE]. The medical record lacked documentation Resident #75 had received a copy of the CDC's current vaccine information related to the influenza immunization vaccination to include the benefits and potential side effect of the influenza vaccination and the required signed consent form or declination form to the administration or refusal of the vaccine.</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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. On 5/30/24 review of Resident #77's medical record revealed the resident was admitted to the facility on [DATE]. The medical record lacked documentation Resident #75 had received a copy of the CDC's current vaccine information related to the influenza immunization vaccination to include the benefits and potential side effect of the influenza vaccination and the required signed consent form or declination form to the administration or refusal of the vaccine.</p> <p>4. On 5/30/24 review of Resident #78's medical record revealed the resident was admitted to the facility on [DATE]. The medical record lacked documentation Resident #75 had received a copy of the CDC's current vaccine information related to the influenza immunization vaccination to include the benefits and potential side effect of the influenza vaccination and the required signed consent form or declination form to the administration or refusal of the vaccine.</p> <p>5. On 5/30/24 review of Resident #79's medical record revealed the resident was admitted to the facility on [DATE]. The medical record lacked documentation Resident #75 had received a copy of the CDC's current vaccine information related to the influenza immunization vaccination to include the benefits and potential side effect of the influenza vaccination and the required signed consent form or declination form to the administration or refusal of the vaccine.</p> <p>On 5/30/24 at 9:36 a.m., interview with the Director of Nursing (DON)/Infection Preventionist (IP) confirmed the facility's Immunizations - Influenza policy stated all residents in the facility during annual influenza season were required to receive a copy of the CDC's current vaccine information related to the influenza immunization vaccination to include the benefits and potential side effect of the influenza vaccination and the required signed consent form or declination form to the administration or refusal of the vaccine, and copy of the form would be filed in the resident's medical record.</p> <p>After having reviewed the medical record for Residents #75, #76, #77, #78, and #79, the DON confirmed the residents were admitted to the facility during the annual influenza season. She said she was unable to find documentation the residents had received the CDC's current vaccine information with the benefits and potential side effect of the influenza vaccination. She further said she was unable to find the required consent form or declination form for the administration or refusal of the influenza vaccine in the resident's medical record as required. She said the nursing department does not complete immunization education with the residents or their legal representative if they are in the facility during the annual influenza season.</p> <p>She said the immunization education for the resident is completed by the Admission Coordinator or the MDS (Minimum Data Set) Coordinator for each resident.</p> <p>The DON confirmed she is the facility's IP. She said she was unaware the mandatory immunization education documentation and the signed consent form or the declination form to the administration or refusal of the vaccine was not in the resident's medical record as required.</p> <p>On 3/30/24 at 10:37 a.m., interview with the MDS Coordinator confirmed she or the Admission Coordinator were required to provide each resident or their legal representative a copy of the CDC's current vaccine information related to the influenza immunization vaccination to include the benefits and potential side effect of the influenza vaccination.</p> <p>(continued on next page)</p>		

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