

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Beaumont Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1345 N Madison Ave Anderson, IN 46011	

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>32663</p> <p>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)</p> <p>Findings include:</p> <p>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.</p> <p>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 was signed and dated 10/10/23. The COVID-19 booster was administered on 10/28/24.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</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>A review of the immunization record indicated the influenza vaccine was administered at a hospital on 9/27/24 and documented on the vaccine 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.</p> <p>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.</p> <p>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 medical contraindication or refusal</p> <p>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</p> <p>3.1-18(a)</p>		