STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165379	A. Building B. Wing	09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Convalescent Home	513 Bell Street Edgewood, IA 52042

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)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, 2025 Disease Control and Prevention (CDC) Adult Immunization Schedule and staff interview, the facility failed to offer updated pneumococcal vaccination to 2 of 5 residents sampled (Resident #7 and #36). The facility identified a census of 41 residents.Findings include:1.Resident #7's Electronic Healthcare Record (EHR) Census Report showed he admitted to the facility on [DATE]. Resident #7 Pneumococcal Immunization Informed Consent signed by the resident on 7/16/24 documented the resident had a Pneumococcal Polysaccharide Vaccine 23 (PPSV 23) vaccination on 12/02/13. The Consent Form lacked documentation Resident #7 had received the Prevnar 13, Prevnar 20, or a pneumococcal conjugate vaccine (PCV) 15 vaccination.Resident #7's Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 6 out of 15 indicating a severe cognitive loss. The MDS documented diagnoses of multiple sclerosis, high blood pressure, diabetes mellitus, hemiplegia/hemiparesis (paralysis or weakness on one side of the body), and obstructive sleep apnea (OSA, a disorder where the upper airway collapses during sleep causing breathing to repeatedly stop and start). The resident's admission Record revealed a diagnosis of chronic obstructive pulmonary disease (COPD, lung disease that causes airflow obstruction and breathing difficulties which can be complicated by lung infections). The MDS documented the pneumococcal vaccine had not been received and had not been offered.2. Resident #36's EHR Census Report showed she admitted to the facility on [DATE]. Resident #36's MDS dated [DATE] showed a BIMS score of 15 out 15 indicating intact cognition. The MDS documented diagnoses of intraspinal abscess (a collection of pus that forms within the body's tissues) and granuloma (inflammatory cells that form around the spine), anemia, high blood pressure, diabetes mellitus, stroke, paraplegia, anxiety disorder, depression, morbid obesity, and narcolepsy (a chronic neurological disorder that affects the body's ability to regulate sleep and is characterized by excessive daytime sleepiness). The MDS documented the pneumococcal vaccine had not been received and had not been assessed.A 9/23/25 review of the EHR Immunizations revealed Resident #7 received the Pneumococcal 23 vaccination on 12/02/13. Resident #36 received the Pneumococcal 23 vaccination on 11/18/16.A 9/24/25 review of Resident #7 and Resident #36 Clinical Records (Progress Notes, Assessments, Immunizations and Miscellaneous Records lacked documentation either resident had been offered an updated pneumococcal vaccination.During an interview on 9/24/25 at 11:30 AM the Interim Director of Nursing (IDON) reported they had reviewed Resident #36 medical record and could not find any documentation an updated pneumococcal vaccination had been offered. She voiced the facility had not offered an updated pneumococcal vaccination to Resident #7. The IDON voiced they would start looking at pneumococcal vaccinations annually. On 9/24/25 the IDON provided a Pneumococcal Vaccination Policy and stated the facility policy was to assess pneumococcal vaccination upon admission.The Pneumococcal Vaccination Policy revised 12/20/24 documented pneumococcal disease is known to lead to serious infections in the resident population (pneumonia, bacteremia (a condition where bacteria enter the blood that can be life threatening), meningitis (inflammation and swelling of the fluid and membranes around the brain and spinal cord) and because pneumococcal disease has proved resistant to antibiotics that were once effective in (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165379	A. Building B. Wing	09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Convalescent Home	513 Bell Street Edgewood, IA 52042

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)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	treatment, the facility would provide vaccination against pneumococcal disease to prevent the spread of infection. The Policy Procedure directed all persons, upon admission, would be assessed for receiving a PPSV and/or PCV vaccine and that current CDC recommendations as outlined in the policy would be followed. The Policy directed to administer an updated pneumococcal vaccination 15, 20, of 21 for all adults [AGE] years of age or older who have never received any pneumococcal conjugate vaccine or whose previous vaccination history is unknown.The 2025 CDC Adult Immunization Schedule specified Pneumococcal Vaccination age [AGE] years of age or older who have not previously received a dose of PCV 13, 15, 20 of 21 should receive one dose of PCV 15, 20 or 21. If they previously received only the PPSV 23, one dose of PCV 15, 20, 21 should be administered one year after the last PPSV 23 dose.