STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E294	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
F W Huston Medical Center	408 Delaware Street Winchester, KS 66097

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. (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
	17E294	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
F W Huston Medical Center	408 Delaware Street Winchester, KS 66097

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility identified a census of 38 residents. The sample included 12 residents, with two residents reviewed for hospitalization. Based on observation, record review, and interviews, the facility failed to provide a written notification of transfer to Resident (R) 1 or their representative for all applicable transfers/discharges. The facility failed to ensure the written notification of transfers given to R1 had the required information. The facility further failed to notify the State Long Term Care Ombudsman (LTCO) of transfers/discharges for R1. This deficient practice had the risk for miscommunication between the facility and resident/representative and possible missed opportunities for healthcare services for R1 and placed R1 at risk for impaired rights. Findings included:- R1 admitted to the facility on [DATE], discharged to the hospital on [DATE], readmitted to the facility on [DATE], discharged to the hospital on [DATE], and readmitted to the facility on [DATE].R1's Electronic Medical Record (EMR) documented diagnoses of hypertension (high blood pressure), hyperlipidemia (condition of elevated blood lipid levels), presence of a cardiac pacemaker (implanted device to regulate the beating of the heart), and atherosclerotic heart disease of native coronary artery (abnormal condition that may affect the flow of oxygen to the heart).The Annual Minimum Data Set (MDS) dated 05/08/25, documented R1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition.The Quarterly MDS dated 07/30/25, documented R1 had a BIMS score of 15, which indicated intact cognition.The Functional Abilities Care Area Assessment (CAA) dated 05/12/25, documented R1 needed assistance with his self-care and mobility.R1's Care Plan dated 05/02/24, documented R1 had diagnoses of hypertension, hyperlipidemia, and atherosclerotic heart disease. The plan directed R1 had a cardiac pacemaker in place.R1's EMR revealed the following:An eInteract Transfer Form on 04/18/25 at 01:30 PM, documented R1 transferred to the hospital for chest pain.An eInteract Transfer Form on 07/02/25 at 10:38 AM, documented R1 transferred to the hospital for aspiration (inhaling liquid or food into the lungs). Upon request, the facility was unable to provide a written notification of transfer and bed hold acknowledgement for R1's transfer to the hospital on [DATE].Upon request, the facility provided a written notification of transfer and bed hold acknowledgement for R1's transfer to the hospital on [DATE]. The Notice of Emergency Transfer/Discharge form, dated 07/02/25, documented the reason for the transfer to the emergency room (ER) as aspiration. The notice explained R1's right to an appeal but did not explain how to file an appeal, who would help R1 file an appeal, or the correct agency and contact information to file an appeal with.Upon request, the facility was unable to provide documentation of LTCO notification for R1's transfer to the hospital on [DATE] and 07/02/25.On 08/11/25 at 07:55 AM, R1 sat in his wheelchair at the dining room table and ate breakfast.On 08/11/25 at 03:17 PM, Administrative Nurse D stated the facility did not have a written notification of transfer for R1's 04/18/25 transfer.On 08/12/25 at 01:56 PM, Licensed Nurse (LN) G stated that when she transferred a resident to the hospital, she provided the bed hold acknowledgement and written notification of transfer to the resident. She stated she gave Administrative Nurse D a copy of the signed forms.On 08/12/25 at 02:16 PM, Administrative Nurse D stated she updated the previous notification of transfer form with her and Administrative Staff A's contact information, but she did not change any other information on the form. She stated for the first several months when she started at the facility, she sent the transfer notifications to the LTCO, but she did not think she had sent them since February 2025. Administrative Nurse D stated the LTCO notifications were transitioning to Social Services. The facility's Bed Hold and Return to Facility Policy and Procedure, revised 12/13/24, directed the facility provided written information about the state's bed hold duration and payment amount before the transfer. The policy directed the facility provided bed hold and return information at admission and before a hospital transfer or therapeutic leave. In the case of emergency transfers or discharges, the facility provided the bed hold policy to the resident, their responsible party, and the LTCO on the first business day following the transfer/discharge.The facility did not provide a policy on written notification of transfers.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E294	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
F W Huston Medical Center	408 Delaware Street Winchester, KS 66097

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. The facility identified a census of 38 residents. The sample included 12 residents, with one resident reviewed for bathing. Based on observations, record review, and interviews, the facility failed to provide consistent bathing for Resident (R) 32. This deficient practice had the risk for poor hygiene and decreased self-esteem and dignity for R32.Findings included:- R32's Electronic Medical Record (EMR) documented diagnoses of hemiplegia and hemiparesis (weakness and paralysis on one side of the body) following cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain) affecting right dominant side, repeated falls, and difficulty in walking.The Significant Change Minimum Data Set (MDS) dated 02/15/25, documented R32 had a Brief Interview for Mental Status (BIMS) score of ten, which indicated moderate cognitive impairment. R32 had impairment on both sides, upper and lower extremities. R32 required partial/moderate assistance with bathing.The Quarterly MDS dated 07/23/25, documented R32 had a BIMS score of nine, which indicated moderate cognitive impairment. R32 had impairment on one side upper and lower extremities. R32 required partial/moderate assistance with bathing.The Functional Abilities Care Area Assessment (CAA) dated 02/19/25, documented R32 had a limited range of motion on his right side and required assistance with activities of daily living (ADL).R32's Care Plan dated 08/11/22, documented R32 required assistance with ADLs and preferred a shower three times a week after he got up.The Documentation Survey Report for 05/01/25 to 08/11/25 revealed the following documentation for the scheduled task Type of Bathing Provided this Shift: shower provided on 25 out of 44 scheduled days, none provided on 18 out of 44 scheduled days, and the resident refused one out of 44 scheduled days.R32's EMR revealed a Plan of Care note on 08/06/25 at 05:16 PM that documented R32's representative stated R32 was supposed to receive a shower the previous Sunday, and he waited but did not get a shower.On 08/10/25 at 01:57 PM, R32 sat in his recliner in his room with his representative visiting. R32's representative stated R32 was supposed to get a shower daily, but he was okay with every other day. She stated R32 had issues getting his showers on the weekends. R32 agreed with the weekend shower issue.On 08/11/25 at 08:06 PM, R32 self-propelled in his wheelchair from the dining room towards the day area.On 08/12/25 at 01:53 PM, Certified Nurse Aide (CNA) M stated that CNAs were responsible for bathing, and the showers were divided between the CNAs. She stated that bathing was documented in Point of Care (POC- CNA documentation system). CNA M stated staff documented none provided if the bathing did not get done. She stated if a resident refused bathing, the CNA got another CNA to encourage them to bathe.On 08/12/25 at 01:56 PM, Licensed Nurse (LN) G stated the CNAs were responsible for bathing, and they had a bathing list. She stated staff tried to offer R32 bathing every day per his wife's request because he did not like assistance with toileting and changing throughout the day. LN G stated bathing was documented in POC, and if staff documented none provided, then the shower did not get done.On 08/12/25 at 02:12 PM, CNA N stated R32 required full assistance with bathing, and he showered every other day. She stated that if staff documented none provided, then it meant the resident did not get a shower that day. She stated that bathing was documented in POC.On 08/12/25 at 02:16 PM, Administrative Nurse D stated CNAs and nurses were responsible for bathing, and she expected staff to complete bathing twice weekly or per resident preference. She stated staff documented bathing in POC, and the system alerted the nurse if a resident did not receive bathing for five days.The facility's Restorative ADL Services policy, dated October 2020, directed that residents received assistance with ADLs every shift as appropriate, which included bathing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E294	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
F W Huston Medical Center	408 Delaware Street Winchester, KS 66097

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. The facility had a census of 38 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to provide a safe environment free of chemical hazards for cognitively impaired, independently mobile residents. This placed residents at risk of possible injury.Findings included:- On 08/10/25 at 08:00 AM, upon initial tour of the facility, through the open door to the beauty shop sink, chair, and workstation, a black unlocked cabinet was found with three hair coloring kits, three cans of hair spray, and one box of hair curling permanent kit.On 08/11/25 at 08:04 AM, Administrative Nurse E stated the cabinet had a magnetic lock and should have been locked.The facility's Hazardous Materials and Waste Management Policy, dated 10/2020, documented that hazardous materials and waste shall be stored in a safe and secure manner to prevent injury to patients, visitors, and staff. Storage areas for hazardous chemicals shall be kept locked at all times.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E294	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
F W Huston Medical Center	408 Delaware Street Winchester, KS 66097

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. The facility had a census of 38 residents. Based on observation, interview, and record review, the facility failed to store unexpired medication in the emergency kit as required, and staff failed to discard or destroy expired medications. This deficient practice placed residents of the facility at risk of receiving ineffective medications. Findings included:- On 08/11/25 at 07:45 AM, observation with License Nurse (LN) G revealed that the facility's medication room had an emergency kit. The emergency kit contained the following expired medications:One bottle of Coumadin (blood thinner medication) 1 milligram (mg), 10 tablets that expired 06/13/25.One bottle of Cefuroxime (antibiotic medication) 500 mg, 10 tablets, expired 06/13/25. One Albuterol sulfate inhaler (bronchodilator medication) 2.5 mg per three milliliters (ml) expired 05/06/25. One scopolamine (antinausea medication) patch, one mg per three-day patch, expired 06/13/25. LN G verified the expiration dates.On 08/12/25 at 11:00 AM, Administrative Nurse D verified that the pharmacy consultant was to inspect the medication room monthly, which included the emergency kit and replace expired medications. Administrative Nurse D stated the pharmacist had apparently not checked the emergency kit for expired medications. The facility's Medication Storage policy dated 06/02/25 stated any discontinued, unused (no use in 30 days), or outdated medication must be returned to the pharmacy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E294	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
F W Huston Medical Center	408 Delaware Street Winchester, KS 66097

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. The facility identified a census of 38 residents. The facility had one main dining room and kitchen. Based on observations, record review, and interview, the facility failed to properly label and store food and failed to perform hand hygiene during meal tray pass. This deficient practice had the risk of spreading foodborne illness to all affected residents.Findings included:- On 08/10/25 at 08:49 AM, during the initial tour of the kitchen, the deep freezer had an opened package of waffles, an opened package of hashbrowns, and an opened package of pancakes not labeled and dated or stored in a sealed container/bag. A refrigerator had an opened package of ham and an opened bag of grated Parmesan cheese, not labeled, dated, or in a sealed container/bag. A sealable bag of hot dogs that was unsealed and not labeled or dated.On 08/10/25 at 11:22 AM, Dietary CC wore gloves and passed a lunch plate to Resident (R) 22, then asked R14 what she wanted to drink. Dietary CC grabbed a roll of silverware but dropped a utensil on the ground. She picked the utensil up, then doffed (removed) her gloves; no hand hygiene was performed. Dietary CC went over to R14 and asked her what she wanted to eat for lunch. Dietary CC donned (put on) gloves and brought R22 his dessert. She grabbed a pen at the kitchen window and waited for another lunch plate. Dietary CC brought a lunch plate and dessert to R30. She brought R22 and R30's dessert back to the window for ice cream to be added. Dietary CC did not perform hand hygiene during this observation.On 08/10/25 at 11:26 AM, Dietary CC grabbed a lunch plate and dessert for R14, then asked R21 what she wanted for lunch. She rested her gloved hands on her hips while she waited. Dietary CC got three beverages for R21, then went over to R27 and placed her left hand on R27's chair. Dietary CC delivered R22 and R30's dessert bowls back to them. She pulled her gloves further up on her wrist, then opened a cabinet to grab a cup for ice water. Dietary CC delivered the water to R27, then moved R27 closer to the table by pushing her chair forward. Dietary CC went into the kitchen and grabbed a snack package. She then asked a male visitor what he wanted to drink. Dietary CC doffed gloves and talked to another staff member. She did not perform hand hygiene after doffing gloves and before grabbing beverages for the male visitor. Dietary CC did not perform hand hygiene during this observation.On 08/10/25 at 11:32 AM, Dietary CC delivered a plate and silverware to R5. She asked R2 what he wanted to drink, then delivered a dessert and lunch plate to the male visitor. Dietary CC delivered a lunch plate and silverware to a female resident. Dietary CC did not perform hand hygiene during this observation.On 08/12/25 at 01:43 PM, Dietary DD stated that if she opened a bag of food, she would put the food in a freezer bag, then dated and labeled it.On 08/12/25 at 01:44 PM, Dietary EE stated he prevented cross-contamination during meal pass by taking plates out one at a time and performing hand hygiene between each plate. He stated he washed his hands after taking off his gloves.On 08/12/25 at 01:46 PM, Dietary BB stated if dietary staff opened a food item, they placed the food in a sealable bag and then dated it. He stated that dietary staff performed hand hygiene throughout meal service and washed their hands after removing gloves.The facility's Dietary and Nutritional Services policy, not dated, directed staff to handle all food in a manner that ensured it was safe, wholesome, and free from contamination. The policy directed staff to follow hygiene practices, maintain food at safe temperatures, and comply with food safety regulations. The policy directed staff labeled and dated all foods upon receipt.The facility's Hand Hygiene and Glove Usage policy, last revised 12/10/24, directed the facility to train all staff members in hand hygiene and glove usage expectations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E294	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
F W Huston Medical Center	408 Delaware Street Winchester, KS 66097

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 0851 Level of Harm - Potential for minimal harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. The facility had a census of 38 residents. Based on observation, record review, and interview, the facility failed to submit complete and accurate staffing information through Payroll-Based Journal (PBJ) as required. This deficient practice placed the residents at risk for unidentified and ongoing inadequate nurse staffing. Findings included:- The PBJ report provided by the Centers for Medicare and Medicaid Services (CMS) for Fiscal Year (FY) 2024 Quarter (Q) 4 indicated the facility failed to have licensed nursing coverage 24 hours a day, three days in July 2024, and three days in September 2024.The PBJ report provided by the CMS for the FY 2024 Quarter 1 indicated no Registered nurse (RN) hours for one day in October 2024, licensed nursing coverage for three days in December 2024, and the report indicated the facility failed to have four days in October 2024, five days in November 2024, and nine days in December 2024. The PBJ report documented that the facility was a one-star rating. The PBJ report provided by the CMS for FY 2025 Quarter 2 indicated the facility failed to have licensed nursing coverage 24 hours a day, one day in February 2025, and one day in March 2025.A review of the facility's staffing and RN hours of the days listed above revealed adequate licensed nursing staff and RN coverage.On 08/11/25 at 10:00 AM, Administrative Nurse D stated the facility had a CMS PBJ audit for the quarter ending June 30, 2024, and the CMS had cleared them and no further action was taken at that time. Administrative Nurse D stated she started in December 2024, and the Director of Nursing and the Assistant Director of Nursing would work the floor and not document the hours worked since they were salary. Another concern was noted the facility incorrectly calculated hours when staff worked half of their shift before midnight and the other half after midnight. Administrative Nurse D verified that they use three different agencies, and those times were not accounted for correctly at times. The facility's Payroll Based Journal policy, dated 08/12/25, documented the CMS Payroll-Based Journal (PBJ) requires long-term care facilities to submit staffing and census data on a quarterly basis. This data, which includes information on nursing and non-nursing staff, is used to assess staffing levels and inform quality ratings. The facility must submit the data by the end of the 45th calendar day after the end of the fiscal year. The facility must submit data, including hours worked and paid, for each staff member, on a quarterly basis. The PBJ allows CMS to collect staffing data regularly, improving transparency and informing quality initiatives.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E294	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
F W Huston Medical Center	408 Delaware Street Winchester, KS 66097

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 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly The facility had a census of 38 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to maintain a Quality Assessment and Assurance Committee (QA&A) that had the required membership in attendance. This placed the resident with a lack of quality care.Findings included:- Upon review of the facility's QA&A committee attendance signed roster for the monthly meetings held 07/16/24 to 07/15/25, the roster of attendance lacked the signature of the Medical Director.On 08/12/25 at 09:12 AM, Administrative Staff B reported the Medical Director had not signed the attendance roster but had joined the meeting via the Owl conferencing method (a camera device of a cascading camera and an extension microphone which provides audio-visual experience).The facility's Quality Assurance and Performance Improvement Plan policy, dated 01/2025, documented all department managers, the administrator, the director of nursing, the infection control and prevention officer, medical director, consultant pharmacist, resident/patient and/or family representatives (if appropriate), and additional staff who provided leadership by being on the Quality Committee. The Quality Committee will meet monthly.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E294	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
F W Huston Medical Center	408 Delaware Street Winchester, KS 66097

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 - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 38 residents. The sample included 12 residents, with five residents reviewed for immunizations: Resident (R) 4, R10, R14, R19, and R37, to include pneumococcal (a disease that refers to a range of illnesses that affect various parts of the body and are caused by infection) vaccinations. Based on record review and interviews, the facility failed to offer, obtain an informed declination, or a physician documented contraindication for the pneumococcal PCV20 vaccination per the latest guidance from the Centers for Disease Control and Prevention (CDC). This placed the residents at risk for pneumococcal infection and related complications.Findings included:- Review of R4, R10, R14, R19, and R37 clinical medical records lacked evidence the facility or the resident representative received or signed a consent to receive or informed declination for the pneumococcal vaccine PCV20.Review of R4's electronic health record revealed the resident was admitted to the facility on [DATE]. R4 had not been offered or received a pneumococcal PCV20 vaccine since admission.Review of R10's electronic health record revealed the resident was admitted to the facility on [DATE]. R10 had not been offered or received a pneumococcal PCV20 vaccine since admission.Review of R14's electronic health record revealed the resident was admitted to the facility on [DATE]. R14 had not been offered or received a pneumococcal PVC20 vaccine since admission.Review of R19's electronic health record revealed the resident was admitted to the facility on [DATE]. R19 had not been offered or received a pneumococcal PCV20 vaccine since admission. Review of R37's electronic health record revealed the resident was admitted to the facility on [DATE]. R37 had not been offered or received a pneumococcal PCV20 vaccine since admission.On 08/11/25 at 01:15 PM, License Nurse (LN) H stated that when a resident was admitted to the facility, she would check the Web IZ (a web-based, immunization registry system used by many states and local government agencies designed to track and manage immunization records for public health purposes. status and determine what immunizations the resident had received and what vaccinations they needed to receive to be up to date. The website supports vaccine recommendations based on the CDC guidelines and can integrate with other health care systems for their vaccination status. LN H stated the facility would contact the physician for an order to administer the vaccinations the resident needed to receive, then administer the vaccine after providing the resident and/or the durable power of attorney (DPOA) the Vaccine Information Sheet (VIS) consent form. LN H stated the resident and/or the DPOA would sign a consent or denial form, and that would be kept in the resident's electronic health record. LN H verified that 12 of the residents in the facility were not asked or received the pneumococcal vaccine per protocol. On 8/12/25 at 01:30 PM, Administrative Nurse D verified the lack of a system to identify the residents in the building who were eligible to receive the pneumococcal vaccinations. And verified the lack of denial forms in the resident's medical records. The facility's Flu and Pneumococcal Vaccine policy dated 12/24/24, documented all residents at the facility would have the opportunity to receive the flu vaccine annually, and the pneumonia vaccine as recommended by the physician to assure as much protection from the diseases as possible. Upon admission to the facility, staff would obtain dates from the family or resident of any past flu or pneumonia vaccines received. Flu and Pneumonia VIS are provided to family and/or residents annually and at the time of admission or hire from October through the following March each year. The resident, resident durable power of attorney, resident guardian, or resident's responsible party would sign a consent or denial form for the vaccinations. If the flu or pneumonia vaccines are not available, the resident would be offered the vaccine or vaccines at the first availability from the pharmacy