STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215207	A. Building B. Wing	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lochearn Nursing Home, LLC	4800 Seton Drive Baltimore, MD 21215

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** 27104 Based on interview, record review, review of the Centers for Disease Control and Prevention (CDC) guidelines, and facility policy review, the facility failed to ensure five of five residents (Resident (R) 40, R158, R73, R7, and R96) reviewed for influenza vaccines had consents signed, including the risks and benefits explained to the resident and/or representative prior to the administration of the vaccine. The facility further failed to offer an additional pneumococcal vaccine to two of five residents (R73 and R96) reviewed for pneumococcal vaccines out of a total sample of 39 residents. The failure of not offering/providing the additional pneumococcal vaccine increased the risk for residents to contract pneumonia. The failure for not obtaining consents and providing education to the resident and/or representative prior to administering the influenza vaccine did not give the resident and/or representative the ability to make an informed decision prior to the vaccine being administered. Findings include: 1. Review of R40's electronic medical record (EMR) under the Med Diag tab revealed the resident was readmitted to the facility on [DATE] and was over [AGE] years of age. Review of R40's Immunization Record located in the EMR under the Immun tab revealed R40 received the influenza vaccine on 10/05/23. There was no evidence in the EMR to show that a consent had been signed or that any education was provided to the resident and/or representative prior to the administration of the vaccine. 2. Review of R158's EMR under the Med Diag tab revealed the resident was admitted to the facility on [DATE] and was over [AGE] years of age. Review of R158's Immunization Record located in the EMR under the Immun tab revealed R158 received the influenza vaccine on 10/05/23. There was no evidence in the EMR to show that a consent had been signed, or any educations was provided to the resident and/or representative prior to the administration of the vaccine. 3. Review of R73's EMR under the Med Diag tab revealed the resident was originally admitted to the facility on [DATE], readmitted on [DATE], and was over [AGE] years of age. Review of R73's Immunization Record located in the EMR under the Immun tab revealed R73 received the influenza vaccine on 10/05/23. There was no evidence in the EMR to show that a consent had been signed, or any education was provided to the resident and/or representative prior to the administration of the vaccine. Additionally, the Immunization Record revealed R73 received a pneumococcal vaccine (PPSV23) on 12/20/17 at a local hospital. Per CDC guidelines, R73 should have received one dose of PCV15 or PCV20 at least one year after the last dose of PPSV23. There was no evidence in the EMR that the resident and/or representative were offered an additional pneumococcal vaccine. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. Review of R7's EMR under the Med Diag tab revealed the resident was admitted to the facility on [DATE], readmitted on [DATE], and was over [AGE] years of age. Review of R7's Immunization Record located in the EMR under the Immun tab revealed R7 received the influenza vaccine on 10/05/23. There was no evidence in the EMR to show that a consent had been signed, or any education provided to the resident and/or representative prior to the administration of the vaccine. 5. Review of R96's EMR under the Med Diag tab revealed the resident was admitted to the facility on [DATE] and was over [AGE] years of age. Review of R96's Immunization Record located in the EMR under the Immun tab revealed R96 received the influenza vaccine on 10/05/23. There was no evidence in the EMR to show that a consent had been signed, or any education provided to the resident and/or representative prior to the administration of the vaccine. Additionally, the Immunization Record revealed R96 had received a pneumococcal vaccine (PPSV23) on 04/27/22. Per CDC should have received one dose of PCV15 or PCV20 at least one year after the last dose of PPSV23. During an interview on 07/18/24 at 11:10 AM, the Assistant Director of Nursing (ADON) confirmed there was not a current consent signed, or any education provided to the resident and/or representative before the above five residents were administered the flu vaccine on 10/05/23. No additional information was provided prior to the survey exit to show that R73 was offered the CDC recommended pneumococcal vaccine in December 2018 (a year after the PPSV23 was administered). Additionally, no further information was provided prior to exit to show that R96 was offered the CDC recommended additional pneumococcal vaccine in April 2023 (a year after the PPSV23 was administered). Review of the facility policy titled; Influenza Vaccine revised 07/05/22 revealed . 3. Prior to the vaccination, the resident (or resident's legal representative) will be provided information and education regarding the benefits and potential side effects of the influenza vaccine. Provision of such education shall be documented in the resident's medical record. 4. A resident's informed consent for the influenza vaccine shall be documented on the Resident Immunizations Authorization Form and placed in the resident's paper medical record . Review of the CDC recommendations, revised on 06/27/24, indicated . CDC recommends pneumococcal vaccination for all adults [AGE] years or older . For adults [AGE] years or older who have only received PPSV23 [Pneumococcal polysaccharide vaccine], CDC recommends you. Give 1 dose of PCV15 or PCV20. The PCV15 or PCV20 dose should be administered at least 1 year after the most recent PPSV23 vaccination. Review of the facility policy titled; Pneumococcal Vaccines revised 07/05/22 revealed . All residents will be offered pneumococcal vaccine(s) to aid in preventing pneumonia/pneumococcal infections . 1. Prior to or upon admission, residents will be assessed for eligibility to receive pneumococcal vaccine(s) and when indicated, will be offered the vaccine(s) within thirty (30) days of admission to the facility unless medically contraindicated, or the resident has already been appropriately vaccinated. 2. Assessments of pneumococcal vaccination status will be conducted within five (5) working days of the resident's admission if not conducted prior to admission . 7. Administration of the pneumococcal vaccines or revaccinations will be made in accordance with current CDC recommendations at the time of the vaccination.

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. 09262 Based on observation, interview and document review, the facility failed to provide resident's rooms that measured at least 80 square feet per resident in 77 of 77 multi-resident rooms. Rooms 100, 102, 104, 105, 107, 108, 109, and 110, measured 150 square feet. Rooms 300, 325, 326, 327, 331, 332, 333, 334, 335, 336, 337, 338, 341, 342, 346, 400, 411, 412, 421, 423, 424, 425, 426, 427, 431, 432, 433, 435, 436, 437, 438, 441, 442, 444, 446, 447, 500, 511, 512, 523, 524, 525, 527, 531, 532, 535, 536, 544, 545, 547, 600, 611, 612, 621, 622, 623, 624, 625, 626, 627, 631, 632, 633, 634, 635, 636, 637, 641 and 642 measured 155 square feet. This failure had the potential for residents to not have reasonable privacy or adequate space. Findings include: On 07/17/24 at 5:17PM, the Regional Director of Operations provided an untitled document from the Centers for Medicare & Medicaid Services (CMS) dated 07/16/19 which indicated the facility requested a waiver for the residents' room that did not measure 80 Square feet per resident in multi resident bedrooms. The document indicated the following rooms: Rooms: 100, 102, 103, 104, 105, 107, 108, 109, 110 measured 150 square feet. Rooms: 300, 325, 326, 327, 331. 332, 333, 336, 337, 338, 341, 342, 346, 400, 411, 412, 421, 423, 424, 425, 426, 427, 431, 432, 433, 435, 436, 437, 438, 441, 442, 444, 446, 447, 501, 511, 512, 523, 524, 525, 527, 531, 532, 535, 536, 544, 545, 547, 600, 611, 612, 621, 622, 623, 624, 625, 626, 627, 631, 633, 634, 635, 636, 637, 641 and 642 measured 155 square feet. During an interview on 07/18/24 at 10AM, the Regional Director of Operations provided a revised list of rooms. He stated that he reviewed the document dated 07/16/19, observed each of the rooms, measured the rooms, and found that some of the rooms were not included in the list (334, 335, 500 and 632) and other rooms should have not been included on the list (103 and 501). He confirmed that rooms 334, 335, 500 and 632 measured 155 square feet and that the room size measurements were correct as listed on the 07/16/19 document. During the interview, the Regional Director of Operations confirmed that the facility had 77 semi-private rooms and 46 private rooms. He confirmed that the 77 semi-private rooms were certified for two residents in the room. During Initial Pool Resident Interviews, none of the residents residing in these rooms voiced out concerns regarding the size of their rooms.