

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225386	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2024
NAME OF PROVIDER OR SUPPLIER Springside Rehabilitation and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Lebanon Avenue Pittsfield, MA 01201	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45435</p> <p>Based on observation, interview, policy and record review, the facility failed to ensure that the accuracy and safety of administered routine medications and pharmaceutical services were provided to meet the needs of each facility resident for one Resident (#30) out of a total sample of 18 residents, and one medication cart (Unit A-side one) out of four medication carts observed.</p> <p>Specifically, the facility staff failed to ensure that expired Insulin (a hormone used to control high blood sugar) medications for Resident #30 was removed from the Unit A- side one medication cart, so that they could not be administered to the Resident thus increasing his/her risk for high blood sugar levels (hyperglycemia) due to the decreased effectiveness of the expired medication.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Storage of Medications, dated ,d+[DATE] indicated the following:</p> <ul style="list-style-type: none"> -The nursing staff shall be responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. -The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. <p>Review of the facility policy titled Administering Medications, dated ,d+[DATE] indicated the following:</p> <ul style="list-style-type: none"> -The expiration/beyond use date on the medication label must be checked prior to administering. -When opening a multidose container, the date open [sic] shall be recorded on the container. <p>Resident #30 was admitted to the facility in [DATE], with diagnoses including Diabetes Mellitus (DM - disease in which the body's ability to produce or respond to the hormone insulin is impaired, resulting in elevated blood glucose [sugar] levels in the blood).</p> <p>Review of the [DATE] Physician's orders indicated the following:</p> <ul style="list-style-type: none"> -Humalog Kwikpen (a prefilled device containing fast acting insulin). Inject as per sliding scale: <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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>>if blood sugar ,d+[DATE] mg/dL (milligrams per deciliter): give one unit</p> <p>>,d+[DATE] mg/dL: give two units</p> <p>>,d+[DATE] mg/dL: give three units</p> <p>>,d+[DATE] mg/dL: give six units</p> <p>>above 400 mg/dL: call MD, subcutaneously (under the skin), with meals</p> <p>-Lantus Insulin (long-acting insulin)- inject 28 units subcutaneously in the evening.</p> <p>Review of the Medication Administration Record (MAR), dated [DATE], indicated the following medication administration for Resident #30:</p> <p>>Humalog Kwikpen Insulin:</p> <p>-[DATE]: three units given at 8:00 A.M., 12:00 P.M., and 5:00 P.M.</p> <p>-[DATE]: two units given at 12:00 P.M., 5:00 P.M.</p> <p>-[DATE]: three units given at 12:00 P.M.</p> <p>-[DATE]: two units given at 8:00 A.M., three units and 12:00 P.M. and 5:00 P.M.</p> <p>-,d+[DATE] 24: two units given at 8:00 A.M., 12:00 P.M., and 5:00 P.M.</p> <p>-[DATE]: two units at 12:00 P.M.</p> <p>>Lantus Insulin 28 units was administered on [DATE] and [DATE] at 8:00 P.M.</p> <p>On [DATE] at 3:15 P.M., during a medication cart inspection on Unit A-side one, the surveyor observed the following Insulin medication for Resident #30:</p> <p>-Humalog Insulin Kwik Pen - labeled with date opened [DATE], date vial expired [DATE].</p> <p>-Lantus Insulin vial - labeled with date opened [DATE], date expired [DATE].</p> <p>During an interview on [DATE] at 3:15 P.M., Nurse #2 said the Insulin medications were expired and should not be used. Nurse #2 said there was no other Insulin in the medication cart for Resident #30 and that the medications had most likely been used after the expiration date.</p> <p>During an interview on [DATE] at 3:41 P.M., the Director of Nursing (DON) said Resident #30's Humalog Insulin Kwik Pen and Lantus Insulin vial are expired, should not have been used, and should have been discarded.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>42741</p> <p>Based on interview, record and policy review, the facility failed to ensure that the Physician documented the rationale for disagreeing with the Consultant Pharmacist recommendation from the Monthly Medication Review for one Resident (#34) out of a total sample of 18 residents.</p> <p>Specifically, for Resident #34, the Physician failed to document why he/she disagreed with the Consultant Pharmacist medication recommendation to change the Vitamin D3 (D3 - fat-soluble vitamin that helps the body to absorb calcium and phosphorus) medication to a monthly dose from a daily/weekly dose.</p> <p>Findings include:</p> <p>Review of the facility policy titled Timely Response to Pharmacist Comment, undated, indicated the following:</p> <p>-Physicians shall respond timely to the Pharmacist comment directed to Physicians on the Pharmacist/Physician Progress Note, sign, and date.</p> <p>Review of the facility policy titled Essential Guidelines for Licensed Independent Practitioners, dated 9/23, indicated the following:</p> <p>-Pharmacy recommendations require a written response within the medical record.</p> <p>Resident #34 was admitted to the facility in February 2021, with a diagnosis of Type 2 Diabetes (long-term condition where the pancreas is unable to produce enough insulin to regulate blood glucose [sugar] levels resulting in higher than normal blood sugar levels).</p> <p>Review of the May 2024 Physician's orders indicated the following:</p> <p>-Vitamin D (D3) Oral Capsule 1.25 milligram (mg) 50,000 International Unit (IU).</p> <p>-Give 1 capsule by mouth every 1 month .with a start date of 4/30/24 and end date of 5/7/24.</p> <p>Review of the May 2024 Medication Administration Record (MAR) indicated the following:</p> <p>-5/1/24 - 5/2/24: the Resident was administered Vitamin D3 once each day.</p> <p>-5/3/24 - 5/5/24: the Resident was administered Vitamin D3 twice each day.</p> <p>-5/6/24 - 5/7/24: the Resident was administered Vitamin D3 once each day.</p> <p>Review of the Monthly Medication Review conducted by the Consultant Pharmacist, dated 6/6/24, indicated the following recommendation:</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Please review the following med error or clarify dose.</p> <p>-Vitamin D (D3) 50,000 IU should be a monthly dose .</p> <p>Further review of the 6/6/24 Monthly Medication Review indicated no documentation that the Physician had reviewed and signed the recommendation from the Consultant Pharmacist, agreed to the recommendation, or disagreed with the recommendation.</p> <p>Review of the June 2024 Physician's orders indicated the following:</p> <p>-Vitamin D3 Oral Capsule 1.25 mg (50,000 IU).</p> <p>-Give 1 capsule by mouth one time a day every 1 month .with a start date of 5/31/24 and end date of 6/6/24.</p> <p>Further Review of the June 2024 Physician's orders indicated that on 6/18/24, a new order was put into place for the following:</p> <p>-Vitamin D3 Oral Capsule 1.25 mg (50,000 IU) .</p> <p>-Give 1 capsule by mouth one time a day every 7 days, .with a start date of 6/13/24</p> <p>Review of the June 2024 MAR indicated the following:</p> <p>-6/2/24 - 6/4/24: the Resident was administered Vitamin D3 once each day.</p> <p>-6/12/24 and 6/26/24: the Resident was administered Vitamin D3 once each day.</p> <p>During an interview on 7/16/24 at 9:33 A.M., the Director of Nursing (DON) said the Physician had reviewed the June 2024 Monthly Medication Review. The DON said she and the Physician had reviewed the Consultant Pharmacist's recommendation and the Physician disagreed with the recommendation (that the Vitamin B3 should be a monthly dose) and changed the order to a weekly dose of Vitamin D3. The DON said a rationale should have been documented somewhere in the Resident's medical record as to why the Physician disagreed with the Pharmacist's recommendation, and a rationale was not documented by the Physician.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>45435</p> <p>Based on interview, record and policy review, the facility failed to provide a medication regimen that was free from unnecessary medications for one Resident (#296) out of a total sample of 18 residents.</p> <p>Specifically, the facility staff failed to ensure that a Physician's order for Torsemide (a potent loop diuretic [water pills that act on the kidneys to increase the flow of urine] medication used to treat fluid retention) medication was accurately transcribed resulting in Resident #296 receiving extra doses of medication and putting him/her at risk for dehydration, electrolyte imbalance, hypotension (low blood pressure) and sudden cardiac arrhythmias (irregular heartbeats).</p> <p>Findings include:</p> <p>Review of the facility policy titled Medication Reconciliation dated 9/2023, indicated the following:</p> <p>-Purpose: to prevent or reduce medication errors which occur when patients/residents transition from one healthcare setting to another.</p> <p>Review of the facility policy titled Administering Medications, dated 12/2012 indicated the following:</p> <p>-Medications must be administered in accordance with the orders, including required time frame.</p> <p>Resident #296 was admitted to the facility in July 2024 with diagnoses including Non-ST elevation Myocardial Infarction (NSTEMI - a type of heart attack that occurs when an artery is partially blocked, reducing blood flow and oxygen to the heart muscle).</p> <p>Review of the July 2024 Physician's orders indicated the following:</p> <p>-Torsemide 20 mg (milligrams), give by mouth one time a day, date initiated 7/11/24.</p> <p>-Torsemide 20 mg, give by mouth two times a day, date initiated 7/11/24.</p> <p>Review of the Medication Administration Record (MAR), indicated the following:</p> <p>-Torsemide 20 mg, give by mouth one time a day, scheduled for 6:00 A.M.</p> <p>-Torsemide 20 mg, give 20 mg by mouth in the afternoon, scheduled time 2:00 P.M.</p> <p>-Torsemide 20 mg, give 20 mg by mouth two times a day, scheduled for 7:30 A.M., and 4:30 P.M.</p> <p>Review of the MAR dated 7/11/24, indicated that Torsemide 20 mg was administered at 6:00 A.M., 7:30 A.M., 2:00 P.M., and 4:30 P.M. (4 doses total for the day).</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/12/24 at 9:28 A.M., the Director of Nursing (DON) said the Physician's orders were inaccurate and that the order for Torsemide 20 mg once a day should have been discontinued when the order for twice a day was entered into the electronic medical record (EMR). The DON said the correct order was Torsemide 20 mg twice a day. The DON further said that the order for Torsemide twice a day had been entered into the EMR twice, with different times for administration which resulted in the Resident getting two extra doses. The DON said the process for transcribing orders is that one Nurse enters the orders and the second Nurse checks that the order is entered correctly but in this situation the checks and balances failed, and the Resident received two extra doses of Torsemide medication.</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42690</p> <p>Based on record review and interview, the facility failed to ensure that routine dental services were provided for one Resident (#18) out of a total sample of 18 residents.</p> <p>Specifically, the facility staff failed to assist Resident #18 in arranging for and obtaining routine dental services when the Resident consented to receive dental services while residing in the facility.</p> <p>Findings include:</p> <p>Review of the facility policy titled Dental Services, reviewed 9/2022, indicated the following:</p> <ul style="list-style-type: none"> -The facility must provide or obtain from an outside resource, routine, and emergency dental services to meet the needs of each resident. -The facility is responsible for assisting residents in obtaining needed dental services, including routine and emergency dental services. <p>Resident #18 was admitted to the facility in May 2023, with diagnoses including obstructive and reflux uropathy (occurs when urine cannot flow normally through the urinary tract due to obstructed urinary flow which can cause back-up of urine into the kidneys).</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated the following:</p> <ul style="list-style-type: none"> -Resident had obvious or likely cavity or broken natural teeth. -Resident is at risk for mouth discomfort. <p>Review of the form titled Request For Services, signed by Resident #18 on 5/5/23, indicated the Resident wished to receive dental services through the company contracted with the facility to provide onsite dental services.</p> <p>Further review of the Resident's medical record indicated no documented evidence that the Resident had been seen by a Dentist since his/her admission in May 2023 (14 months).</p> <p>During an interview on 7/15/24 at 2:46 P.M., Unit Manager (UM) #1 said that the Dentist came to the facility in January 2024 but the Resident had not been seen by the Dentist at that time.</p> <p>During an interview on 7/15/24 at 3:04 P.M., the Director of Nursing (DON) provided an email correspondence with the contracted Dentist Provider that indicated the Resident was not currently enrolled in their dental services.</p> <p>(continued on next page)</p>

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a follow-up interview on 7/15/24 at 3:15 P.M., the DON said that she could not speak to the process prior to her becoming the DON but she would expect that if a Resident signed off that they would like to receive dental services, the Resident would then be placed on the list to be seen. The DON said that Resident #18 was not on the list to be seen for dental services and should be as he/she had been identified through an audit/email correspondence in October 2023 with the contracted company, as someone who requested to be seen by a Dentist and as someone who had not yet received services.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>42690</p> <p>Based on record review and interview, the facility failed to ensure that complete and accurate information was maintained for one Resident (#18) out of a total sample of 18 residents.</p> <p>Specifically, the facility staff failed to document urinary output each shift per the Physician orders for a Resident with urinary retention (condition that occurs when a person is unable to empty their bladder completely or partially of urine) placing him/her at an increased risk of further retention, urinary tract infections, and compromised bladder and kidney function.</p> <p>Findings include:</p> <p>Resident #18 was admitted to the facility in May 2023, with diagnoses including obstructive and reflux uropathy (occurs when urine cannot flow normally through the urinary tract due to obstructed urinary flow which can cause back-up of urine into the kidneys).</p> <p>Review of the facility policy titled Intake and Output, reviewed 9/2023 indicated the following:</p> <p>-All residents/patients with a Foley (urinary) catheter will have output recorded for the duration of their therapy.</p> <p>On 7/11/24 at 11:49 A.M., the surveyor observed Resident #18 lying in bed with a urinary catheter located on the right side of the bed.</p> <p>Review of the Catheter Care Plan initiated on 6/21/24, indicated the following:</p> <p>-Resident has a catheter related to inability to void and urinary retention, failed voiding trials 6/28/24 replaced catheter[sic]</p> <p>-Monitor and document intake and output as per facility policy</p> <p>Review of July 2024 Physician orders indicated the following order:</p> <p>-Monitor urine output each shift (start date 7/3/24)</p> <p>Review of the July 2024 Treatment Administration Record (TAR) indicated no evidence that the urinary output had been documented 6 out of 24 times on the following shifts:</p> <p>-Day Shifts: 7/7/24, 7/9/24 -7/11/24, and 7/14/24</p> <p>-Evening Shift: 7/10/24.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/16/24 at 9:50 A.M., Nurse #3 said that Resident #18 has a urinary catheter in place and that the staff are documenting the Resident's urinary output. Nurse #3 said the urinary output is being monitored once a shift due to his/her recent episode of urinary retention. Nurse #3 said that the urinary output should be documented on the TAR and if it is not documented there it might be in a Nurses note. Nurse #3 said that if it is not documented in either the TAR or Nurses notes, then it is assumed that the urinary monitoring had not been completed as ordered.</p> <p>During an interview on 7/16/24 at 11:14 A.M., Unit Manager (UM) #1 reviewed the July 2024 TAR and the July 2024 Nurses notes. UM #1 said that she did not find any documented evidence that the urinary output had been monitored on 7/7/24, 7/9/24 - 7/11/24 and 7/14/24 day shifts, and on the evening shift on 7/10/24, as the TAR boxes were blank and there were no Nurses notes indicating the urinary output had been monitored per the Physician orders.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42741</p> <p>Based on interview, record and policy review, the facility failed to ensure that staff assessed and offered COVID-19 vaccination as recommended by the Centers for Disease Control and Prevention (CDC) for three Residents (#13, #45, and #53) out of a total sample of five residents.</p> <p>Specifically, for Residents #13, #45, #53 the facility failed to offer a second dose of the current COVID-19 2023 - 2024 vaccination as recommended to by the CDC when a person is over the age of 65.</p> <p>Findings include:</p> <p>Review of the facility policy titled COVID-19 Vaccine Policy and Procedure, dated 11/21/23, indicated the following:</p> <p>-COVID-19 vaccinations will be offered to all staff and residents (or their representatives if they cannot make health care decisions) per CDC and/or Food and Drug Administration (FD) guidelines .</p> <p>Review of the CDC website Clinical Guidance for COVID-19 Vaccination CDC, last reviewed 4/4/24, indicated the following:</p> <p>-Special situation for people ages [AGE] years and older:</p> <p>>People ages [AGE] years and older should receive 1 additional dose of any updated (2023-2024 Formula-current COVID-19 vaccine being offered) COVID-19 vaccine (i.e., Moderna, Novavax, Pfizer-BioNTech - manufacturers of the current available COVID-19 vaccine) at least 4 months following the previous dose of updated (2023-2024 Formula) COVID-19 vaccine.</p> <p>Review of the CDC Vaccine Schedule titled Updated (2023-2024 Formula) COVID-19 Vaccine, dated 4/3/24, indicated the following:</p> <p>-People [AGE] years of age and older: Administer 1 additional dose at least 4 months following the last recommended dose of 2023-24 COVID-19 Vaccine.</p> <p>1. Resident #13 was admitted to the facility in June 2023, and was over the age of 65.</p> <p>Review of the Resident Immunization history indicated that he/she received his/her first dose of the COVID-19 2023-2024 Formula on 12/15/23.</p> <p>Review of the Vaccine Consent/Declination form dated 6/21/23, indicated the Resident and/or Resident Representative consented to receive COVID-19 vaccinations.</p> <p>Review of the COVID Vaccine Consent Questionnaire dated 6/7/24, indicated no documentation that the Resident had been assessed for, or if the Resident and/or Resident's Representative had been offered a second dose of the COVID-19 2023-2024 Formula.</p> <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Resident #45 was admitted to the facility in March 2023, and was over the age of 65.</p> <p>Review of the Resident Immunization history indicated that he/she received his/her first dose of the COVID-19 2023-2024 Formula on 1/5/24.</p> <p>Review of the Vaccine Consent/Declination form dated 3/1/23, indicated the Resident and/or Resident Representative consented to receive COVID-19 vaccinations.</p> <p>Review of the COVID Vaccine Consent Questionnaire dated 5/20/24, indicated no documentation that the Resident was assessed for, or if the Resident and/or Resident's Representative had been offered a second dose of the COVID-19 2023-2024 Formula.</p> <p>3. Resident #53 was admitted to the facility in April 2024, and was over the age of 65.</p> <p>Review of the Resident Immunization history indicated that he/she reviewed his/her first dose of the COVID-19 2023-2024 Formula on 10/11/23.</p> <p>Review of the Vaccine Consent/Declination form dated 4/24/24, indicated the Resident and/or Resident Representative consented to receive COVID-19 vaccinations.</p> <p>Review of the COVID Vaccine Consent Questionnaire dated 6/1/24, indicated no documentation that the Resident was assessed for, or if the Resident and/or Resident's Representative had been offered a second dose of the COVID-19 2023-2024 Formula.</p> <p>During an interview on 7/16/24 at 3:36 P.M., Unit Manager (UM) #1 said she was the UM for the unit that Resident's #13, #45, and #53 resided on. UM #1 said she monitors vaccination information including who is up to date on vaccinations for residents that resided on her unit. UM #1 said she was unaware that it was recommended residents over the age of 65 have a second dose of the COVID-19 2023-2024 Formula to be considered up to date on their COVID-19 vaccinations. UM #1 further said she could not recall if any education had been provided regarding the CDC recommendation for offering a second dose of the 2023-2024 Formula to those residents who were over the age of 65. UM #1 said she had not been tracking when Resident's became eligible for a second dose of the COVID-19 2023-2024 Formula, and had not assessed the need for, or offered a second dose of the COVID-19 2023-2024 Formula to Resident's #13, #45, and #53.</p> <p>During an interview and review of the facility's document titled COVID Vaccine Consent Questionnaire on 7/16/24 at 3:46 P.M., the Director of Nursing (DON) said education should have been completed with staff when new guidance comes out that the facility needs to implement. The DON was unable to provide documentation that staff had been educated on the CDC guidance for those over [AGE] years of age to offer a second dose of the COVID-19 2023-2024 Formula. The surveyor and the DON reviewed the facilities COVID Vaccine Consent Questionnaire, dated March 2024, which indicated the following: Everyone aged [AGE] years and older-You are up to date when you have received two updated 2023-2024 COVID-19 vaccine doses. After reviewing the COVID Vaccine Consent Questionnaire used by the facility, the DON said she could not speak to whether or not Residents #13, #45, and #53 should have been offered a second dose of the COVID-19 2023-2024 Formula.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225386	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2024
NAME OF PROVIDER OR SUPPLIER Springside Rehabilitation and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Lebanon Avenue Pittsfield, MA 01201	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/16/24 at 4:21 P.M., the Infection Preventionist (IP) said she could not speak to whether Residents who needed a second dose of the COVID-19 2023-2024 Formula were being tracked as this information was being tracked by the Unit Managers from each unit. The IP said she was unsure how the UM's were tracking which Residents needed a second dose of the COVID-19 2023-2024 Formula.</p>