STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225762	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Berkshire Place	290 South Street 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)
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. Based on interviews, and record review, the facility failed to ensure Influenza and/or Pneumococcal vaccines were administered when consent was obtained to receive the vaccine for two Residents (#2 and #29), of five applicable residents reviewed for immunizations, out of a total sample of 13 residents.ˆ ˆ Specifically,ˆthe facility failed to: For Resident #2, administer the Influenza Vaccine when consent was obtained for the Resident to receive the vaccine in January 2026. For Resident #29, administer the Pneumococcal Vaccine when consent was obtained to receive the vaccine in June 2024. Findings include:1. Resident #2 was admitted to the facility in January 2026 with diagnoses including chronic kidney disease (CKD) Stage 3, and Cerebral Infarction, and was over the age of 65.ˆ ˆ Review of the facility policy titled Influenza Immunization, reviewed in January 2026, indicated the following: -Residents/patients will be offered immunization against influenza as recommended by the Centers for Disease Control and Prevention (CDC) and under guidance by the Massachusetts Department of Public Health (MA DPH). -The flu (influenza) vaccine will be offered to Residents/patients between October 1st and March 31st. ˆ Review of the Immunization Report indicated Resident #2 last received the Influenza Vaccine on 10/16/24.ˆ ˆ Review of the CDC Recommended Adult Immunization (www.cdc.gov/vaccines/hcp), dated October 2025, indicated the following for Adults 65 years or older: -Any one of HD-IIV3, RIV3, or aIIV3 (type of Influenza vaccinations) is preferred. If none of these three vaccines is available, then any other age-appropriate influenza vaccine should be used.ˆ ˆ Review of the Consent for Influenza, Covid-19, Pneumococcal, and/or RSV Vaccine form for Resident #2, indicated: -Written consent by Resident #2's Representative (RR) was obtained for the Influenza Vaccine on 1/6/26. -The consent was for the Influenza Vaccine due now and in the future.ˆ ˆ Review of the February 2026 Physician's orders indicated: -May have annual Influenza vaccination, initiated 1/5/26 ˆ Review of Resident #2's clinical record failed to indicate documented evidence that the annual Influenza Vaccine was offered and/or received to the Resident after consent for the vaccine was obtained from the RR on 1/6/26.ˆ ˆ On 2/11/26 at 4:18 P.M., the surveyor and Unit Manager (UM) #2 reviewed Resident #2's clinical record. During an interview at the time, UM #2 said Resident #2 received the Influenza Vaccine on 10/16/24. UM #2 said written consent for the Influenza Vaccine was obtained on 1/6/26 for Resident #2 to receive the annual Influenza Vaccine and there was also a Physician's order for the Resident to receive the Influenza Vaccine. UM #2 further said Influenza Vaccines were available in the facility and was not sure why Resident #2 had not received the vaccine, but that the Administrator, Director of Nursing (DON) and Infection Preventionist (IP) would have more information on vaccine tracking. ˆ 2. Resident #29 was admitted to the facility in June 2024 with diagnoses including Dysphagia and Acute Kidney Failure and was over the age of 50.ˆ ˆ Review of the facility policy titled Pneumococcal Immunization, reviewed in January 2026, indicated the following: -To reduce morbidity and mortality associated with pneumococcal disease by ensuring eligible residents/patients receive pneumococcal immunization in accordance with current CDC guidelines.ˆ -Residents/patients will be assessed for pneumococcal vaccination status upon admission. -Pneumococcal immunization will be offered to residents/patients who have not previously received the vaccine or who require additional doses based on current CDC recommendations.ˆ -Vaccination will be administered unless medically (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

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	contraindicated or declined by the resident/patient or their authorized representative.ˆ -Pneumococcal immunization will be offered at the time of admission to residents/patients who are eligible and have not yet been immunized or who require additional doses per CDC recommendations.ˆ ˆ Review of Resident #29's Immunization Report indicated: -Prevnar 13 (PCV13) was administered on 11/7/18 (prior to facility admission). ˆ Review of the CDC Recommended Adult Immunization (www.cdc.gov/vaccines/hcp), dated October 2025, indicated the following for Adults 50 years or older: -If previously received only PCV13 (Pneumococcal Conjugate Vaccine 13) vaccine, administer 1 dose PCV20 (Pneumococcal Conjugate Vaccine 20) or 1 dose PCV21 (Pneumococcal Conjugate Vaccine 21) at least 1 year after the last PCV13 dose. ˆ Review of Resident #29's Pneumococcal Immunization form indicated: -Consent for administration of the Prevnar 20 (PCV20) vaccine was received on 6/28/24. ˆ Review of the February 2026 Physician's orders indicated: -May have Pneumonia Vaccine per facility protocol, initiated 6/28/24. ˆ Review of Resident #29's clinical record failed to indicate documented evidence that the recommended Pneumococcal Vaccine had been offered and/or administered after consent for the vaccine was obtained on 6/28/24.ˆ ˆ On 2/11/26 at 9:52 A.M., the surveyor and UM #2 reviewed Resident #29's clinical record. During an interview at the time, UM #2 said consent for the updated Pneumococcal Vaccine had been obtained for Resident #29 in June 2024. UM #2 said there was no evidence in the Resident's clinical record that he/she received the recommended Pneumococcal Vaccine.ˆˆ During interviews on 2/12/26 at 9:03 A.M. and 10:49 A.M., the DON said she was made aware of the concern relative to resident vaccines. The DON said when a consent for Pneumococcal and/or Influenza Vaccines were obtained, the expectation would be that the vaccines would be administered immediately.ˆ The DON said when consent for Pneumococcal immunization was obtained, the vaccine would be ordered from the pharmacy and then administered to the resident once received. The DON further said Influenza Vaccines were available in the facility at this time and did not need to be ordered. The DON said Resident #2 received the Influenza Vaccine on 2/11/26 after the surveyor inquired, but the vaccine should have been administered after consent had been obtained. The DON said she would have expected that Resident #29 received the recommended Pneumococcal Vaccine when consent was obtained in June 2024. The DON further said the IP was responsible for tracking resident immunizations.ˆ During an interview on 2/12/26 at 12:44 P.M., the IP said he started in the IP position about three to four weeks prior but had assisted with this position previously. The IP said tracking of immunizations was ongoing, and that he started checking for resident Influenza Vaccine status today (2/12/26). The IP said he started auditing the Pneumococcal Vaccines a few days ago, obtained several names of residents who he needed to follow-up on, and thought that resident immunizations were up to date when he started the position. The IP said resident vaccines were reviewed and consents/declinations for vaccines were obtained on admission by the Nurses. The IP said a history of the resident's previous immunization history would also be obtained within a week of the resident's admission and if there was difficulty in obtaining this information, he would contact the resident's previous Primary Care Physician (PCP) in an attempt to retrieve the vaccine information. The IP said Resident #2 should have received the Influenza Vaccine and Resident #29 should have received the updated Pneumococcal Vaccine within a few days after the consents for these immunizations were obtained.ˆ

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on interviews, and record review, the facility failed to ensure that COVID-19 immunization was administered after consent was obtained to administer the vaccine for one Resident (#4), of five applicable residents reviewed for immunizations, out of a total sample of 13 residents.ˆ ˆ Specifically, for Resident #4, the facility failed to administer the COVID-19 immunization when the Resident was eligible to receive the vaccine and written consent for the vaccine was obtained in October 2025.ˆ ˆ Findings include: Review of the facility policy titled Resident/Patient COVID-19 Immunization, dated October 2021, included the following: -Residents/patients will be offered immunization against COVID-19 as recommended by the Centers for Disease Control and Prevention (CDC) and under guidance by the Massachusetts Department of Public Health (MA DPH).ˆ -The COVID-19 vaccine will be offered unless immunization is medically contraindicated or the resident/patient has already been immunized. -If the COVID-19 immunization requires multiple doses, the resident/patient and/or resident representative, legal guardian, or health care proxy (HCP) will be provided with current information .prior to obtaining consent for the immunization. -COVID-19 immunization will be offered at the time of admission to residents/patients who had not yet been immunized. ˆ Review of the CDC Recommended Adult Immunization Schedule 2025 (www.cdc.gov/vaccines/hcp) indicated the following recommendation for Adults 65 years or older: -COVID-19: >two or more doses of the 2025-2026 vaccine. Resident #4 was admitted to the facility in October 2025 with diagnoses including Acute Respiratory Failure with hypoxia, Cerebral Infarction, and was over the age of 65.ˆˆ Review of Resident #4's Immunization Report failed to indicate any evidence of COVID-19 vaccination. Review of the COVID-19 Vaccine Consent Form indicated written consent was obtained for Resident #4 to receive the COVID-19 immunization on 10/21/25.ˆ ˆ Review of the Resident's clinical record failed to indicate documented evidence that the COVID-19 vaccine was offered and/or administered to Resident #4 after written consent was obtained on 10/21/25.ˆ Review of the Resident #4's February 2026 Physician's orders indicated: -May have COVID-19 vaccine according to facility protocol, initiated 10/21/25. ˆ During an interview on 2/11/26 at 4:46 P.M., Unit Manager (UM) #1 said she just started her position at the end of January 2026. UM #1 said updated resident vaccinations would be in the clinical record. ˆ During an interview on 2/12/26 at 10:49 A.M., the Director of Nursing (DON) said she reviewed the requested COVID-19 vaccination status for Resident #4. The DON said the facility spoke with the Resident's Representative (RR) today (2/12/26) about the Resident's COVID-19 vaccination status and the RR reported Resident #4 had not received the COVID-19 vaccine prior to admission to the facility and the RR had requested that the Resident receive the vaccine. The DON said the Infection Preventionist (IP) was responsible for tracking resident immunizations and that it was her expectation that the Resident would be administered the immunization immediately after consent for the vaccine was obtained. The DON said the facility had COVID-19 vaccines available in the facility at this time.ˆ ˆ During an interview on 2/12/26 at 12:44 P.M., the IP said he started in the IP position about three to four weeks prior but had assisted with this position previously. The IP said tracking of immunizations was ongoing, and that he started checking for resident covid vaccines status today (2/12/26). The IP said resident vaccines were reviewed and consents/declinations for vaccines were obtained on admission by the Nurses. The IP said a history of the resident's previous immunization history would be obtained within a week of admission and if there was difficulty in obtaining this information, he would contact the resident's previous Primary Care Physician (PCP) in an attempt to retrieve the vaccine information. The IP further said the facility had no difficulty obtaining COVID-19 vaccines and Resident #4 should have been provided the COVID-19 vaccine within a few days of obtaining consent.