STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235003	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Manistee County Medical Care Facility	1505 East Parkdale Avenue Manistee, MI 49660

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 interview and record review, the facility failed to ensure one Resident (#31) of five residents reviewed for eligible immunizations was offered a pneumococcal vaccine as recommended by the Centers for Disease Control and Prevention (CDC).Findings Include:Resident #31 (R31)Review of the electronic medical record (EMR) for R31, revealed initial admission to the facility on 7/19/16 with diagnoses including multiple sclerosis, dementia, and failure to thrive. The most recent pneumococcal immunization for R31 was administered on 6/27/17. The status of the next pneumococcal immunization read, refused.Review of R31's vaccination history on the Michigan Care Improvement Registry (MCIR), revealed the recommended date for the PCV20/PCV21(Pneumococcal 20-valent Conjugate/Pneumococcal 21-valent conjugate) vaccine was 6/27/22.No education regarding the benefits and risks of the immunization or declination of a pneumococcal immunization being offering could be located in R31's EMR.On 12/3/25 at 12:48 PM, an interview was conducted with Infection Preventionist (IP) B regarding R31's vaccination status. IP B confirmed R31 was eligible for a pneumococcal vaccine but the physician [Medical Doctor (MD) C] chose not to offer it to R31.Review of an Infection/Antibiotic Progress Note written on 10/9/24 at 10:28 AM by IP B read, [R31's] immunization status reviewed with [MD C] regarding shared clinical decision to consider PVC 20 vaccination. [R31] received pneumococcal 23 and Prevnar 13 in the past. The physician does not wish to order PCV at this time. On 12/3/25 at 8:10 PM, an interview was conducted with R31's Durable Power of Attorney (DPOA) B regarding R31's vaccination status. DPOA B stated she was not offered the option for the pneumococcal vaccination, explained its purpose, or educated on the risks or benefits of receiving the immunization. DPOA B indicated she would have liked R31 to receive the immunization.Review of a document titled, Shared Clinical Decision-Making: PVC20 or PCV21 Vaccination for Adults 65 Years or Older released by the National Center for Immunization and Respiratory Diseases on 9/11/24, read, in part: .The determination to administer PCV20 or PCV21 is based on a shared clinical decision-making (SCDM) process between a patient and their health care provider. Increased risk of exposure to PCV20 or PCV21 serotypes may occur among people who are living in: Nursing homes or other long-term care facilities.Review of the facility policy titled, Pneumonia Vaccine for Residents, reviewed 2/27/25, read, in part: .All residents of [Facility Name] will be offered the eligible pneumonia vaccine upon admission, if no allergies or have already met the eligibility requirement stated in this policy . PROCEDURE: Determine eligibility of the resident per physician order/immunization status. Provide residents with important information statement related to pneumonia vaccine.Consent to treat form will be signed by resident or guardian.

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