

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245389	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Langton Shores		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 West County Road D Roseville, MN 55112	

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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49657</p> <p>Based on interview and document review the facility failed to ensure 1 of 5 residents (R1) was offered, educated and/or provided the pneumococcal vaccination series as recommended by the Centers for Disease Control (CDC), who were reviewed for immunizations.</p> <p>Findings include:</p> <p>A CDC Adult Immunization Schedule by age topic, dated 11/21/2024, identified various tables when each (or all) of the pneumococcal vaccinations should be obtained. This identified when an adult over [AGE] years old had received the complete series (i.e., PPSV23 and PCV13; see below) then the patient and provider may choose to administer Pneumococcal 20-valent Conjugate Vaccine (PCV20) for patients who had received Pneumococcal 13-valent Conjugate Vaccine (PCV13) at any age and Pneumococcal Polysaccharide Vaccine 23 (PPSV23) at or after [AGE] years old.</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], indicated R1 was [AGE] years old, admitted on [DATE], moderately cognitively impaired and has the following diagnoses: anemia (low red blood cells and hemoglobin levels in the blood), hypertension (high blood pressure), hyperlipidemia (high levels of fat in the blood), Alzheimer's disease, dementia, and anxiety.</p> <p>R1's Order summary report dated 11/21/24, indicated on 2/13/24 the provider gave the following two orders:</p> <ol style="list-style-type: none"> 1) May receive pneumococcal vaccinations if not already received. 2) May receive pneumovax if not already received. <p>R1's Minnesota Immunization Information Connection (MIIC) vaccination record dated 11/19/24, indicated R1 received the pneumococcal polysaccharide PPSV23 on 11/1/1994. In accordance with the CDC recommendations R1 was eligible for a dose any of the following pneumococcal conjugate vaccines: PCV15, PCV20, or PCV21.</p> <p>R1's Point Click Care Immunizations form dated 11/21/24, indicated R1's had refused the vaccination, however there was no evidence of this refusal in R1's medical record.</p> <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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Pneumococcal vaccinations consent form dated 2/14/24, indicated R1's daughter had asked the facility to check R1's records to verify if R1 had received the vaccination or not and did not refuse it.</p> <p>R1's medical record lacked any evidence of follow up regarding the consent form, communication with the family, verification of that data, or any documentation it was administered.</p> <p>On 11/21/24 at 08:59 a.m., the Infection preventionist/registered nurse (RN)-A, stated upon admission the facility would offer influenza, COVID-19, and pneumococcal vaccinations to eligible residents. The vaccination consent order would be sent to the provider to be signed, and then administered after receiving order and vaccination, then documented in the chart. RN-A confirmed R1's consent stated the family member wanted R1's record reviewed, and RN-A confirmed R1's record was never verified, nor the family followed up with.</p> <p>On 11/21/24 at 11:09 a.m., the director of nursing (DON) expected if a resident was eligible for any of the offered vaccinations, those would be provided as soon as the facility was able to. The DON confirmed no follow up was conducted regarding R1. The DON stated there had been a different DON and infection preventionist at the time, and the vaccination had been missed. The DON stated the importance of providing vaccinations to the residents to keep infection rates down, and to prevent the spread of infection within the resident population.</p> <p>On 11/21/24 at 1:11 p.m., R1's family member confirmed the facility had not followed-up regarding vaccinations until today (11/21/24), when they had called to offer it. R1's family member stated they would normally prefer to keep R1's vaccinations up to date.</p> <p>On 11/21/24 at 1:17 p.m., RN-A stated if a resident were to refuse a vaccination at the time of admission, they would go back and offer them again upon discharge, however, RN-A had not been offering them again for long term residents, such as R1.</p> <p>The Pneumococcal Vaccination Policy last modified July of 2023, indicated all residents who have never received a pneumococcal conjugate vaccine will be offered the vaccine upon admission and as needed in accordance with current CDC recommendations.</p>		