

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245536	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Green Lea Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 115 North Lyndale, Rr 2 Box 49 Mabel, MN 55954	

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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49009</p> <p>Based on record review, and interview the facility failed to provide a written notification/copy of a bed hold for 1 of 3 residents (R5) reviewed for hospitalization .</p> <p>Findings include:</p> <p>R5's quarterly minimum data set (MDS) assessment dated [DATE], indicated R5's diagnoses included hypothyroidism, traumatic brain injury, convulsions, chronic kidney disease, cardiac murmur, dementia, hypertension,</p> <p>R5's progress notes indicated R5 became nauseous with emesis on 8/30/24. After brief monitoring at facility, doctor ordered resident to emergency room (ER) for further examination the same day. Progress notes further indicated facility staff attempted to contact resident's representative regarding bed hold form but was unable to speak with them via phone, with no option to leave a message. Progress note further indicated facility would send a copy of bed hold policy to representative via the mail. Resident was hospitalized from 8/30/23 until 9/07/23. Resident was discharged from hospital back to facility.</p> <p>R5's medical record lacked evidence of a written notification of the bed hold policy provided to R5 or their representative prior to or during the hospitalization . Progress notes further indicated a copy of the bed hold form would be sent to hospital with resident and a copy mailed to representative. Upon review of R5's medical record, there is no copy of bed hold form.</p> <p>On 4/17/24 at 12:19 p.m., a call was placed to R5's representative about the bed hold form. Representative recalled the hospitalization but not the bed hold form. R5 was unable to recall the form as well.</p> <p>During an interview on 4/16/24 at 01:42 p.m., licensed practical nurse (LPN)-A, stated a signed bed hold form should be obtained before a resident is sent to the hospital. Signed by resident or representative. LPN-A looked for bed hold form in the hard copy record room but could not locate the form.</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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/17/24 at 1:13 p.m., the Director of Nursing (DON) stated if the resident is their own power of attorney, staff is instructed to ask if they need the bed hold form explained, the process for the bed to be held if the resident is admitted to the hospital. If the resident needs assistance with the form, or have a authorized representative, the staff should go to resident's representative or guardian, if needed, and if no verbal consent is obtained, send a copy of the bed hold form out in the mail, within 24 hours. DON further stated after form is signed and finalized, one copy goes with resident to hospital, with other forms and information and the other to the business office. The business office is responsible to scan and file the form.</p> <p>On 4/17/24 at 3:32 p.m., DON stated the facility has searched for this bed hold form with no success.</p> <p>The facility bed hold policy was requested but not provided to surveyor.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>49893</p> <p>Based on observation, interview, and record review the facility failed to provide facial grooming for 1 of 2 residents (R24) reviewed for activities of daily living (ADL's) for residents who are dependent on staff for their care.</p> <p>Findings include:</p> <p>R24's annual Minimum Data Set (MDS) assessment, dated 2/2/2024, indicated R24 has severe cognitive impairment with no behaviors or rejection of care. Furthermore, R24 MDS included R24 is dependent on staff to perform all personal hygiene tasks, including facial grooming.</p> <p>R24's diagnosis include, dementia without behavioral, mood, psychotic disturbances and anxiety.</p> <p>R24's care plan, identified R24 having an ADL self-care performance deficit with a goal of being dressed and groomed according to personal preference on a daily basis, directs staff to provide personal hygiene and grooming daily and as needed (PRN).</p> <p>R24's bathing record reviewed from 4/5/2024 through 4/14/2024, indicated R24 required substantial to dependent assistance with bathing.</p> <p>R24's personal hygiene record review from 3/19/2024 through 4/17/2024, indicated R24 required supervision to dependent assistance for personal hygiene that included facial grooming.</p> <p>During an observation on 4/16/2024, at 12:33 p.m., R24 was sitting in his room with facial hair to cheeks and chin about 1/4 to 1/2 inch in length. Resident noted to have a full mustache. R24 stated I don't have a choice when asked about growing out his facial hair. He stated, they have two shavers but when they come on they shut off. When asked if he likes having a beard, R24 touched his face stating, not really.</p> <p>During an interview on 4/16/2024 at 2:49 p.m., nursing assistant (NA-A) stated R24 has a history of refusing cares at times, however she is not assigned to R24 often.</p> <p>During an interview on 4/16/2024 at 3:15 p.m., trained medication aide (TMA-A) stated R24's razor is broken and pulls at his facial hair causing pain. The facility is waiting for a new one.</p> <p>R24's progress notes dated 3/18/2024 through 4/17/2024 lacked documentation of R24 refusing cares or personal shaver's being reported broken.</p> <p>During an interview on 4/16/2024 at 1:11 p.m., R24's family member (FM-A) stated, I don't think it has been an issue for long [referring to facial hair]. I know in the past he has always been clean shaven. A couple days growth would be a while for him. He was generally clean shaven, and a few days growth isn't unusual. Otherwise, he was always clean shaven, and I think that would bother him.</p> <p>During an observation on 4/17/2024 at 7:31 a.m., R24 was sitting in the dining room. He remained unshaven.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/17/2024 at 7:33 a.m., licensed practical nurse (LPN-A) stated R24 has a habit of refusing cares at times however, she doesn't work with him often.</p> <p>During an observation on 4/17/24 at 10:06 a.m., R24 was sitting in his room unshaven.</p> <p>During an interview on 4/17/24 at 10:21 a.m., nursing assistant (NA-B) stated she does not work at the facility often but stated R24 has had his facial hair that way for months. She stated residents use personal shavers and if shavers are broken, staff would report it to the charge nurse, director of nursing, or social worker.</p> <p>During an observation on 4/17/24 at 10:32 a.m., R24 remained unshaven.</p> <p>During an interview on 4/17/2024 at 10:44 a.m., R24 stated the razors [made buzzing sound] but don't work. He would prefer to be clean shaven. Resident could not say whether the shavers were his.</p> <p>During an observation 4/17/2024 at 1:05 p.m., R24 was lying in bed sleeping. Face remains unshaven.</p> <p>During an interview 4/17/2024 1:09 p.m., LPN-A stated unaware R24's shavers didn't work. She stated the nursing assistant who got R24 had left for the day. LPN-A informed NA-C, R24 wanted to be shaved.</p> <p>During an interview on 4/17/2024 at 1:19 p.m., NA-C stated she has tried to shave R24 multiple times, but the hair is so long the shaver is pulling the hair causing discomfort. NA-C stated if R24 doesn't get shaved every day, it becomes difficult to do. She stated she does not work every day and agency staff don't know the resident's routine, so it goes a couple days. NA-C confirmed the facility does have disposable razors available.</p> <p>During an observation on 4/7/2024 at 1:15 p.m., two electric shavers were noted on resident's dresser. Both shavers have beard trimming attachments on the top.</p> <p>During an observation on 4/17/24 at 2:47 p.m., R24 was sleeping in bed. Face remains unshaven. Both electric razors were on the dresser in the same position previously observed.</p> <p>On 4/17/24 at 3:37 p.m., an unidentified staff member entered R24's room. After the staff member left, R24 was observed sitting in his wheelchair. Face remained unshaved. Both electric razors remained in the same position on the dresser.</p> <p>During an observation on 4/18/24 at 8:32 a.m., R24 was lying in bed shaven with his mustache intact.</p> <p>During an interview on 4/18/24 at 8:51 a.m., NA-A stated she had not been in R24's room to get him ready yet so resident's face must have been shaved the evening before or on night shift. She stated she has been mentioning R24 need to be shaved to the facility staff, so they must have fixed his razor. NA-A stated R24's facial hair was a month's worth of growth. She clarified his beard was approximately 1/2 inch long.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/18/24 at 9:39 a.m., the director of nursing (DON) stated the social worker is usually the person in charge of resident's broken items. She stated R24 needs assistance from staff with grooming and has no known history of refusing however, does occasionally require encouragement. She continued, typically R24 would ask to be shaved. DON stated she would expect resident's to be shaved if it was their desire and stated the facility does have disposable razors available when needed. A copy for the facility policy for ADL's was requested.</p> <p>On 4/18/24 9:56 a.m., the DON stated the facility does not have a specific policy regarding ADL's, the facility just expects their staff to follow standards of care.</p> <p>During an interview on 4/18/24 10:29 a.m., the social worker (SS-A), stated she had not been told R24's shavers were broken. She stated normally broken items would be reported to her or the nursing staff and then family would be updated.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>49009</p> <p>Based on interview and document review, the facility failed to submit accurate and/or complete data for staffing information at least quarterly or more often, including information for agency and contract staff, based on payroll and other verifiable and auditable data during 1 of 1 quarter reviewed (Quarter 1) in Federal Fiscal Year 2024, to the Centers for Medicare and Medicaid Services (CMS), according to specifications established by CMS.</p> <p>Findings include:</p> <p>CMS Payroll Based Journal (PBJ) Staffing Report for Fiscal Year 2024 Quarter 1 (October 1-December 31) results listed Excessively Low Weekend Staffing as triggered due to data submitted by the facility to CMS. Review of daily staff postings for this time period, which listed the number of staff and total hours worked was not found to be drastically different on the weekends versus the weekdays. Census for this time period was also compared and not found to fluctuate significantly.</p> <p>Review of staffing schedules and staff timecards identified the facility had 1 or more licensed nursing staff present on the days during the referenced time period.</p> <p>During interview on 4/17/24 at 2:48 p.m., Director of Nursing (DON), stated staffing needs were determined based on resident acuity and census. These needs were determined on a daily basis Monday through Friday. Level of staffing on the weekends was the same as the weekdays.</p> <p>During interview on 4/17/24 at 3:14 p.m., administrator stated the facility incorrectly reported staffing data to CMS for the required reporting period. The administrator further stated the facility incorrectly did not add in the agency pool staff hours to the required staffing reports, along with a few miscoded staffing hours, thus causing it to look like the facility had low weekend staff. Since has been corrected, both on the direct facility level, with training of her being the new permanent administrator and knowing to count those hours. Also the corporate office going back to correct the reporting/filing mistakes and submit new, corrected reporting forms. As a proactive plan of correction.</p> <p>A facility policy for staff reporting was requested but not received.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 46941</p> <p>Based on interview and document review, the facility failed to ensure 3 of 5 residents (R21, R26, R7) reviewed for immunizations were offered and/or provided the pneumococcal vaccine series (pneumonia vaccine) as recommended by the Centers for Disease Control (CDC) to help reduce the risk of associated infection(s). Furthermore, the facility failed to ensure the influenza vaccination (flu vaccine) was offered 2 of 5 residents (R7, R11) reviewed for vaccinations.</p> <p>Findings include:</p> <p>The Center for Disease Control and Prevention identified on the Pneumococcal Vaccine Timing for Adults Chart, dated 3/15/23, Adult [AGE] years of age or older who had received the PPSV23 (pneumococcal polysaccharide vaccine 23) only at any age should receive one dose of either pneumococcal 20-valent Conjugate Vaccine (PCV20) or pneumococcal 15-valent Conjugate Vaccine (PCV15). The dose of PCV20 or PCV15 should be administered at least one year after the most recent PPSV23 dose.</p> <p>R21's quarterly (MDS) assessment dated [DATE], indicated R21 was cognitively intact with diagnosis of a stroke, and chronic obstructive pulmonary disease (COPD) (lung and heart disease), and R21 had not received a pneumococcal vaccine.</p> <p>R26's quarterly (MDS) assessment dated [DATE], indicated R26 cognition was moderately impaired with diagnosis of medically complex conditions and (COPD). MDS indicated R26 had not received a pneumococcal vaccine and failed to identify reason.</p> <p>R7's admission Minimal Data Set (MDS) assessment dated [DATE], indicated R7 cognition moderately impaired with diagnosis of medically complex conditions, diabetes mellitus, and a pulmonary disease (lung disease). MDS indicated R7 had not received a pneumococcal vaccine (vaccine to prevent pneumonia) because R7 was not eligible. MDS indicated R7 had not received the influenza vaccine and it was not offered. MDS indicated R7 had been admitted on [DATE].</p> <p>R11's significant change (MDS) assessment dated [DATE], indicated R11 had intact cognition with diagnosis of medically complex conditions, and the influenza vaccine (vaccine to prevent flu) had been offered and declined.</p> <p>R7's, R11's, R21's, and R26's vaccination records failed to indicate the vaccinations had been offered and did not indicate there was a refusal.</p> <p>During an interview on 4/17/24 at 1:06 p.m., the infection preventionist (IP) stated she had not been aware of the recent vaccination offerings for pneumonia from the centers for disease control (CDC). IP stated when reviewing the records for R7, R21, and R26 they were eligible and had not received the eligible PCV20 vaccination. IP stated the record also indicated R7 & R11 had been eligible and had not received an influenza vaccine either. IP stated she would have to review, and that consents and declinations (refusal of medication) should have been done for the pneumococcal PCV20 and the influenza vaccines. IP stated the facility is responsible for offering these vaccinations to the residents when eligible.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/18/24 at 8:54 a.m., director of nursing (DON) stated vaccinations for eligible residents should be done and are important. DON stated the vaccination consents and declinations should be done during the admission process and should be in the resident record.</p> <p>During an interview on 4/18/24 at 10:42 a.m., IP stated she had reviewed for offerings and declinations for R7, R11, R21, and R26 and had been unable to find any records. IP stated it is important to offer these vaccinations and was able to show other residents had received or refused the PCV-20 and influenza vaccine in the last 2 quarters. IP stated she was unsure why this had been missed, and both vaccinations should have been offered.</p> <p>Facility policy, titled, Pneumococcal Vaccinations, with a review date of 4/1/24 indicated all residents will be proved the opportunity and encouraged to received pneumococcal vaccinations. The document further indicated each resident will be offered year year-round.</p> <p>Facility policy, titled, Influenza Vaccination, with a review date of 4/1/24 indicated all residents will be questioned on admission for the influenza vaccine. The document indicated that the resident or family would be educated and offered the flu vaccine each year.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 46941</p> <p>Based on interview and document review, the facility failed to offer the COVID-19 (C-19) vaccine to a resident eligible to receive the vaccine for 1 of 5 residents (R7) reviewed for immunizations.</p> <p>Findings include:</p> <p>R7's admission Minimal Data Set (MDS) assessment dated [DATE], indicated R7 cognition moderately impaired with diagnosis of medically complex conditions, diabetes mellitus, and a pulmonary disease (lung disease). MDS indicated that R7 had been admitted on [DATE].</p> <p>Facility provided document, titled, Minnesota Immunization information correction (MIIC), indicated R7 had not received any of the C-19 vaccination series.</p> <p>During an interview on 4/17/24 at 1:06 p.m., the infection preventionist (IP) stated during the admission process individuals are reviewed for vaccination status. IP stated she would follow-up and review the C-19 vaccination status as well. IP stated she was not sure why the R7's record failed to show a history or offering of the C-19 vaccination and it should be offered with a consent and documented in the record. IP stated education and consent for the C-19 vaccine should be completed and signed during in the admission process and uploaded into the record. IP provided a blank consent form for example indicating the consent, education, and offering of the C-19 vaccine.</p> <p>During an interview on 4/18/24 at 8:54 a.m., director of nursing (DON) stated vaccinations for eligible residents should be done and are important. DON stated the vaccination consents and declinations (refusals) should be done during the admission process and should be in the resident record.</p> <p>During an interview on 4/18/24 at 10:42 a.m., IP stated she had reviewed the medical record for R7 and had been unable to find any records indicating offering, administration, or declination of the C-19 vaccination series. IP stated it is important to offer these vaccinations and was able to show other residents had received or refused the C-19 vaccination series since admission. IP stated she was unsure why the C-19 vaccine series had not been offered, and that it should have been offered for R7 and is important.</p> <p>Facility policy, titled, C-19 Vaccination, dated 4/1/24, indicated All residents will be provided the opportunity and encouraged to receive the C-19 vaccinations on admission. Document further indicated that each resident will be educated and offered the C-19 vaccine if they have never had the vaccine.</p>