

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315195	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/10/2025
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Berkeley Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 35 Cottage Street Berkeley Heights, NJ 07922	

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** 12679</p> <p>Based on interview, record review, facility policy review, and review of the Centers for Disease Control and Prevention (CDC) guidelines, the facility failed to follow CDC pneumococcal vaccine guidelines when the facility failed to ensure one resident (Resident (R) 8) and/or his/her representative out of a sample of five reviewed for vaccinations was provided the opportunity to be vaccinated with one dose of Pevnar 20 (Pneumococcal Conjugate Vaccine (PVC) 20). This practice had the potential to increase the risk for this resident to contract pneumonia.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Pneumococcal Vaccination dated 04/10/24 indicated . Administration of the pneumococcal vaccines are made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.</p> <p>Review of the CDC guidelines, Pneumococcal Vaccine Timing for Adults, located at https://www.cdc.gov/pneumococcal/downloads/vaccine-timing-adults-jobaid.pdf indicated . the minimum interval for PPSV23 [pneumococcal polysaccharide vaccine 23] is ?1 year since last PCV13 dose and ?5 years since last PPSV23 dose. Together, with the patient, vaccine providers may choose to administer PCV20 or PCV21 to adults ?[AGE] years old who have already received PCV13 (but not PCV15, PCV20, or PCV21) at any age and PPSV23 at or after the age of [AGE] years old .</p> <p>Review of R8's electronic medical record (EMR) titled Admission Record located under the Profile tab indicated the resident was admitted to the facility on [DATE]. The resident was over the age of 65.</p> <p>Review of R8's EMR titled Immunization located under the Immun (Immunization) tab indicated the resident received the PPSV23 Vaccine on 04/12/17 and PCV13 was administered on 03/02/16. There was no additional evidence the resident and/or his/her representative was provided the opportunity to be offered the Pevnar 20.</p> <p>During an interview on 02/10/25 at 1:24 PM, the Infection Preventionist (IP) stated there were no other updated pneumococcal policies which reflective CDC's current recommendations.</p> <p>During an interview on 02/10/25 at 3:18 PM, the Director of Nursing (DON) stated R8 and/or his/her representative should have been offered the Pevnar20 since it had been at least five years from his/her last pneumococcal vaccination.</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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