

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Continuing Care at Seabrook		STREET ADDRESS, CITY, STATE, ZIP CODE 3002 Essex Road Tinton Falls, NJ 07753	

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** 45209</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure that all eligible residents were educated and offered the pneumococcal vaccination (vaccine) to prevent incidence of pneumonia. The deficient practice was identified for 2 of 5 residents reviewed for immunizations (Resident #23 and Resident #40), and was evidenced by the following:</p> <p>1. On 9/8/24 at 10:44 AM, during initial tour of the facility, the surveyor observed Resident #40 in the activity room sleeping upright in their wheelchair.</p> <p>On 9/9/24 at 10:27 AM, the surveyor reviewed the medical record for Resident #40.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses included but not limited to; dementia, major depressive disorder, and generalized weakness.</p> <p>A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool dated 8/30/24, reflected that the resident had a brief interview for mental status (BIMS) score of 3 out of 15, which indicated a severely impaired cognition.</p> <p>A review the electronic Medical Record (eMR) did not include documentation that the resident received or declined the pneumococcal vaccination.</p> <p>On 9/10/24 at 11:19 AM, the surveyor with the Unit Manager/Registered Nurse (UM/RN #1) reviewed Resident #40's eMR, and UM/RN #1 confirmed there was no documentation that the resident received or declined the pneumococcal vaccination. UM/RN #1 stated that she would follow-up with the Infection Preventionist (IP) to see if they had any further information. When asked who was responsible for obtaining the vaccination consent or declination and maintaining the vaccine records, UM/RN #1 stated the IP and the facility was responsible.</p> <p>On 9/10/24 at 12:15 PM, the surveyor in the presence of UM/RN #1 and the survey team interviewed the IP, who stated that Resident #40's family refused the pneumococcal vaccination, but the facility was still working on the long-term care process for declinations. When asked if there was any documentation of the refusal, the IP responded that she was working on that now to get it. The IP confirmed that the declination should have been obtained prior to surveyor inquiry and that the responsibility of maintaining the vaccine records was a collective between herself and the clinical team.</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>On 9/12/24 at 11:22 AM, the Director of Nursing (DON) in the presence of the Administrator in Training (AIT #1), AIT #2, and survey team, acknowledged that the resident's declination for the pneumococcal vaccination should have been obtained prior to surveyor inquiry.</p> <p>49094</p> <p>2. On 9/8/24 at 10:08 AM, during initial tour of the facility, the surveyor observed Resident #23 in their bedroom lying in bed watching television.</p> <p>On 9/9/24 at 12:26 PM, the surveyor reviewed the medical record for Resident #23.</p> <p>A review of the Admission Record face sheet reflected that the resident was admitted to the facility with diagnoses including but not limited to; chronic obstructive pulmonary disease, hypertension (high blood pressure), congestive heart failure (heart muscle does not pump blood as well as it should), and hypertensive chronic kidney disease (elevated blood pressure caused by kidney disease).</p> <p>A review of the most recent quarterly MDS dated [DATE], reflected the resident had a BIMS score of 10 of out of 15, indicating a moderately impaired cognition. A review of Section O0300 indicated Resident #23's pneumococcal vaccine was up to date.</p> <p>A review of the Vaccine Administration Record revealed that the pneumococcal vaccine was administered on 8/29/16.</p> <p>A review of the (eMR) did not include documentation that the resident was offered and declined the vaccination upon admission.</p> <p>On 9/10/24, the surveyor requested the Pneumococcal Vaccine Consent Form declination form from the IP.</p> <p>On 9/10/24 at 12:33 PM, the surveyor interviewed the IP who stated that the pneumococcal vaccine administered on 8/29/16, was the most up to date vaccine for Resident #23. The IP stated that the facility was putting a system into place for the long-term care residents to offer vaccines to the residents upon admission. The IP confirmed that the resident was eligible for the pneumococcal vaccine, but was not offered. The IP was unable to provide any declination documentation.</p> <p>On 9/12/24 at 11:22 AM, the DON in the presence of AIT #1, AIT #2, and the survey team, provided the surveyor with a Pneumococcal Vaccine Consent Form declination for Resident #23 dated 9/10/24. The DON confirmed that the declination should have been obtained prior to surveyor inquiry.</p> <p>On 9/12/24 at 11:45 AM, the surveyor in the presence of the DON, AIT #1, AIT #2, and survey team, interviewed the Medical Director, who confirmed that Resident #23 should have been offered pneumococcal vaccine.</p> <p>(continued on next page)</p>		

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