

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395767	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2025
NAME OF PROVIDER OR SUPPLIER Rose View Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 Rural Avenue Williamsport, PA 17701	

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** Based on clinical record review and staff interview, it was determined that the facility failed to ensure influenza immunization for one of five residents reviewed for immunization concerns (Resident 127) and failed to ensure pneumococcal immunization for one of five residents reviewed for immunization concerns (Resident 108). Findings include: Review of the CDC (Centers for Disease Control) Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices - United States, 2025-26 Influenza Season, revealed that vaccination should ideally be offered during September or October. However, vaccination should continue after October and throughout the influenza season as long as influenza viruses are circulating and unexpired vaccine is available. Clinical record review for Resident 127 revealed that the facility admitted her on [DATE]. An Influenza Vaccination Informed Consent form (document the facility utilizes to obtain informed consent for vaccination) revealed that Resident 127 initialed consent to the influenza vaccine on [DATE]. Review of immunization data in Resident 127's electronic medical record revealed the most recent influenza vaccine received by Resident 127 was dated [DATE] (for the 2024 to 2025 influenza season). Staff documented on [DATE], that Resident 127 was not eligible for the influenza vaccine because she was not due, that she had it previously. There was no evidence that Resident 127 received the influenza vaccine for the 2025 to 2026 influenza season. Interview with the Nursing Home Administrator on [DATE], at 2:30 PM and [DATE], at 9:15 AM and 12:14 PM revealed that the facility had no evidence that Resident 127 received this season's influenza vaccine that she was both eligible for and consented to. Current CDC recommendations to help prevent pneumococcal disease in adults note that there are two types of vaccines recommended: Pneumococcal conjugate vaccines (PCVs: PCV15, PCV20, and PCV21) and Pneumococcal polysaccharide vaccine (PPSV23, Pneumovax 23) CDC recommends the administration of the PCV15, PCV20, or PCV21 for all adults [AGE] years old or older who have never received any pneumococcal conjugate vaccine or whose previous vaccination history is unknown. Clinical record review for Resident 108 revealed that the facility admitted her on [DATE]. Her date of birth was [DATE]. Review of immunization information for Resident 108 revealed that she received the following pneumococcal immunizations: Pneumovax on [DATE] (before her admission to the facility at age [AGE]) Pneumovax 23 on [DATE] (before her admission to the facility at age [AGE]) Resident 108's medical record contained no evidence that she ever received a PCV immunization. Interview with the Nursing Home Administrator and the Director of Nursing on [DATE], at 9:15 AM confirmed the above findings for Resident 108. 483.80(d)(1)(2) Influenza and Pneumococcal Immunizations Previously cited deficiency [DATE] 28 Pa. Code 211.12(d)(1)(5) Nursing services</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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