

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525670	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER Oconto Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 First St Oconto, WI 54153	
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)		
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on observation, staff interview, and record review, the facility did not ensure the resident environment remained as free of accident hazards as possible. This practice had the potential to affect more than 4 of the 40 residents residing in the facility. The facility's dryers contained lint that covered approximately three-quarters of the of the bottom of the lint trap and was approximately one inch high. Findings include: On 9/17/25, Nursing Home Administrator (NHA)-A confirmed the facility's dryers are Unimac Alliance laundry systems dryers. The Unimac Alliance Laundry Systems Dryer operator's manual indicates: 1. Inspect the area surrounding tumble dryers, remove all combustible materials, including lint, before operating the machines. 3. Clean lint from lint compartment and screen to maintain proper airflow and avoid overheating. Before cleaning the lint screen, open tumble dryer door and allow cylinder to completely stop. a. Open the lint panel. b. Remove all accumulated lint in the lint compartment area. Lightly brush any lint that may be left on the lint screen. c. Be sure the lint screen is not torn. d. The lint screen is designed to completely cover the entire opening in the lint screen panel. Be sure that it does so. e. Wipe lint off of the cabinet high limit thermostat. f. Replace the lint compartment panel on the tumble dryer ensuring a tight fit and lock if applicable. Monthly: 1. Remove lint and debris from inside the exhaust duct to maintain proper airflow and avoid overheating. a. Remove external duct and duct access covers, if present. b. Clean inside of duct with a vacuum. c. Clean dampers and make sure they operate freely. d. Replace duct and all access covers before returning tumble dryer to operation. 2. Ensure even lint distribution over lint screen. 3. Carefully wipe any accumulated lint off the cabinet high limit thermostat and thermistor, including perforated cover. 4. Clean lint and debris buildup from blower to maintain proper operation. The facility's Policy and Procedure Lint Trap Cleaning indicates: 1. Lint trap to be checked and cleaned every three loads. 2. Remove all lint on the screens and any lint on the bottom or around the screen. 3. Maintenance will once a week take the vacuum and clean the small hard to reach areas and around any sensors. 4. Outside of machine gets wiped down weekly and as needed, keeping it clean and free of dust and dirt. On 9/15/25 at 9:50 AM, Surveyor toured the laundry room with NHA-A who indicated the facility's housekeeping/laundry lead staff was not working that day. When Surveyor asked NHA-A to remove the Dryer A lint trap, Surveyor noted the lint trap contained a large amount of lint. The bottom of the trap contained lint that was approximately one inch high and covered three-quarters of the bottom of the trap which extended the length and width of the dryer. Surveyor interviewed NHA-A who indicated laundry staff should clean lint traps once daily. NHA-A confirmed the amount of lint observed in the Dryer A lint trap and indicated the trap appeared to not have been cleaned daily. Surveyor then requested NHA-A remove the Dryer B lint trap. Surveyor and NHA-A observed the bottom of the lint trap that extended the length and width of the dryer and noted lint that was approximately one-half inch high and half the width of the lint trap. Surveyor and NHA-A reviewed a check-off sheet near the dryers that contained documentation indicating the dates and times the lint traps were cleaned. NHA-A confirmed the last documented date for lint trap cleaning was 4/7/25. NHA-A indicated NHA-A would provide additional lint trap cleaning documentation to Surveyor. Surveyor then observed a maintenance staff sweep out the Dryer A and B lint traps with a broom. On 9/16/25, NHA-A provided Surveyor with a lint trap cleaning documentation sheet. Surveyor noted the documentation indicated (continued on next page)		

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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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the lint traps were cleaned twice daily. NHA-A indicated the laundry lead keeps the sheet in another spot other than on the clipboard next to the dryer since staff move and lose the sheet.		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff and resident interview, and record review, the facility did not ensure a Continuous Positive Airway Pressure (CPAP) machine (which delivers a stream of oxygenated air to a person's airway) was used under a physician's order and cleaned appropriately for 1 resident (R) (R21) of 1 sampled resident. R21 used a CPAP machine. R21 did not have a physician's order to use the machine or orders to maintain and clean the machine. In addition, R21 did not have a diagnosis that supported use of the machine. Findings Include: The facility's admission Orders document, revised 5/1/25, indicates: A Physician, Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist must provide written and/or verbal orders for residents' immediate care and needs. The written and/or verbal orders should include at a minimum: a. Dietary; b. Medication orders, if indicated; c. Routine care orders; . The orders should allow facility staff to provide essential care to the resident consistent with the resident's mental and physical status on admission. The orders should provide information to maintain or improve the resident's functional abilities until staff can conduct a comprehensive assessment and develop an interdisciplinary care plan. The facility's admission of a Resident policy and procedure, revised 5/1/25, indicates: The admission process is intended to obtain all possible information regarding the resident for the development of the comprehensive plan of care, and to assist the resident in becoming comfortable in the facility. Residents are admitted to the facility under orders of the attending physician. The admission process has several phases: .b. Once the resident/family has selected the facility, pre-admission information should be gathered. Preadmission information may include, but is not limited to: i. History and physical; ii. Discharge summary; iii. Physician's orders; iv. Medication and/or treatment records; v. Consultation notes; vi. Labs/diagnostic information; vii. Wound care notes; viii. Mental health evaluations; ix. Physician progress notes; x. Nursing notes; xi. Therapy evaluations/notes .2. Upon admission, the designated facility staff will obtain information and perform assessments per their respective departments and per facility protocol. Information gathered will be placed into the resident's medical record via the facility's means of recordkeeping .From 9/15/25 to 9/17/25, Surveyor reviewed R21's medical record. R21 was admitted to the facility on [DATE] from a hospital. R21's Minimum Data Set (MDS) assessment, dated 9/10/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R21 had intact cognition. A document in R21's medical record from the discharging hospital, dated 9/3/25, indicated: Order: CPAP naps and at bedtime. Another document from the discharging hospital, dated 9/4/25, indicated: Hospital CPAP set up. Settings are 5-20 centimeters of water) cmH2O, large full-face mask, and room air. R21's hospital Discharge summary, dated [DATE], did not include orders for a CPAP machine. R21's baseline care plan dated 9/8/25, included a section titled Oxygen Use with Room Air (RA) with CPAP and Bilevel Positive Airway Pressure (BiPAP) listed. Only RA was circled which indicated at the time of admission the facility was not aware that R21 had a CPAP machine as part of R21's plan of care. A care plan, initiated 9/9/25, indicated R21 had altered respiratory status/difficulty breathing and indicated: BiPAP/CPAP/Variable Positive Airway Pressure (VPAP) Settings: Titrated pressure: (Specify) cmH2O via (Specify: nasal pillow, nose mask or full-face mask) (Specify frequency). (Of note: R21's care plan was not person-centered for R21 and did not indicate which machine R21 used. In addition, a nasal pillow, nose mask, or full-face mask and the frequency were not specified. On 9/15/25 at 9:27 AM, Surveyor observed R21 in bed wearing a face mask attached to a CPAP machine. On 9/15/25 at 10:15 AM, Surveyor interviewed R21 who verified R21 used a CPAP machine. R21 stated R21 used a gallon of distilled water provided by the facility (which was observed on R21's night stand) to fill the reservoir every night but did not have supplies to clean the mask, tubing, or machine like R21 had at home. R21 stated staff had not cleaned the mask, tubing, or machine either. R21 stated the CPAP machine worked and was set at 20 but was different than the machine R21 had at home. On 9/16/25 at 8:05 AM, Surveyor noted R21's medical (continued on next page)		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	record did not contain a diagnosis to support use of the CPAP machine. In addition, R21's Medication Administration Record (MAR) and Treatment Administration Record (TAR) did not contain orders or treatments related to use of the CPAP machine. On 9/16/25 at 1:25 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding the facility's Oxygen Administration policy. NHA-A stated there should be orders in R21's TAR to wash and maintain the hose and mask and would verify that with Director of Nursing (DON)-B. On 9/16/25 at 1:43 PM, Surveyor interviewed DON-B who verified R21's hospital Discharge summary, dated [DATE], did not contain CPAP orders which is why R21's medical record did not include CPAP orders. DON-B stated the facility was informed of R21's pending admission through the hub (an offsite department that handles admissions corporate-wide) and that R21 would need a CPAP machine. The facility ordered a CPAP machine in preparation for R21's admission. When R21 was admitted approximately three days later, a CPAP machine was not listed on R21's hospital discharge summary. DON-B indicated CPAP orders were not entered, however, the CPAP machine was already set up in R21's room. DON-B stated the discharge summary and physician orders are where a CPAP machine and settings are identified if needed. DON-B stated the facility was working on obtaining orders and a diagnosis for R21's CPAP use along with orders to care for the equipment. On 9/16/25 at 2:32 PM, Surveyor reviewed R21's medical record which included the following orders and diagnosis: ~ Clean CPAP mask, tubing, and head gear with soap and water weekly one time a day every Wednesday related to obstructive sleep apnea (OSA) (Active: 9/17/25 at 7:00 AM, entered 9/16/25). ~ Apply CPAP when sleeping. Settings are 5-20 cmH2O, large mask, room air, one time a day related to OSA and as needed for OSA (Active: 9/16/25 at 2:00 PM, entered 9/16/25). ~ A new diagnosis of obstructive sleep apnea was entered on 9/16/25. On 9/16/25 at 2:44 PM, DON-B provided Surveyor with the two hospital documents (noted above) that were scanned into R21's medical record. DON-B stated R21's admission date was delayed a few days and the documents were not seen by staff upon R21's admission on [DATE].		

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure 3 residents (R) (R38, R35, and R8) of 7 sampled residents received a pneumococcal vaccine as indicated. Upon admission to the facility, R38, R35, and R8 signed consent to receive a pneumococcal vaccine. The vaccines were not administered. In addition, a physician order to administer the vaccine was not obtained for R8. Findings include: The facility's General Immunization/Vaccination policy, revised 3/30/25, indicates: It is the guidelines of this facility to minimize the risk of acquiring, transmitting, or experiencing complications from infectious disease by offering our residents, staff members, and volunteer workers immunization/vaccination against such diseases .7. Following assessment for potential medical contraindications, the specified vaccination(s) may be administered in accordance with physician-approved standing orders if such are used, or a practitioner order is obtained .12. In case of lack of availability of the specified vaccine, or other issues with the availability leading to an inability to implement a specified immunization program, the facility will demonstrate: a. The vaccine has been ordered and the facility received either the vaccine or a confirmation of the order indicating that the vaccine has been shipped or that the product is not available but will be shipped when the supply is available .1. On 9/16/25, Surveyor reviewed R38's medical record. R38 was admitted to the facility on [DATE] and had diagnoses including fusion of spine and severe protein-calorie malnutrition. R38's Minimum Data Set (MDS) assessment, dated 7/2/25, had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R38 had moderately impaired cognition. R38 was R38's own decision maker. R38's medical contained an Informed Consent to Receive the Influenza, Pneumococcal 23, Prevnar 13, Pneumococcal 15 or 20, RSV Vaccine and COVID-19 Vaccines form signed by R38 and dated 6/27/25. The form indicated R38 consented to receive all available vaccinations. A physician order form, dated 8/20/25, indicated R38 could receive the RSV and Prevnar 20 vaccines and a COVID-19 booster. The form indicated to administer the RSV and Prevnar 20 vaccines now and the COVID-19 booster with an influenza vaccine when available. Surveyor noted R38 received an RSV vaccine at the facility on 9/10/25 but the Prevnar 20 vaccine was left blank. R38's medical record did not indicate R38 received the Prevnar 20 vaccine. 2. On 9/16/25, Surveyor reviewed R35's medical record. R35 admitted to the facility on [DATE] and had diagnoses including congestive heart failure (CHF), renal insufficiency, end-stage renal disease (ESRD), diabetes mellitus, and chronic obstructive pulmonary disease (COPD). R35's MDS assessment, dated 7/29/25, had a BIMS score of 12 out of 15 which indicated R35 had moderately impaired cognition. R35 was R35's own decision maker. R35's medical record contained an Informed Consent to Receive the Influenza, Pneumococcal 23, Prevnar 13, Pneumococcal 15 or 20, RSV Vaccine and COVID-19 Vaccines form signed by R35 and dated 7/29/25. The form indicated R35 consented to receive all available vaccines. A physician's order form, dated 8/20/25, indicated R35 could receive the RSV and Prevnar 20 vaccines and COVID-19 booster. The form indicated to administer the RSV and Prevnar 20 vaccines now and give the COVID-19 booster with an influenza vaccine when available. R38's medical record did not indicate R38 received the Prevnar 20 or RSV vaccines. 3. On 9/16/25, Surveyor reviewed R8's medical record. R8 was admitted to the facility on [DATE] and had diagnoses including paroxysmal atrial fibrillation (A-fib), dementia, and other cerebral infarction due to occlusion or stenosis of small artery. R8's MDS assessment, dated 8/1/25, had a BIMS score of 0 out of 15 which indicated R8 had severely impaired cognition. R8 had an activated Power of Attorney for Healthcare (POAHC). R8's medical record contained an Informed Consent to Receive the Influenza, Pneumococcal 23, Prevnar 13, Pneumococcal 15 or 20, RSV Vaccine and COVID-19 Vaccines form signed by R8's POAHC and dated 5/15/25. The form indicated R8's POAHC gave consent for R8 to receive all available vaccinations. A physician's order form, dated 8/18/25, recommended R8 receive an RSV vaccine and a COVID-19 booster. A response from the physician, dated 8/20/25, indicated R8 could receive an (continued on next page)		

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	RSV vaccine and COVID-19 booster. R8's medical record did not indicate R8 received a Pevnar 20 vaccine. An order for R8 to receive a Pevnar 20 vaccine was not obtained. On 9/16/25 at 1:12 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated R38, R35, and R8 had not received the requested vaccines possibly because the orders stated to give the vaccines when influenza vaccines were received by the facility. NHA-A indicated NHA-A and Director of Nursing (DON)-B order vaccines and work to ensure vaccines are provided to residents who consent to receive them. On 9/16/25 at 3:08 PM, NHA-A approached Surveyor and indicated DON-B called the pharmacy last week because the facility had not received the Pevnar vaccine. NHA-A requested DON-B follow-up with the pharmacy and indicated the orders for the requested vaccines were not correct which is why the vaccines didn't arrive. On 9/16/25 at 3:15 PM, Surveyor interviewed DON-B who indicated DON-B called a few minutes ago to check on the Pevnar vaccines and realized the Pevnar vaccines ordered a week ago or so were not ordered correctly. DON-B indicated DON-B realized the order had to be submitted a different way and on a different form. DON-B indicated DON-B would look for the order for R8's request for the Pevnar vaccine and provide the order to Surveyor. DON-B indicated a week or so ago was the first time the facility attempted to order the Pevnar vaccine. On 9/16/25 at 3:45 PM, DON-B approached Surveyor and indicated RSV and COVID-19 vaccines were administered to R8 on 9/10/25, however, an order for the Pevnar vaccine was not obtained. DON-B indicated the facility would obtain the order and ensure all vaccines were ordered and administered. On 9/17/25 at 11:43 AM, Surveyor interviewed NHA-A who confirmed an order for R8's Pevnar 20 vaccine was not obtained and there was a miscommunication between the facility and the pharmacy which caused a delay in ordering and receiving vaccines that should have been administered to residents. NHA-A indicated all vaccines were ordered and residents will receive the vaccines when the pharmacy delivers them the next day.		

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure 1 resident (R) (R33) of 7 sampled residents received education regarding the risks and benefits of a COVID-19 vaccine and did not ensure the vaccine was administered. R33 requested to receive a COVID-19 vaccine. The facility did not transcribe a physician's order for the vaccine or administer the vaccine per R33's request. Findings include: The facility's General Immunization/Vaccination policy, revised 3/30/25, indicates: It is the guidelines of this facility to minimize the risk of acquiring, transmitting, or experiencing complications from infectious disease by offering our residents, staff members, and volunteer workers immunization/vaccination against such diseases .7. Following an assessment for potential medical contraindications, the specified vaccination(s) may be administered in accordance with physician-approved standing orders if such are used, or a practitioner order is obtained .8. COVID-19 Immunization: a. Residents and staff will be offered the COVID-19 vaccine when supplies are available to the facility. On 9/16/25, Surveyor reviewed R33's medical record. R33 was admitted to the facility on [DATE] and had diagnoses including spondylosis without myelopathy or radiculopathy, cervical region, mild protein-calorie malnutrition, diabetes with diabetic neuropathy, and chronic obstructive pulmonary disease (COPD). R33's Minimum Data Set (MDS) assessment, dated 8/23/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R33 had intact cognition. R33 was R33's own decision maker. R33's medical record contained an Informed Consent to Receive the Influenza, Pneumococcal 23, Prevnar 13, Pneumococcal 15 or 20, RSV Vaccine and COVID-19 Vaccines document, dated 2/20/25 and signed by R33, that indicated R33 consented to all available vaccines. A physician's order sheet, dated 8/20/25, indicated R33 could receive a COVID-19 and RSV vaccine. R33's medical record did not indicate the COVID-19 or RSV vaccines were administered. Surveyor requested a copy of R33's immunization record from Nursing Home Administrator (NHA)-A and physician orders for administration of the vaccines. On 9/17/25, NHA-A provided Surveyor with R33's original consent for the vaccines as well as a progress note, dated 9/17/25, that indicated NHA-A verified with R33 that R33 did not receive any vaccines in the last 30 days. NHA-A explained to R33 the physician order to administer the vaccines was missed and the COVID-19 and RSV vaccines were ordered on 9/17/25. On 9/17/25 at 11:43 AM, Surveyor interviewed NHA-A who verified the facility did not process the order for R33's COVID-19 and RSV vaccines. NHA-A confirmed consent for administration of vaccines was signed upon admission by R33 and a physician order to administer the vaccines was obtained but not processed. NHA-A indicated COVID-19 and RSV vaccines were last administered at the facility on 9/10/25 and verified the facility had supplies of the vaccines when R33 was admitted and signed consent to receive the vaccines.		