

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  53A050	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  Star Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  130 Hospital Lane Afton, WY 83110	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 16146</p> <p>Based on medical record review, staff interview, and review of facility protocols and Centers for Disease Control and Prevention (CDC) immunization recommendations, the facility failed to ensure residents were offered pneumococcal immunizations based on CDC recommendations for 1 of 5 sample residents (#21) reviewed for immunizations. The findings were:</p> <ol style="list-style-type: none"> <li>1. Review of the medical record showed resident #21 was admitted on [DATE] and was [AGE] years old. Further review of the medical record showed no evidence the resident had received pneumococcal vaccinations nor been offered pneumococcal vaccination since admission. During an interview on 7/10/24 at 3:28 PM the infection preventionist (IP) stated the resident had the pneumococcal conjugate vaccine (PCV13) in 2018. She stated the facility followed CDC recommendations and confirmed the resident should have been offered pneumococcal vaccination. She stated we missed that. On 7/10/24 at 5:10 PM the IP stated the resident's family was in the facility and had consented to the pneumococcal vaccination.</li> <li>2. Review of the facility's protocol titled Immunizations-Pneumococcal and Influenza (Adult Inpatient), effective 6/2024, showed residents with prior pneumococcal vaccination of only PCV13 (at any age) should have PCV20 administered 1 year or later after the previous vaccination.</li> <li>3. Review of Adult Immunization Schedule by Age by CDC located at <a href="https://www.cdc.gov/vaccines/schedules/hcp/adult.html">https://www.cdc.gov/vaccines/schedules/hcp/adult.html</a> (accessed 7/16/24) showed individuals [AGE] years or older who previously received only PCV13 should receive one dose of PCV20 or one dose of PPSV23.</li> </ol>

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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