STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555247	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rancho Mirage Health and Rehabilitation Center	39950 Vista Del Sol Rancho Mirage, CA 92270

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 44505 Based on observation, interview, and record review, the facility failed to ensure for one of one resident reviewed (Resident 71), the resident's bathroom had a functioning paper towel dispenser. This failure had the potential to prevent Resident 71 from performing proper hand hygiene, increasing the risk of infection. Findings: On February 6, 2025, at 9:52 a.m., during a concurrent observation and interview inside Resident 71's bathroom with the Maintenance Supervisor (MS) and Resident 71, the MS stated the paper towel dispenser was not dispensing paper towels. Resident 71 stated she had reported the non-functioning towel dispenser to the Case Manager (CM) and the Infection Preventionist (IP) nurse. On February 6, 2025, at 10:01 a.m., during an interview with the IP nurse, the IP nurse stated Resident 71 had informed him on February 4, 2025, about the paper towel dispenser issue. The IP further stated he informed the MS but did not follow up to ensure the issue was resolved. On February 6, 2025, at 10:04 a.m., during an interview with the CM, she stated Resident 71 informed her last week and a while back that the paper towel dispenser in her bathroom was not functioning. The CM further stated she notified the front desk to inform Maintenance. On February 6, 2025, at 10:07 a.m., during an interview with the front desk staff (FDS), the FDS stated she did not inform the MS about the non-functioning paper towel dispenser. On February 6, 2025, at 10:11 a.m., during an interview with the MS, he stated the facility process requires staff to fill out a maintenance request form. The MS further stated he never received a maintenance request form regarding Resident 71's paper towel dispenser from anyone. On February 6, 2025, at 3:25 p.m., during an interview with the Director of Nursing (DON), the DON stated, the towel dispenser should be functioning so that Resident 71 could properly dry her hands after washing them. The DON stated, hand hygiene is essential in preventing the spread of infection. (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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of facility's policy and procedure titled Homelike Environment, dated February 2021, indicated, .the facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include clean, sanitary and orderly environment .

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47202 Based on interview and record review, the facility failed to provide a copy of the discharge notice to the Office of the State Long-Term Care Ombudsman (LTC Ombudsman - an advocate for residents of nursing homes to protect residents' rights and ensure quality care) at the same time the discharge notice was given to the resident, for one of three residents reviewed for closed records (Resident 88). This failure had the potential to delay advocacy and oversight of Resident 88's discharge plan, impacting continuity of care and resident rights. Findings: A review of Resident 88's Admission Record, indicated Resident 88 was admitted to the facility on [DATE], with a diagnoses which included fatty liver (a condition that can cause jaundice [yellowing of the skin and eyes]). A review of Resident 88's Minimum Data Set (an assessment tool), dated October 31, 2024, indicated, Resident 88 had Brief Interview of Mental Status (use to assess cognition), score of 15 (cognitively intact). A review of Resident 88's eINTERACT Change in Condition Evaluation, dated November 5, 2024, indicated, . Changes in skin color .Resident was assessed and noticed to be very jaundice .MD (medical doctor) made aware and said to send to ED (emergency department) for further evaluation . A review of Resident 88's Physician Discharge Summary Report, dated November 10, 2024, indicated, . discharged Date .November 5, 2024 .Disposition .Hospital (name of hospital) . A review of Resident 88's Notice of Transfer or Discharge, dated November 5, 2024, indicated a copy of the notice was hand delivered to Resident 88 upon discharge from the facility. A further review of Resident 88's medical records indicated there was no documented evidence the facility mailed or faxed the letter of transfer or discharge notice to the LTC Ombudsman at the same time Resident 88 received the notice upon discharge from the facility on November 5, 2024. On February 5, 2025 at 3:07 p.m., during a concurrent interview and review of Resident 88's notice of transfer or discharge record with the Social Service Director (SSD), she stated when residents are transferred or discharged from the facility, the LTC Ombudsman should be notified the same day or the next business day. The SSD stated Resident 88 was discharged on [DATE], and was provided the discharge notice upon leaving the facility. The SSD stated, the discharge notice was not sent to the LTC Ombudsman until December 2, 2024 (27 days later). The SSD further stated the Case Manager (CM) is responsible for sending the notice and did not do so. (continued on next page)

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On February 5, 2025, at 3:29 p.m., during a concurrent interview and review of Resident 88's notice of transfer or discharge record with the CM, the CM stated, she did not send the notification letter regarding Resident 88's discharge to the LTC Ombudsman. The CM further stated, she should have sent the notice to ensure the LTC Ombudsman was made aware and able to advocate for Resident 88's care. A review of the facility policy and procedure titled, Transfer or Discharge, Facility-Initiated dated October 2022, indicated, .If discharge is initiated by the facility after .transfer to the hospital .The facility will send a copy of the discharge notice to a representative of the Office of the State LTC Ombudsman .Notice to the Office of the State LTC Ombudsman will occur at the same time the notice of discharge is provided to the resident .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 25281 Based on observation, interview, and document review, the facility failed to ensure expired medications were not available for use by residents. This failure had the potential for residents to received ineffective medication therapy. Findings: 1. During an inspection of the 8400 Floor Medication Cart located in Nursing Station 3 on February 3, 2025, at 12:10 p.m. with LVN 3, there was one discontinued bubble pack containing hydroxyzine (medication to treat itching) for Resident 3 in the cart along with active medications. In a concurrent interview, LVN 5 stated the medication was discontinued and was change from as needed to routine. LVN 5 stated the bubble pack should have been removed from the cart. In a concurrent interview, LVN 3 also stated the bubble pack should have been removed from the card and placed in the discontinued box in the medication room. 2. During an inspection of Medication Cart 3A located in Nursing Station 3 on February 3, 2025, at 3:20 p.m. with LVN 3, there was one used Humalog (fast-acting insulin to control blood sugar in diabetics) Qwikpen 100 units per milliliter with an open date of December 1, 2024, in the cart. In a concurrent interview, LVN 3 stated it had been more than 28 days based on the open date written on the pen. The facility's policy and procedure titled, Medication Labeling and Storage, revised, February 2023, was reviewed, and it indicated: .Multi-dose vials that have been opened or accessed .are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial .

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 25281 Based on observation, interview, and document review, the facility failed to ensure medications were properly labeled consistent with the policies and procedures and stored at appropriate temperature consistent with the drug manufacturer's instructions when: 1. Bisacodyl (medication to relieve constipation) 10 mg (milligram; unit of measurement) suppositories were stored in the medication room and the medication cart without proper pharmacy labels; 2. Multi-dose medications were not properly labeled with open dates; 3. One liquid medication bottle did not have a legible expiration date on the manufacturer's label; and 4. The room temperature in the Nursing Station 2 Medication Room was not maintained below the drug manufacturer's instruction for storage at room temperature. These failures had the potential for residents to received ineffective medication treatment. Findings: 1. During an inspection of the medication room located in Nursing Station 3 on February 3, 2025, at 11:30 a.m. with LVN 3, there were 13 bisacodyl 10 mg suppositories inside a plastic bag that did not have a pharmacy label to indicate who they belonged to. The plastic bag also contained smaller plastic bags containing bisacodyl suppositories that had resident-specific pharmacy labels. In a concurrent interview, LVN 3 was not able to tell who the suppositories belonged to. LVN 3 stated the facility usually kept them as house supply medications. LVN 3 acknowledged the plastic bag did not indicate they were house supply medications. During an inspection of Medication Cart 2A located in Nursing Station 2 with LVN 4, there were seven bisacodyl 10 mg suppositories in a plastic bag without a pharmacy label for specific residents In a concurrent interview, LVN 4 stated the plastic bag should have a label. LVN 4 acknowledged the plastic bag did not indicate it was a house supply medication or resident specific medications labeled by the pharmacy. The facility's policy and procedure titled, House-Supplied (Floor Stock) Medications, with the effective date, April 2008, was reviewed, and it indicated: .Floor stock medications are labeled as floor stock or house supply and kept in the original manufacturer's container. The manufacturer's or pharmacy's label should include the following: 1) Medication name 2) Medication strength 3) quantity 4) Accessory instructions 5) Lot number 6) Expiration date . (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility's policy and procedure titled, Medication Labeling and Storage, revised, February 2023, was reviewed, and it indicated: .Labeling of medications and biologicals dispensed by the pharmacy is consistent with applicable fedreal and state requirements and currently accepted pharmaceutical practices . The medication label includes, at a minimum: a. medication name .b. prescribed dose; c. strength; d. expiration date .e. resident's name; f. route of administration; and g. appropriate instructions and precautions . 2. During an inspection of the 8400 Floor Medication Cart located in Nursing Station 3 on February 3, 2025, at 12:10 p.m. with LVN 3, there were two medications in the cart with no open date as follows: One latanoprost (medication for treat increased pressure in the eye leading to vision loss) 0.005% eye drop that had a label that indicated: Discard unused portion after 28 days and was stored at room temperature; and One vial of cyanocobalamin (injectable vitamin B12 supplement) 1000 mcg/ml (microgram per milliliter; unit of measurement) 1 ml with the plastic cap removed and no open date on the vial. In a concurrent interview, LVN 3 agreed there was no open date on either medication. The facility's policy and procedure titled, Medication Labeling and Storage, revised, February 2023, was reviewed, and it indicated: .Multi-dose vials that have been opened or accessed .are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial . According to the prescribing information for latanoprost eye drop, .Once a bottle is opened for use, it may be stored at room temperature up to 25 C (77 F) for 6 weeks . 3. During an inspection of the 8400 Floor Medication Cart located in Nursing Station 3 on February 3, 2025, at 12:10 p.m. with LVN 100, there was a 16-ounce bottle of ferrous sulfate (iron supplement) 220 mg/5 ml (milligram per milliliter; unit of measurement) solution with the smudged manufacturer's expiration date. In a concurrent interview, LVN 3 stated the expiration date was faded and LVN 3 was not able to tell the expiration date of the ferrous sulfate solution. The facility's policy and procedure titled, Medication Labeling and Storage, revised, February 2023, was reviewed, and it indicated: .If medication containers have missing, incomplete, improper or incorrect labels, contact the dispensing pharmacy for instructions regarding returning or destroying these items . (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. During an inspection of the medication room located in Nursing Station 2 on February 3, 2025, at 2:40 p. m. with LVN 4, it was noted the temperature of the room was 82 degree Fahrenheit (F) according to the room thermometer. It was also noted the medication room stored residents' medications brought into the facility. In a concurrent interview, LVN 4 confirmed the room temperature was 82 F according to the thermometer. The United States Pharmacopeia (USP) is an independent organization that sets standards for the quality of medicines and drug manufacturers must comply with the USP standards. According to USP Chapter <659>: .Controlled room temperature: The temperature maintained thermostatically that encompasses the usual and customary working environment of 20 -25 (68 -77 F). The following conditions also apply. Mean kinetic temperature not to exceed 25 . The facility's policy and procedure titled, Medication Labeling and Storage, revised, February 2023, was reviewed, and it indicated: .The facility stores all medications and biologicals in locked compartments under proper temperature .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 44505 Based on observation, interview and record review, the facility failed to ensure safe and sanitary food preparation and storage practices in the kitchen when: 1. Food resident was found on the puree blender. 2. Spilled dry oatmeal was observed on the floor inside the dry storage room. 3. Two ovens had grime buildup and food residue. 4. A dietary staff's plastic cup was found on the bottom shelf of the tray line table. 5. The cook's beard and mustache were not covered with a beard net. These failures had the potential to cause foodborne illness (stomach illness acquired from ingesting contaminated food) among a vulnerable population of 86 out of 92 residents who received food prepared in the facility's kitchen. Findings: 1. On February 3, 2025, at 9:10 a.m., a concurrent observation and interview inside the walk-in preparation room were conducted with the Dietary Supervisor (DS). The puree blender was found with white and yellow food residue. The DS stated the puree blender had white and yellow food residue and it should be cleaned after each use to prevent cross-contamination. During a record review of the Food Code, 2022, the Food Code indicated, 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (C) Nonfood-Contact Surfaces of Equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris and the Equipment is cleaned at a frequency necessary to preclude accumulation of soil residues. In addition, The objective of cleaning focuses on the need to remove organic matter from food-contact surfaces so that sanitization can occur and to remove soil from nonfood contact surfaces so that pathogenic microorganisms will not be allowed to accumulate, and insects and rodents will not be attracted. 2. On February 3, 2025, at 9:15 a.m., a concurrent observation and interview inside the dry storage room were conducted with the DS. Spilled dry oatmeal was observed on the floor. The DS stated the floor should be kept clean and free from any food residue to prevent pest infestation. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility policy's titled Sanitation, revised October 2008, indicated Policy statement: The food service area shall be maintained in a clean and sanitary manner .1. All kitchens, kitchen areas and dining areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies and other insects .2. All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks and chipped areas that may affect their use or proper cleaning. Seals, hinges and fasteners will be kept in good repair .3. All equipment, food contact surfaces and utensils shall be washed to remove or completely loosen soils . 3. On February 3, 2025, at 9:20 a.m., a concurrent observation and interview were conducted with the DS. Two ovens had food crumbs, grease, yellow grime, and streaks of dark brown residue. The DS stated it is dirty and should be kept clean and sanitary to prevent food borne illness. During a review of the facility policy's titled Sanitation, revised October 2008, indicated Policy statement: The food service area shall be maintained in a clean and sanitary manner .1. All kitchens, kitchen areas and dining areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies and other insects .2. All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks and chipped areas that may affect their use or proper cleaning. Seals, hinges and fasteners will be kept in good repair .3. All equipment, food contact surfaces and utensils shall be washed to remove or completely loosen soils . 4. On February 3, 2025, at 9:25 a.m., a concurrent observation and interview were conducted with the DS. A dietary staff's plastic cup, dated January 29, 2025, was on the bottom shelf of the tray line table. The DS stated employee belongings should not be stored in the kitchen area to prevent cross-contamination. During a review of the facility policy's titled Sanitation, revised October 2008, indicated Policy statement: The food service area shall be maintained in a clean and sanitary manner .1. All kitchens, kitchen areas and dining areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies and other insects .2. All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks and chipped areas that may affect their use or proper cleaning. Seals, hinges and fasteners will be kept in good repair .3. All equipment, food contact surfaces and utensils shall be washed to remove or completely loosen soils . 5. On February 4, 2025, at 10:00 a.m., a concurrent observation and interview inside the kitchen were conducted with the DS. A cook was observed with an uncovered beard and mustache while preparing puree carrots. The DS stated the cook should cover his beard and mustache to prevent hair from falling into the pureed food. A review of the facility policy and procedure, titled, Preventing Foodborne Illness- Employee Hygiene and Sanitary Practices, revised October 2017, indicated, .Food and nutrition services employees will follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness .hair nets or caps and/or beard restraints must be worn to keep hair from contacting exposed food . (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a record review of the Food Code, 2022, the Food Code indicated, 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (C) Nonfood-Contact Surfaces of Equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris and the Equipment is cleaned at a frequency necessary to preclude accumulation of soil residues. In addition, The objective of cleaning focuses on the need to remove organic matter from food-contact surfaces so that sanitization can occur and to remove soil from nonfood contact surfaces so that pathogenic microorganisms will not be allowed to accumulate, and insects and rodents will not be attracted.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. 44505 Based on observation, interview, and record review, the facility failed to ensure proper disposal of garbage when three dumpsters' lids were not closed, and the surrounding area was littered with trash. This failure had the potential to attract pests and rodents which could lead to contamination and food borne illness among residents. Findings: On February 3, 2025, at 9:40 a.m., during an observation of the dumpster storage outside the facility, three out of three dumpster lids were not closed, and trash was scattered around the dumpsters. On February 3, 2025, at 10:50 a.m., during a concurrent observation and interview with the Dietary Supervisor (DS) regarding the three dumpsters, the DS stated, the lids were open and trash was surrounding the area. The DS stated, the dumpsters should have been closed and free of trash to prevent pest infestations. On February 5, 2025, at 10:15 a.m., during a concurrent observation and interview with the Maintenance Supervisor (MS), he stated he was responsible for keeping the dumpster lids closed and making sure the surrounding area was clean. The MS further stated, the dumpster should have been closed and that the surrounding area should have been free from trash to prevent rodent infestation, which could result in infection control problems. A review of the facility policy and procedure titled Food-Related Garbage and Refuse Disposal, dated October 2017, indicated, .Garbage and refuse containing food wastes shall be stored in a manner that is inaccessible to pests .outside dumpsters provided by garbage pickup services will be kept closed and free from surrounding litter .

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36038 Based on observation, interview, and record review, the facility failed to ensure the physician's order for oxygen was transcribed into the electronic medical record after the order was received. This failure resulted in an incomplete and inaccurate medical record, which could have led to miscommunication among staff regarding Resident 189's prescribed oxygen therapy, potentially affecting the resident's respiratory care. Findings: On February 3, 2025, at 9:58 a.m., Resident 189 was observed lying in bed receiving oxygen at 2 liters per minute via nasal cannula (a medical device used to deliver supplemental oxygen to resident who has difficulty breathing or require oxygen therapy). A review of Resident 189's Admission Record indicated Resident 189 was admitted to the facility on [DATE], with diagnoses which included pneumonia (lung infection) and dementia (memory loss). Resident 189 was under hospice care. A further review of Resident 189's record indicated Resident 189 did not have a physician order for the oxygen therapy in the electronic medical record. On February 6, 2025, at 1:35 p.m., during a concurrent interview and record review of the electronic physician order with Licensed Vocational Nurse (LVN) 1, she stated the oxygen order was placed on January 21, 2025 in Resident 189's physical chart by the hospice nurse upon admission and it was not transcribed into the electronic medical record. She further stated all physician orders should be transcribed at the time of admission to make sure all staff are aware of the prescribed treatment. On February 6, 2025, at 1: 56 p. m., during an interview with the Medical Records Director (MRD), she stated that the licensed nurse who received the physician's order was responsible for transcribing it into the electronic medical record. On February 6, 2025, at 3 p.m., in an interview with the Director of Nursing (DON), she stated the physician order should have been transcribed as soon as the nurse received it. The DON further stated all physician orders must be transcribed into the electronic medical record to ensure staff are aware of the prescribed treatment. The DON stated, the hospice nurse received the order and communicated it to the facility's licensed nurse. The DON stated, the facility licensed nurse forgot to transcribe the order into the electronic medical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555247	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rancho Mirage Health and Rehabilitation Center	39950 Vista Del Sol Rancho Mirage, CA 92270

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 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. 47202 Based on interview, and record review the facility failed to ensure one of three staff reviewed for immunization (process of developing immunity [the ability to resist diseases]) (Certified Nurse Assistant [CNA] 1) was provided education regarding the risk and benefits of the COVID-19 vaccine (a medication that helps the body fight diseases caused by COVID-19 [a respiratory illness caused by a virus). This failure had the potential to leave staff without proper guidance and information regarding the COVID-19 vaccine, potentially affecting their decision-making and increasing the risk of infection transmission within the facility. Findings: A review of Certified Nurse Assistant (CNA) 1 Consent for 2023/2024 updated COVID-19 Vaccine Additional Dose indicated no documented evidence CNA 1 was provided with education and information about COVID-19 immunization. On February 6, 2025, at 2:05 p.m., during a concurrent interview and review of CNA 1's vaccine consent record for 2023/2024 with the Director of Staff Development (DSD), he stated CNA 1's last COVID-19 vaccination (act of receiving a vaccine) was on February 25, 2022 (approximately three years prior). The DSD stated, the Infection Preventionist (IP) had been responsible for providing COVID-19 immunization education. The DSD further stated, there was no documentation CNA 1 was provided COVID-19 immunization education and information. On February 6, 2025, at 2:10 p.m., during a concurrent interview and review of CNA 1 vaccine consent record for 2023/2024 with the IP, he stated, he did not provide COVID-19 immunization education to CNA 1. The IP further stated, he had been responsible for making sure all facility staff received education on COVID-19 during their scheduled vaccination. The IP stated, he should have provided CNA 1 with education on the risk and benefits of COVID-19 vaccine. The IP further stated, staff education had been essential to inform them of the vaccine risk and benefits, protect vulnerable residents, and prevent the spread of infections. A review of the facility's policy and procedure titled, Coronavirus Disease (COVID-19) - Vaccination of Staff, dated June 2023, indicated, .Staff are educated about benefits and risk .of COVID-19 vaccine .Each staff member is provided with education regarding the benefits and risks .If the vaccination requires multiple doses of vaccine, staff are again provided with education regarding the benefits .