PRINTED: 03/23/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		315180	B. WING			01/05/2021	
NAME OF F	PROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE	, O 17	00/2021
ALAMED	A CENTER FOR REH	IABILITATION AND HEALTHCARE	.		ELM STREET RTH AMBOY, NJ 08861		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	rs	FO	000			
	was conducted by the Health. The facility compliance with 42 regulations and has Centers for Disease	sed Infection Control Survey the New Jersey Department of was found not to be in CFR §483.80 infection control s implemented the CMS and e Control and Prevention ed practices to prepare for					
	Survey date: 01/04	//2021 - 01/05/2021					
F 883 SS=C	Census: 173 Influenza and Pneu CFR(s): 483.80(d)(imococcal Immunizations 1)(2)	F8	883			2/4/21
	immunizations §483.80(d)(1) Influe policies and proced (i) Before offering the each resident or the receives education potential side effect (ii) Each resident is immunization Octol annually, unless the contraindicated or timmunized during the (iii) The resident or has the opportunity (iv)The resident's indocumentation that following: (A) That the resident	the resident's representative to refuse immunization; and nedical record includes indicates, at a minimum, the nt or resident's representative ation regarding the benefits					

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.

Electronically Signed

01/21/2021

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F 883	Continued From page (B) That the reside immunization or disimmunization due refusal. §483.80(d)(2) Pnet must develop policit that- (i) Before offering to immunization, each representative receivenefits and poten immunization; (ii) Each resident is immunization, unlet medically contrained already been immunization already been immunization that the opportunity (iv) The resident or has the opportunity (iv) The resident or has provided educe and potential side of immunization; and (B) That the reside pneumococcal immunication or immunicat	age 1 Int either received the influenza do not receive the influenza to medical contraindications or sumococcal disease. The facility ies and procedures to ensure the pneumococcal resident or the resident's eives education regarding the tial side effects of the soffered a pneumococcal is the immunization is dicated or the resident has unized; the resident's representative to refuse immunization; and medical record includes to indicates, at a minimum, the into resident's representative ation regarding the benefits effects of pneumococcal intelligence immunization or did not receive immunization or did not receive immunization due to medical	F 883	DEFICIENCY)			
	Based on record r for Disease Contro to: 1. Obtain written coan Executive Order	eview, interviews, and Centers of publication, the facility failed consent for the administration of 26, 4.0 for one (Resident reviewed for deep 26, 4.b.;		All residents have the potential affected by the deficient practice. A resident charts were audited to ensure proper influenza documentation was completed. Sampled residents Executive Order 26 # and their representatives were	All sure as 5, 4.b.		

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F 883	2. Provide educations ide effects of the immunizations for fand of sam executive Order of sampled resident's resident's physiciar warranted for two (sampled residents executive Order of two (sampled residents executive Order ord	n of the risks and potential influenza and/or pneumonia ive (Residents xecutive order 26, 4.b.) pled residents reviewed for 7 26, 4.b.; e of the obtained or to discuss the obtained or to discuss the obtained if a dose was reviewed for and 6, 4.b. (Resident pled residents reviewed for pled residents reviewed for other 26, 4.b.) to other 26, 4.b. (Resident pled residents reviewed for other 26, 4.b.)	F 88	provided with education about risk benefits of immunization. Residents who did not receive vaccafter consent was obtained were re-evaluated by PCP for appropriat and vaccination was administered. Pneumonia vaccination was offerer residents. 2. Policies and procedures were appropriately updated to reflect the importance of providing resident ar resident's representative with educ on benefits and risks associated with administration of influenza immunization to actual administration. • to reflect the timeframe for influenciation administration — Octobe through March 31st of each year for eligible residents and patients, • to reflect the opportunity to refluenciation by resident/patient and representative. • to reflect the importance of documentation in resident's/patient medical record the education about benefits and potential risks associated with influenza immunization provider resident and/or his/her responsible actual administration, ineligibility or of influenza immunization. • to reflect the importance of provesident and resident's representate education on benefits and risks/sideffects associated with administration precident and resident's representated administration. (CMS, 2017) • to reflect the opportunity for all	cination eness d to all d ation ith cation uenza er 1st or use /or their 's t ted ed to and refusal viding ive with e ion of co .		

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F 883	doses indicated. If patient and provided in the dose of Pland in the dose of Pland in the dose of Pland in the immunization residents were revious in the "Immunization record (EHR) indicated the immunistered the immunistered the immunistered the immunistered the immunistered in the im	vider decide PCV13 is to be dose of PCV13 at least 1 year PSV23 for all adults, cal conditions In records for the following five ewed: Cutive Order 26, 4.b. If tab of the electronic health atted the resident was ecutive order 26, 4.b on was no documentation in the chart that indicated the representative had given 4.b. In the the the resident was educated the resident had not indicated the resident had not indicated the resident had not indicated the representative was educated fits and potential side effects order 26, 4.b. It 20 AM, the infection control was interviewed. She stated, if not have been provided at the consent form has not in asked if there was a teducation of the risks and addor pneumonia vaccine had ussed with the representative, the ICP stated,	F 883	patients and residents to receive pneumococcal vaccination unles contraindicated, or patient/reside not meet criteria for pneumonia vadministration. • to reflect the opportunity to repneumococcal vaccination by resident/patient and/or their representative. • to reflect the importance of documentation in resident's/patien medical record of education about benefits and potential risks assow with pneumococcal immunization provided to resident and/or his/horesponsible party and actual administration, ineligibility or refure pneumococcal immunization. Nursing staff were educated about importance of obtaining writte consent prior influenza immunization. Nursing staff were educated about rossed checked to ensure that expatient has appropriately signed in their files. Medical record of resident # 1 was and family representative was contoured to receive consent. • The importance of providing to resident and/or his/her representation about risk, benefits and potential effects associated with flu/pneumococcal vaccination after a daministration. Nursing staff were educated about risk, benefits and potential effects associated with flu/pneumococcal vaccination after a daministration. Nursing staff were educated about risk, benefits and discussing potential contraindications with Provided a	s one is nt does vaccine efuse ent's ut ciated ner sal of ut: en ation were each consent as revived intacted teaching entative side nonia ut consent g		

F 883 Continued From page 4 Authorization" form, dated the resident's representative had consented to annual administration of the State of the Page o	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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PERTH AMBOY, NJ 08861 PROVIDERS PLAN OF CORRECTION (PS)	NAME OF	PROVIDER OR SUPPLIER				ZIP CODE		
F 883 Continued From page 4 Authorization" form, dated the resident's representative had consented to annual administration of the state of the paper chart which indicated the resident the resident had been administered the resident had been offered a state of the paper chart which indicated the resident's representative had been educated regarding the benefits and potential side effects of the educated regarding the benefits and potential side effects of the executive Order 26, 4.b. On 01/05/2021 at 11:21 AM, the ICP was interviewed. She was asked if there was documentation that education of the risks and benefits of a flu and/or pneumonia vaccine had been provided/discussed with the resident/resident's representative, the ICP stated, "No." Resident Executive Order 26, 4.b. Authorization" form, dated and indicated the reviewed and indicated the resident of the risks and benefits of a flu and/or pneumonia vaccine had been provided/discussed with the resident/resident's representative, the ICP stated, "No." Resident Executive Order 26, 4.b. Authorization" form, dated Authorization form, dat	ALAMEDA CENTER FOR REHABILITATION AND HEALTHCARE			≣				
Authorization form, dated the resident's representative had consented to annual administration of the solution of solution as stated by CMS. Immunization Log was implemented to ensure proper schedule of pneumococcal vaccination as stated by CMS. Immunization Log was implemented to ensure proper schedule of pneumococcal vaccination (step 2) and prevent laps in immunization as recommended by CDC. 5 random charts will be picked for review by the DON or designee weekly to ensure compliance with documentation of teaching about benefits and risks of immunization provided to resident and families for 3 months. All new admissions will be reviewed weekly by DON or designee for 3 months to ensure documentation of teaching about benefits and risks of immunization provided to resident and families, signed consent, administration of refusal. Authorization form, dated in indicated indicated indicated and cleared by PCP and/or documentation of refusal. 4. Results of the audits will be reviewed	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD B THE APPROPRI		COMPLETION
the resident had consented to annual administration of the portion of the portion of the form was blank. The EHR indicated the resident was administered the executive Order 26, 4.b on executive Order 26, 4.b on the end of the consent of the executive Order 26, 4.b on the end of the executive Order 26, 4.b on the end of the end o	F 883	Authorization" form the resident's representative order 26, 4.6 blank. The EHR in administered the condition of the condition	dicated sentative had consented to on of the portion of the form was dicated the resident had been equive order 26, 4.5. on was no documentation which ent had been offered a at any time after mentation in the EHR or in the indicated the representative had been the benefits and potential executive Order 26, 4.5. 1:21 AM, the ICP was as asked if there was a deducation of the risks and dor pneumonia vaccine had ussed with the representative, the ICP stated, cutive Order 26, 4.5. cutive Order 26, 4.5.	F 8	3. Audit tool was devel compliance with influenz pneumococcal vaccination. • Immunization Log with to ensure proper schedule pneumococcal vaccination prevent laps in immunization recommended by CDC. • 5 random charts will review by the DON or defensure compliance with teaching about benefits a immunization provided to families for 3 months. • All new admissions are-admissions will be reviewed by the DON or designee for 3 months. • All new admissions are-admissions will be reviewed by the DON or designee for 3 months. • All new admissions are-admissions will be reviewed by the DON or designee for 3 months. • All new admissions are-admissions will be reviewed by the DON or designee for 3 months. • All new admissions are-administration of teaching and resident and families, significant and families, significant and families, significant and cleared by PCP and documentation of refusal 4. Results of the audits quarterly for 6 months at meeting. • to reflect the opportunation of the contraindicated, or patient and residents to pneumococcal vaccination. • to reflect the opportunation of the opportunation of the preumococcal vaccination.	loped to ensize and ion as stated was implementated from the picked for a signer week documentated and risks of oresident are and wiewed week months to enting about being provided to gned consertation if indicated for all. Is will be reviewed to the QAPI unity for all preceive ion unless or ent/resident of umonia vaccumity to refusion by	nted and or or okly to tion of ont, ated ewed ewed ene is does cine	

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F 883	On 01/05/2021 at 1 interviewed. She was documentation that benefits of a flu and provided/discussed representative, the Resident Executive Order to resident's representation of the HR indicated the administration of the HR indicated the administered the acceived was not in There was no documentation in the ascertain the type of executive Order type of executive Ord	1:22 AM, the ICP was as asked if there was education of the risks and d/or pneumonia vaccine was with the resident/resident's ICP stated, "No." 26, 4.b. re Order 26, 4.b, not dated, indicated the tative had consented to annual executive Order 26, 4.b The resident had been executive Order 26, 4.b. on 1 The resident had been executive Order 26, 4.b. on 1 The resident had been executive Order 26, 4.b. on 1 The resident had been executive Order 26, 4.b. on 1 The resident had been executive Order 26, 4.b. on 1 The resident had been executive Order 26, 4.b. on 1 The resident had attempted to of pneumonia vaccine the ed and/or that the physician d regarding the resident's extatus to determine if another d. There was no ne EHR or in the paper chart resident/resident's been educated regarding the ial side effects of the influenza	F 88	representative. to reflect the importance of documentation in resident's/patient medical record of education about benefits and potential risks associa with pneumococcal immunization provided to resident and/or his/her responsible party and actual administration, ineligibility or refusa pneumococcal immunization. Nursing staff were educated about: importance of obtaining written consent prior influenza immunization administration. Medical records we crossed checked to ensure that ea patient has appropriately signed coin their files. Medical record of resident # 1 was and family representative was cont to receive consent. The importance of providing te to resident and/or his/her represent about risk, benefits and potential si effects associated with flu/pneumor vaccine administration. Nursing staff were educated about importance of administration of pneumococcal vaccination after cohas been obtained and discussing potential contraindications with PCI administration of the vaccine. 3. Audit tool was developed to encompliance with influenza and pneumococcal vaccination as state CMS. Immunization Log was implementation.	ated al of bn re ch onsent revived acted aching tative de nia nsent P prior	

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F 883	The Executive C Authorization" form the resident had co administration of the administration of the EHR indicated the administered the acceived was not in There was no docu which indicated the ascertain the type of esident had received had been consulted pneumonia vaccine documentation in the which indicated the representative had benefits and potent and/or pneumonia of the president/resident's and benefits of vaccine had been president/resident's "No." The ICP was vaccine had been administration of the president and been administration of the president/resident's "No." The ICP was vaccine had been administration of the president/resident's "No." The ICP was vaccine had been administration of the president/resident's "No." The ICP was vaccine had been administration of the president administration of the pres	chad been administered after ent was obtained. She stated, and to the executive order 26, 4.b. and to the executive order 26, 4.b. on was obtained or considered. The considered was obtained or considered was not be end and/or that the physician of the considered was not be end of	F 88	to ensure proper schedule of pneumococcal vaccination (step 2) prevent laps in immunization as recommended by CDC. • 5 random charts will be picked review by the DON or designee we ensure compliance with document teaching about benefits and risks of immunization provided to resident families for 3 months. • All new admissions and re-admissions will be reviewed were DON or designee for 3 months to a documentation of teaching about be and risks of immunization provided resident and families, signed constant and cleared by PCP and/or documentation of vaccination if indicated and cleared by PCP and/or documentation of refusal. 4. Results of the audits will be requarterly for 6 months at the QAPI meeting. References CDC. (2020). Pneumococcal Vaccing Timing for Adults. Retrieved from https://www.cdc.gov/vaccines/vpd/o/downloads/pneumo-vaccine-timin CMS. (2017). State Operations Matappendix PP - Guidance to Survey Long Term Care Facilities. Retrieved from https://www.cms.gov/Regulations-adance/Guidance/Manuals/download107ap_pp_guidelines_ltcf.pdf	for pekly to pation of of and ekly by pensure penefits I to ent, cated viewed ine pneum ng.pdf inual vors for and-Gui		

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F 883	The facility's "Influe procedure, reviewe "If consent of the is obtained for this inurse will then orde provider pharmacy. did not address the education regarding side effects of the in resident/resident's in the facility's "Pneur procedure indicated facility that all reside time of admission for receiving the Pneur physician on admis review, will discuss resident's family, if immunization with the determined if this matime" The policy the requirement to representative's conthe vaccine and/or	nza Vaccine" policy and d/revised 09/2020, indicated: resident or responsible party mmunization, the district or the flu vaccine from the" The policy and procedure requirement to provide go the benefits and potential mmunization to the representative. monia Vaccine" policy and di: "It is the policy of this ents will be evaluated at the or the appropriateness of monia VaccineEach sion and/or upon annual with the resident and the applicable, the need for the pneumococcal vaccine and redication is appropriate at the and procedure did not address obtain the resident's/resident's meent prior to administering the requirement to provide go the benefits and potential mmunization to the representative.	F 8	83			