

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055310	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/02/2023
NAME OF PROVIDER OR SUPPLIER Marin Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 234 N. San Pedro Rd San Rafael, CA 94903	
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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35842</p> <p>Based on interview and record review, the facility failed to ensure eligible residents were up to date on their pneumonia vaccines, when residents were not offered the PPSV23 (Pneumovax23 - pneumonia vaccine that protects against 23 types of bacteria which cause pneumococcal disease), according to the recommendation of the Advisory Committee on Immunizations Practices (ACIP- provides advice and guidance to the Director of the CDC [Centers for Disease Control] regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States), for 17 out of 78 sampled residents. This failure could potentially leave vulnerable residents unprotected from preventable lung infections that could lead to hospitalization or death.</p> <p>Findings:</p> <p>During a review of the CDC's Pneumococcal Vaccine Timing for Adults, dated 4/01/22, the CDC recommended revaccination of PPSV23 was at least one year after receiving PCV13 (Pneumovax: Pneumococcal 13-valent Conjugate Vaccine - protects against 13 types of pneumococcal bacteria) dose and at least five years after any PPSV23 dose, for residents less than [AGE] years old, with underlying medical conditions or other risk factors, including but not limited to Alcoholism, Chronic Heart Disease (range of conditions that affect the heart), Chronic Liver Disease (is a progressive deterioration of liver functions), Chronic Lung Disease (long-term respiratory symptoms and airflow limitation), Cigarette Smoking, Diabetes Mellitus (disease that results in too much sugar in the blood), and Cochlear Implant (a small, complex electronic device that can help to provide a sense of sound to a person who is severely hard-of-hearing). https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf</p> <p>Review of the electronic medical records under the, Immunizations, section and review of the CAIRs (California Immunization Registry) for all 17 residents, revealed 14 residents (Resident 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14 and 17), who had received PCV13, had not been offered PPSV23 at least one year after receiving PCV13. Resident 12's, Influenza and Pneumococcal Vaccine Consent, indicated Resident 12 received a pneumococcal vaccine on 12/21/10 and 6/2/15, but did not indicate what type of vaccine. Resident 12's electronic medical record, Immunization, section had no documentation of administration of a pneumonia vaccine, and Resident 12's CAIR indicated he had been due for PPSV23 since 10/13/05. Resident 15 and 16's electronic medical record, Immunization, section had no documentation of administration of a pneumonia vaccine, and Resident 15 and 16's CAIR indicated both residents had been due for PPSV23.</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 055310	Facility ID: 055310 If continuation sheet Page 1 of 4

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and review of residents' electronic medical record, Immunization, section on 3/1/23 at 2 p.m., the MDS (Minimum Data Set) Coordinator stated she helped the IP (Infection Preventionist) make sure the residents were up to date with their pneumonia vaccines. Resident 1's electronic medical record, Immunization, section indicated Resident 1 received PCV13 on 11/9/17. The MDS Coordinator stated Resident 1 should have received another dose five years later, on 11/8/22. The MDS Coordinator stated she thought the CDC recommendations for the pneumococcal immunization was five years after the first dose. The MDS Coordinator stated she helped the IP track which residents had their vaccines, such as the pneumococcal vaccine, which residents were due, and which residents refused. The MDS Coordinator stated she just started doing her own audit for residents' pneumococcal vaccines, on 2/27/23. The MDS Coordinator stated, when assessing residents for their immunization vaccines and inputting results into the resident's MDS (Minimum Data Set, a clinical assessment process that provides a comprehensive assessment of the resident's functional capabilities and helps staff identify health problems) under Section O (where the resident's pneumococcal and influenza (flu) vaccines were addressed), the MDS Coordinator reviewed and documented if the resident was given a pneumococcal vaccine, date given, and if refused. The MDS Coordinator stated she did not have to know what type of pneumonia vaccine the resident received. The MDS Coordinator stated she reviewed the resident's, Influenza and Pneumococcal Vaccines Consent Form, to see if the resident refused. The MDS Coordinator stated she should be mindful of what type of pneumococcal vaccine the resident received because she thought she only needed to know if the resident had a pneumonia vaccine (did not matter what type), and if the resident needed another pneumonia vaccine in five years. The MDS Coordinator stated she was not aware, if a resident received the PCV13, the resident needed the PPSV23 within one year, for residents 65 and older.</p> <p>During an interview on 3/1/23 at 2:30 p.m. and 3 p.m., the IP stated she had access to CAIR, which showed what type of immunization vaccines the residents had been given outside of the facility. The IP stated, upon the resident's admission, the Admission Nurse went over the resident's immunizations, which included asking if the resident had the pneumococcal vaccine, date given and what type. The nurse then input the resident's information into their electronic medical record under the, Immunization, section. The Admission Nurse went over the, Influenza and Pneumococcal Vaccine Consent Form, which entailed the questions, I have received the pneumococcal vaccine the past date, Yes I wish to receive the pneumococcal vaccine, and No I do not wish to receive the pneumococcal vaccine. The IP stated both the influenza and the pneumococcal vaccine were offered, and the resident needed to sign the consent. The IP stated, if the resident needed the pneumococcal vaccine, the Admitting Nurse would obtain a phone order from the resident's physician and then fax the phone order to the pharmacy.</p> <p>During a concurrent interview on 3:20 p.m. the IP and DON (Director of Nursing) stated they were not aware of the guideline recommendations to the director of the CDC, whereby if a resident had received the PCV13, the resident should have received the PPSV23 within a year. The IP and DON stated it was important to make sure the residents were up to date on their pneumococcal vaccine because the residents had many comorbidities. If the residents caught pneumonia, there were many risk factors which could lead to hospitalization. For example, if the resident caught COVID-19, this could lead to respiratory issues. The IP and the DON stated, if the resident was not up to date on their pneumococcal vaccine, this could lead to the resident being even further compromised.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview on 3/2/23 at 10:50 a.m., when the IP was asked who was responsible in making sure residents immunizations, including their pneumococcal vaccine, were up to date, the IP stated it was her responsibility. The IP and the DON stated, upon their review of the pneumococcal immunization records for the 79 long-term residents on Unit 2, they found 11 residents who were not up to date on their pneumococcal vaccine. The IP and DON stated the other residents had either had the PPSV23 or had a consent refusing the vaccine. The IP stated she called the pharmacy the facility used and talked to the Pharmacist, who informed the IP the new pneumococcal recommendation for residents who were 65 and older was to be given the PCV20.</p> <p>During an interview on 11:10 a.m., the Pharmacist stated, per CDC guidelines, they recommended for residents 65 and older, to be given PCV20, not PPSV23, because it was more readily available. The Pharmacist was asked if the resident had been given the PCV13 or the PCV15 (pneumococcal conjugate vaccine to protect against the pneumococcal disease), should the PCV13 or PCV15 be followed by the PCV20 or the PPSV23, if the resident was 65 and older. The Pharmacist stated, if the resident had not had a pneumococcal vaccine, the resident should receive the PCV20, per the new CDC guidelines, and the resident would not need the PPSV23. The Pharmacist stated the most recent available of the two vaccines was the PCV20. The Pharmacist stated, if the resident had no history and no date of when they received a pneumococcal vaccine, the resident should receive the PCV20, per CDC guidelines. The Pharmacist reiterated, if the resident received the PCV13 or the PCV15 and were 65 and older, they should receive the PPSV23 eight weeks from their last dose (if they were immunocompromised) and within the year of receiving the first dose. If the resident received the PPSV23, the resident's pneumococcal vaccine was complete. The Pharmacist stated the PCV20 could be given in place of PPSV23, if not available, and the residents pneumococcal vaccines were then complete.</p> <p>During a concurrent interview on 3/2/23 at 11:20 a.m., the IP stated there were 79 long-term residents on Unit 2. The IP stated she reviewed all the resident's immunization records, including looking at the resident's CAIR. The IP stated there were 11 residents who were not up to date with their pneumococcal vaccines. All other residents were up to date or had refused the vaccine. The IP and the DON stated it was the responsibility of the IP to make sure the residents were up to date with their immunization vaccines including their pneumococcal vaccine. The Admitting Nurse would collect the data received from the hospital and input the information into the resident's electronic medical record under the section, Immunization, but the IP should make sure the resident was up to date with all their vaccines. The IP and DON stated the short-term residents, admitted for rehabilitation, were often not at the facility long enough to get the needed information regarding their pneumococcal vaccine. The IP and DON stated there was a potential for harm if the resident's vaccines, including their pneumococcal vaccine, were not up to date because of the resident's comorbidities and the possibility of catching COVID, which could lead to respiratory issues. The IP and DON stated they received updated information on immunization vaccines, including the pneumococcal vaccine, from the updated AFLs (California Department of Public Health All Facility Letters), their company's nurse consultant, their pharmacy consultant and CDC guidelines.</p> <p>The facility Policy and Procedure titled, Vaccination of Residents, revised 10/2019, indicated: Policy Statement: All residents will be offered vaccines that aid in preventing infectious diseases unless the vaccine is medically contraindicated, or the resident has already been vaccinated. Policy Interpretation and Implementation: 1. Prior to receiving vaccinations, the resident or legal representative will be provided information and education regarding the benefits and potential side effects of the vaccinations . 2. Provision of such education shall be documented in the resident's medical record. 3. All new residents shall be assessed for current vaccination status upon admission .</p> <p>(continued on next page)</p>		

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>The facility Policy and Procedure titled, Pneumonia Vaccine, revised 3/2022, indicated: Policy Statement: All residents are offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. Policy Interpretation and Implementation: 1. Prior to or upon admission, residents are assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, are offered the vaccine series within 30 days of admission to the facility unless medically contraindicated or the resident has already been vaccinated. 2. Assessments of pneumococcal vaccination status are conducted within five working days of the resident's admission if not conducted prior to admission . 4. Pneumococcal vaccines are administered to residents (unless medically contraindicated, already given, or refused) per the facility's medical record indicating the date of the refusal of the pneumococcal vaccination 7. Administration of the pneumococcal vaccines are made in accordance with the current Center for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.</p>		