

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

Printed: 05/27/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225227	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/01/2023
NAME OF PROVIDER OR SUPPLIER Fitchburg Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 94 Summer Street Fitchburg, MA 01420	
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 - Few	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37700</p> <p>Based on record review and interview, the facility failed to ensure that staff provided education and offered a Pneumococcal Vaccine upon admission to the facility for one Resident (#1), out of a total sample of five residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Pneumococcal Vaccine, revised 3/22, included, but not limited to:</p> <p>-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 thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated.</p> <p>CDC recommends Pneumococcal Conjugate Vaccines (PCV) PCV15 or PCV20 for:</p> <p>Adults [AGE] years or older</p> <p>Adults 19 through [AGE] years old with certain medical conditions or risk factors</p> <p>CDC recommends Pneumococcal Polysaccharide Vaccine (PPSV) PPSV23 for:</p> <p>Children 2 through [AGE] years old with certain medical conditions</p> <p>Adults [AGE] years or older who get PCV15</p> <p>Resident #1 was admitted to the facility in November 2022 with a diagnosis of Hemiplegia (paralysis on one side of the body) and Hemiparesis (muscle weakness or partial paralysis on one side of the body) following a Cerebral Infarction (stroke- disrupted blood flow to the brain due to problems with the blood vessels that supply it) affecting the dominant right side.</p> <p>Review of the Discharge Return Anticipated Minimum Data Set (MDS) Assessment, dated 11/2022, indicated in Section O:0300 that the Resident's Pneumococcal vaccine was not up to date and the vaccine was not offered.</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

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the clinical record did not contain documentation to indicate if education was provided and the Pneumococcal vaccine was offered to Resident #1 upon admission. During an interview on 2/1/23 at 1:20 P.M., the Regional Corporate Director said there was no documentation found in the clinical record to indicate the Pneumococcal vaccine was offered to Resident #1, as required.		