

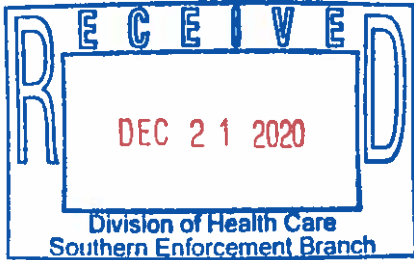
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/21/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185193	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  12/01/2020
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NAME OF PROVIDER OR SUPPLIER  HYDEN HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 21040 US HWY 421 SOUTH HYDEN, KY 41749
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F 000	INITIAL COMMENTS  A COVID-19 focused infection control survey was initiated on 11/30/2020 and concluded on 12/01/2020. The facility was found to be out of compliance with 42 CFR 483.80 Infection Control (F883). Deficient practice was identified with the highest scope and severity at "E" level. The total census was 88.	F 000		
F 883 SS=E	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2)  §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.	F 883		12/25/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE 12/16/2020
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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.

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F 883	<p>Continued From page 1</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review and review of facility policy, it was determined that the facility failed to ensure each resident or resident's representative was provided education regarding the benefits and potential side effects of the influenza (flu) immunization for three (3) of five (5) residents (Resident #1, #2, and #3). The facility also failed to document in the resident's medical record that the education was provided. In addition, the facility policy did not include that education (related to benefits and side effects)</p>	F 883	<p>1. Residents and /or the responsible parties of residents #1,#2,and #3 have received education regarding the benefits and potential side affects of the influenza immunization. The medical records of residents #1,#2, and #3 have been updated with documentation to reflect that education was provided regarding the immunization.</p> <p>2. All residents and / or their responsible</p>		

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F 883	<p>Continued From page 2</p> <p>would be provided prior to the influenza immunization being offered and that the resident's record would include documentation of the education and of the immunization being offered.</p> <p>The findings include:</p> <p>Review of facility policy titled "Vaccination Policy", dated 09/2014, revealed: "Flu vaccine will be administered annually to all resident unless medically contraindicated." Further review of the policy revealed "If the resident refuses the pneumococcal or the flu vaccine, educate them and/or their resident representative. Document on the bottom of the Vaccination Consent Form by checking the appropriate box indicating they were fully informed of the health risks and have them sign the form."</p> <p>Record review revealed the facility admitted Resident #1 on 04/12/11, with diagnosis of Alzheimer's disease and Type II Diabetes. Further review of the resident record revealed the resident's responsible party signed "Vaccination Policy" on 04/12/11. The facility "Vaccination Record" revealed the resident had received the Flu vaccine on 10/16/2019, and 10/07/2020. However, the resident's record contained no evidence the resident or the resident's representative was provided education regarding the benefits and potential side effects of the influenza (flu) immunization.</p> <p>Record review revealed the facility admitted Resident #2 on 08/24/2018, with diagnosis of Heart Failure, Anxiety, and Depression. Further review of the resident record revealed the resident had signed consent to receive flu</p>	F 883	<p>party have received education regarding the benefits and potential side affects of the influenza immunizations. The medical record has been updated to reflect that education was provided to the residents.</p> <p>3. Educational in-Service training was provided by the Staff Development Coordinator and designated other staff member to licensed nursing staff regarding providing education regarding the benefits and potential side affects of the influenza immunization to the recipient of the vaccine prior to administration of the immunization. Educational In-service training will be completed by the correction date with ongoing training for any licensed staff upon returning to work. The facility policy and procedure has been revised to include a form for documentation that education was provided.</p> <p>4. Five medical records will be reviewed monthly by a designated CQI member to assure that documentation of benefits and potential side affects of flu immunizations are in the medical records of residents. The monthly audit will also include contacting 5 residents or their responsible party to assure that education regarding the vaccine was provided to them. This audit will be conducted for three months on a monthly basis. Any deficient practice will be corrected immediately and reported to a member of the QA program for further review.</p>		

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F 883	<p>Continued From page 3</p> <p>consent on 04/26/2019. The facility "Vaccination Record" revealed the resident had received the Flu vaccine on 10/07/2020. However, the resident's record contained no evidence the resident or the resident's representative was provided education regarding the benefits and potential side effects of the influenza (flu) immunization.</p> <p>Record review revealed the facility admitted Resident #3 on 05/05/2015, with diagnosis of Chronic Obstructive Pulmonary Disease, Unspecified Psychosis, and Anxiety. Further review of the resident record revealed the resident had signed but not dated, consent to receive Flu vaccine. The facility "Vaccination Record" revealed the resident had received the Flu vaccine dated 10/16/2019, and 10/07/2020. However, the resident's record contained no evidence the resident or the resident's representative was provided education regarding the benefits and potential side effects of the influenza (flu) immunization.</p> <p>Interview on 11/30/2020 at 4:26 PM, with the Director of Nursing revealed the facility had the resident or responsible party sign the "Vaccine Consent Form" upon admission. If the resident refused either the pneumococcal or flu vaccine, they will sign the bottom of the form. The Director of Nursing stated that the vaccine is then offered annually, after verbal consent. She further stated all residents, unless contraindicated, are offered the vaccine every year and if the resident refuses there is a note put in the nursing notes. Further interview with the Director of Nursing revealed the facility was unaware that education needed to be provided and documented annually when offering the immunization.</p>	F 883			

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