

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146167	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2020
NAME OF PROVIDER OF SUPPLIER FOSTER HEALTH & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 2840 WEST FOSTER AVENUE CHICAGO, IL 60625	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to develop and implement pneumococcal immunization policies following current recommendations for five (R1, R2, R3, R4, and R5) of five residents reviewed for immunizations in the sample of 38. Findings include: Review of the Centers for Disease Control and Prevention (CDC) publication with a review date of 9/18/19 titled Adults: Protect Yourself with Pneumococcal Vaccines specified Many adults may be at increased risk for pneumococcal disease .Two vaccines provide protection against this serious and sometimes deadly disease .Each year in the United States, pneumococcal disease kills thousands of adults. Thousands more end up in the hospital because of pneumococcal disease. It can cause severe infections of the lungs (pneumonia) blood stream (bacteremia) and lining of the brain and spinal cord (meningitis) .However, some can be deadly, especially for adults [AGE] years or older: Pneumococcal pneumonia kills about 1 in 20 older adults who get it (and) pneumococcal bacteremia kills about 1 in 6 older adults who get it. Vaccines are the best way to prevent pneumococcal disease .When the bacteria spread into other parts of the body, it can lead to (pneumonia, bacteremia, and meningitis). These illnesses can be deadly, especially for: Adults [AGE] years or older, people with chronic health conditions (and) people whose immune systems are weakened by disease or medicine (immunocompromised) .Pneumococcal disease is contagious. .Pneumococcal bacteria spread from person to person through coughing, sneezing, and close contact. People can carry the bacteria in their nose and throat without being sick and spread the bacteria to others . Review of the new immunization guidelines dated June 2019 TABLE 2. Policy options* for use of pneumococcal vaccines in adults aged ?[AGE] years presented for a vote and considerations by the Advisory Committee on Immunization Practices (ACIP), June 2019 revealed . BOX. Considerations for shared clinical decision- making regarding use of 13-valent pneumococcal conjugate vaccine (PCV13) in adults aged ?[AGE] years PCV13 is a safe and effective vaccine for older adults .The remaining risk is a function of each individual patient's risk for exposure to PCV13 serotypes and the influence of underlying medical conditions on the patient's risk for developing pneumococcal disease if exposure occurs. The following adults aged ?[AGE] years are potentially at increased risk for exposure to PCV13 serotypes and might attain higher than average benefit from PCV13 vaccination, and providers/practices caring for many patients in these groups may consider regularly offering PCV13 to their patients aged [AGE] years who have not previously received PCV13: Persons residing in nursing homes or other long-term care facilities . On 3/25/20 at approximately 1:15pm, the Director of Nursing (DON) was asked about the facility's pneumococcal immunization program (PIP). The DON stated, I know we do not offer the pneumonia vaccine routinely. It's every five years. When queried how the facility track residents' pneumococcal immunization, the DON presented a one page document dated 10/19/19. Out of the 40 residents on the list only 17 residents had dates affixed next to their names. The DON explained that those were the dates of when the resident received the pneumonia vaccine. There was no documentation of what type of pneumococcal vaccines were given. Out of the 40, there were 16 residents with no dates affixed next to their names. The DON indicated their pneumococcal immunization statuses were unknown. When asked for documentations whether the resident refused the immunization or had received pneumococcal vaccines from another setting, no additional documentation was provided prior to the survey exit. Out of the 40, six residents had refused affixed next to their names and one resident had a due in 2019 written next to his name. Review of R1's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed R1 (age 71) was admitted on [DATE]. R1 was one of the 16 residents on the list whose pneumococcal immunization status was unknown. Further review of Section O0300A, Pneumococcal Vaccine revealed R1's pneumococcal immunization was not up to date. Review of Section O0300B indicated it was not offered. Review of R2's quarterly MDS dated [DATE] revealed R2 was admitted on [DATE]. R2 was one of the 16 residents whose pneumonia immunization status was unknown. Further review of the same document under Section O0300A, Pneumococcal Vaccine revealed R2's pneumococcal immunization was not up to date. Review of Section O0300B indicated it was not offered. Review of R3's quarterly MDS dated [DATE] revealed R3 (age 64) was admitted on [DATE]. Further review of the same document under Section O0300A, Pneumococcal Vaccine revealed R3's pneumococcal immunization was not up to date. Review of Section O0300B indicated it was not offered. R3 was on the Pneumococcal list as due in 2019 Review of R4's quarterly MDS dated [DATE] revealed R4 (age 66) was admitted on [DATE]. R4 was one of the 16 residents on the list whose pneumococcal immunization status was unknown. Further review of the same document under Section O0300A, Pneumococcal Vaccine revealed R4's pneumococcal immunization was not up to date. Review of Section O0300B indicated it was not offered. Review of R5's quarterly MDS dated [DATE] revealed R5 (age 67) was admitted on [DATE]. R5 was one of the 16 residents on the list whose pneumococcal immunization status was unknown. Further review of the same document under Section O0300A, Pneumococcal Vaccine revealed R5's pneumococcal immunization was not up to date. Review of Section O0300B indicated it was not offered. Review of the facility's undated Influenza and Pneumococcal Immunization policy revealed the policy did not address the current CDC recommendations in accordance to the national standards of practice. On 3/26/20 at approximately 1:35pm, the DON was asked about the above mentioned concerns. The DON confirmed that their policy was outdated and that it was going to be revised. The DON explained, I know I will start fresh with the whole program (referring to the PIP) and it starts with revising the policy. The Administrator added that they would definitely overhaul their PIP to reflect the most current CDC recommendations. The DON was also asked about the above mentioned MDS responses. The DON did not provide an answer.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.