

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555740</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PALM GROVE HEALTH CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1665 EAST EIGHTH STREET BEAUMONT, CA 92223</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop and implement policies and procedures for flu and pneumonia vaccinations.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to offer pneumococcal vaccines (PCV 13 and PPSV 23) timely for one of three sampled residents (Resident B) and failed to maintain current updated vaccine policies. These failures increased the potential for all residents including Resident B to not be protected against pneumococcal disease (a bacterial infection). Findings: On March 5, 2020, at 9:55 a.m., an unannounced visit was made to the facility for the investigation of one complaint. On March 5, 2020, beginning at 10:40 a.m., Resident B's record was reviewed and indicated Resident B was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The record indicated Resident B was [AGE] years old, and was not his own responsible party. The record indicated Resident B last received a pneumococcal vaccine in 2009 (eleven years prior). On April 10, 2020, at 2:42 p.m., the Director of Nursing (DON) was interviewed. The DON stated the facility did offer pneumococcal vaccines to residents, and the VA (Veterans Administration) sent residents' vaccine information to the facility. The DON stated the facility was supposed to ask the resident if they had the pneumococcal vaccine previously, and the VA's Registered Nurse or Social Worker verified the information. The DON stated the Infection Control Nurse (ICN) knew the schedule when the pneumococcal vaccines were supposed to be given to residents. On April 10, 2020, at 2:50 p.m., the ICN was interviewed and stated all residents of the facility that were [AGE] years and older should be offered the PPSV 23 vaccine. The ICN stated if the resident previously had a dose of the PPSV 23 vaccine, the facility was supposed to give the Prevnar 13 (PCV 13) vaccine first, wait one year and then give the PPSV 23 vaccine. During a concurrent record review, the ICN verified that Resident B's pneumococcal vaccines were not up-to-date and he was due now for the Prevnar 13 vaccine. The facility policy and procedure titled, Policy for Pneumonia Vaccine (New) was dated October 2014, and did not reflect all current vaccine guideline information. The policy indicated, adults [AGE] years of age and older who have not previously received pneumococcal vaccine or whose previous vaccination history is unknown should receive a dose of PCV13 first, followed by a dose of PPSV23, 6-12 months later. According to the CDC (Centers for Disease Control) current pneumococcal vaccine guidelines, CDC recommends pneumococcal vaccination for all adults [AGE] years or older. All adults [AGE] years or older should receive 1 dose of PPSV 23. In addition, clinicians should consider PCV 13 vaccination. For adults [AGE] years or older who do not have an immunocompromising condition and want to receive PCV 13 and PPSV 23. Administer 1 dose PCV 13 first then give 1 dose PPSV23 at least 1 year later. The following are potentially at increased risk of exposure to PCV 13 serotypes. Persons residing in long-term care facilities.		
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.