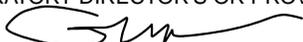


<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>165379</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>09/25/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>Edgewood Convalescent Home</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>513 BELL STREET PO BOX 39, EDGEWOOD, Iowa, 52042</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000  ✓  KBS	INITIAL COMMENTS  Correction date: <u>10/25/2025</u>  The following deficiency resulted from the facility's annual recertification survey and investigation of complaint #1714110-C conducted September 22, 2025 to September 25, 2025.  See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F0000		
F0883 SS = D	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.	F0883	Resident #7 has been offered the PCV20 vaccine and has accepted. Resident #36 has been offered the PCV20 vaccine and has accepted. All eligible residents have been offered the PCV20 as of 10/03/2025. Declinations are documented for those declining the vaccine. Those accepting will have the PCV20 administered by 10/25/2025.  Pneumococcal vaccines will be offered upon admission and annually to all eligible residents. The Director of Nursing or Infection Preventionist will monitor for compliance.  Identified concerns shall be reviewed by the facility's QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.	10/25/2025

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 reverse for further 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 Administrator	(X6) DATE 10/03/2025
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F0883 SS = D	<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 clinical record review, 2025 Disease Control and Prevention (CDC) Adult Immunization Schedule and staff interview, the facility failed to offer updated pneumococcal vaccination to 2 of 5 residents sampled (Resident #7 and #36). The facility identified a census of 41 residents.</p> <p>Findings include:</p> <p>1. Resident #7's Electronic Healthcare Record (EHR) Census Report showed he admitted to the facility on 7/16/24. Resident #7 Pneumococcal Immunization Informed Consent signed by the resident on 7/16/24 documented the resident had a Pneumococcal Polysaccharide Vaccine 23 (PPSV 23) vaccination on 12/02/13. The Consent Form lacked documentation Resident #7 had received the Prevnar 13, Prevnar 20, or a pneumococcal conjugate vaccine (PCV) 15 vaccination.</p> <p>Resident #7's Minimum Data Set (MDS) Dated 6/25/25 documented a Brief Interview for Mental Status (BIMS)</p>	F0883		

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F0883 SS = D	<p>Continued from page 2</p> <p>score of 6 out of 15 indicating a severe cognitive loss. The MDS documented diagnoses of multiple sclerosis, high blood pressure, diabetes mellitus, hemiplegia/hemiparesis (paralysis or weakness on one side of the body), and obstructive sleep apnea (OSA, a disorder where the upper airway collapses during sleep causing breathing to repeatedly stop and start). The resident's Admission Record revealed a diagnosis of chronic obstructive pulmonary disease (COPD, lung disease that causes airflow obstruction and breathing difficulties which can be complicated by lung infections). The MDS documented the pneumococcal vaccine had not been received and had not been offered.</p> <p>2. Resident #36's EHR Census Report showed she admitted to the facility on 9/04/20. Resident #36's MDS dated 8/07/25 showed a BIMS score of 15 out 15 indicating intact cognition. The MDS documented diagnoses of intraspinal abscess (a collection of pus that forms within the body's tissues) and granuloma (inflammatory cells that form around the spine), anemia, high blood pressure, diabetes mellitus, stroke, paraplegia, anxiety disorder, depression, morbid obesity, and narcolepsy (a chronic neurological disorder that affects the body's ability to regulate sleep and is characterized by excessive daytime sleepiness). The MDS documented the pneumococcal vaccine had not been received and had not been assessed.</p> <p>A 9/23/25 review of the EHR Immunizations revealed Resident #7 received the Pneumococcal 23 vaccination on 12/02/13. Resident #36 received the Pneumococcal 23 vaccination on 11/18/16.</p> <p>A 9/24/25 review of Resident #7 and Resident #36 Clinical Records (Progress Notes, Assessments, Immunizations and Miscellaneous Records lacked documentation either resident had been offered an updated pneumococcal vaccination.</p> <p>During an interview on 9/24/25 at 11:30 AM the Interim Director of Nursing (IDON) reported they had reviewed Resident #36 medical record and could not find any documentation an updated pneumococcal vaccination had been offered. She voiced the facility had not offered an updated pneumococcal vaccination to Resident #7. The IDON voiced they would start looking at pneumococcal vaccinations annually.</p> <p>On 9/24/25 the IDON provided a Pneumococcal Vaccination Policy and stated the facility policy was to assess pneumococcal vaccination upon admission.</p> <p>The Pneumococcal Vaccination Policy revised 12/20/24</p>	F0883		

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F0883 SS = D	<p>Continued from page 3 documented pneumococcal disease is known to lead to serious infections in the resident population (pneumonia, bacteremia (a condition where bacteria enter the blood that can be life threatening), meningitis (inflammation and swelling of the fluid and membranes around the brain and spinal cord) and because pneumococcal disease has proved resistant to antibiotics that were once effective in treatment, the facility would provide vaccination against pneumococcal disease to prevent the spread of infection. The Policy Procedure directed all persons, upon admission, would be assessed for receiving a PPSV and/or PCV vaccine and that current CDC recommendations as outlined in the policy would be followed. The Policy directed to administer an updated pneumococcal vaccination 15, 20, of 21 for all adults 50 years of age or older who have never received any pneumococcal conjugate vaccine or whose previous vaccination history is unknown.</p> <p>The 2025 CDC Adult Immunization Schedule specified Pneumococcal Vaccination Age 50 years of age or older who have not previously received a dose of PCV 13, 15, 20 of 21 should receive one dose of PCV 15, 20 or 21. If they previously received only the PPSV 23, one dose of PCV 15, 20, 21 should be administered one year after the last PPSV 23 dose.</p>	F0883		