STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A050	A. BUILDING _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAR VALLEY CARE CENTER	130 HOSPITAL LANE AFTON, WY 83110

(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
F 000	INITIAL COMMENTS A recertification survey was conducted by Healthcare Licensing and Surveys from 7/8/24 through 7/11/24.	F 000		
F 883 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. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal	F 883		7/24/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/30/2024

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F 883	Continued From page 1 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 a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (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 pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interview, and review of facility protocols and Centers for Disease Control and Prevention (CDC) immunization recommendations, the facility failed to ensure residents were offered pneumococcal immunizations based on CDC recommendations for 1 of 5 sample residents (#21) reviewed for immunizations. The findings were: 1. Review of the medical record showed resident #21 was admitted on 4/18/24 and was 93 years old. Further review of the medical record showed no evidence the resident had received pneumococcal vaccinations nor been offered pneumococcal vaccination since admission. During an interview on 7/10/24 at 3:28 PM the	F 883	F883- Influenza and Pneumococcal Immunizations A) Immediate Action Taken: Resident #21/family was provided education on the pneumococcal vaccine and consented to the pneumococcal vaccine and resident #21 received the updated vaccine on 7/10/2024.The education and administration of the vaccine was documented in the EMR. The infection prevention team performed an audit on 7/15/2024, to ensure that all residents were up to date on all vaccinations, including the pneumococcal immunization, according to the CDC guidelines.	

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F 883	Continued From page 2 infection preventionist (IP) stated the resident had the pneumococcal conjugate vaccine (PCV13) in 2018. She stated the facility followed CDC recommendations and confirmed the resident should have been offered pneumococcal vaccination. She stated "we missed that." On 7/10/24 at 5:10 PM the IP stated the resident's family was in the facility and had consented to the pneumococcal vaccination. 2. Review of the facility's protocol titled "Immunizations-Pneumococcal and Influenza (Adult Inpatient)," effective 6/2024, showed residents with prior pneumococcal vaccination of only PCV13 (at any age) should have PCV20 administered 1 year or later after the previous vaccination. 3. Review of "Adult Immunization Schedule by Age" by CDC located at https://www.cdc.gov/vaccines/schedules/hcp/adult.html (accessed 7/16/24) showed individuals 65 years or older who previously received only PCV13 should receive one dose of PCV20 or one dose of PPSV23.	F 883	B) The Potential to Affect Other Residents: The facility has determined that all residents have the potential to be affected by this practice. C) Systemic Changes: Education was provided to the vaccine manager and infection prevention team on 7/24/2024 indicating the importance of continual tracking, education, and documentation of up to date vaccinations, following CDC guidelines. All new residents will be educated on their vaccine status and offered any vaccines that are due upon admission by the Infection Prevention team. D) How Performance Will Be Monitored: A vaccine tracker spreadsheet was created that outlines all residents and provides dates for upcoming vaccine titers. This will be reviewed, as well as the medical record, monthly until substantial compliance is achieved.	