

DHSS - DHCQ 263 Chapman Road Suite 200 Newark, Delaware 19702 (302) 421-7400

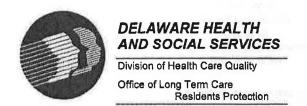
STATE SURVEY REPORT

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NAME OF FACILITY: Forwood Manor

DATE SURVEY COMPLETED: August 31, 2022

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION
	The State Report incorporates by reference	A. There were no residents	10/12/2022
	and also cites the findings specified in the	negatively impacted by	10/12/2022
	Federal Report.		
	Tours and the second	this deficient practice. R3	
	An unannounced Annual and Complaint Survey	and R4 will be offered and	
	was conducted at this facility from August 29,	administered (if war-	
		ranted) the pneumococcal	
	2022 through August 31, 2022. The deficien-	vaccine no later than	
	cies contained in this report are based on in-	9/19/22. Both of their	
	terview, record review and review of other fa-	medical records will be	
	cility documentation as indicated. The facility	updated accordingly.	
	census on the first day of the survey was	B. All resident are at risk of	
	twenty-nine (29). The survey sample totaled	being affected by this de-	
	six (6) residents.	-	
		ficient practice.	
	Abbreviations/definitions used in this state re-	C. Upon admission, during	
	port are as follows:	Flu season and annually	
	ED - Executive Director;	thereafter, all residents	
	ED - Executive Director;	will be offered the pneu-	
	Pneumococcal pneumonia - A common, but	mococcal vaccine Each	
	serious infection and inflammation of the	resident medical record	
	lungs. It is caused by the bacterium Strepto-	will be updated to reflect	
	coccus pneumonia.	that it was offered as well	
	coccus pricumonia.	as if they accept or de-	
3225	Regulations for Skilled and Intermediate Care	cline.	
JEEJ	Facilities		
		D. The DRC/designee will au-	
3225.1.0	Scope	dit all current resident	
		medical records to verify	
3225.1.2	Nursing facilities shall be subject to all appli-	each resident was offered	
	cable local, state and federal code require-	the pneumococcal vac-	
	ments. The provisions of 42 CFR Ch. IV Part	cine. If we have any resi-	
	483, Subpart B, requirements for Long Term	dent who were not, they	
	Care Facilities, and any amendments or modi-	will immediately be of-	
	fications thereto, are hereby adopted as the	fered the vaccine and this	
	regulatory requirements for skilled and inter-	will be documented in	
	mediate care nursing facilities in Delaware.	their medical record. The	
	Subpart B of Part 483 is hereby referred to,		
	and made part of this Regulation, as if fully	ED/designee will audit the	
	set out herein. All applicable code require-	findings weekly times 4	
	ments of the State Fire Prevention Commis-	weeks then monthly times	
	sion are hereby adopted and Incorporated by	2 months until 100% com-	
	reference.	pliance is achieved.	



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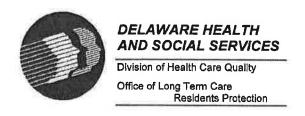
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SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3225.9.7	Infection Control The assisted living facility shall have on file evidence of vaccination against pneumococcal pneumonia for all residents older than 65 years, or those who received the pneumococ-		
	cal vaccine before they became 65 years and 5 years have elapsed, and as recommended by the Immunization Practice Advisory Committee of the Centers for Disease Control, unless medically contraindicated. All residents who refuse to be vaccinated against pneumococcal pneumonia must be fully informed by the facility of the health risks involved. The reason for the refusal shall be documented in the resident's medical record.		
	This requirement was not met as evidenced by: Based on record review, interview and review of other facility documentation, it was determined that for two (R3 and R4) out of six resi-		
	dents sampled for pneumococcal vaccines, the facility lacked evidence of the residents' pneumococcal pneumonia vaccines. Findings include:		
	1. 7/14/22 - R3 was admitted to the facility with a diagnosis of high blood pressure.		
	The facility lacked evidence that the pneumo- coccal pneumonia vaccine was offered to R3 or a record of declination. The admission record indicated "Immunizations up to date: No."		
	2. 7/19/21 - R4 was admitted to the facility with a diagnosis of a skin infection.		

Provider's Signature Thursda Monnell Fittle Executive Talk Date 9/21/22



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	The facility lacked evidence that the pneumo- coccal pneumonia vaccine was offered to R4 or a record of declination.		
	8/31/22 2:00 PM - During an interview, E10 (Regional Director of Clinical) confirmed that R3 and R4's pneumonia vaccines were not in evidence.		
	8/31/22 - Findings were reviewed with E1 (ED) and E10 at the exit conference, beginning at 2.35 PM.		



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