

Vaccine Quality Assurance Guidance

Overview

The Centers for Medicare & Medicaid Services (CMS) require that nursing home providers educate all residents on influenza, pneumonia, and educate all residents and staff on COVID-19 vaccines. If the resident or the staff consent to receive the vaccines, the nursing home must either administer the vaccine or aid in arranging for the vaccine to be given. In addition to the regulatory requirements, CMS also publicly posts data on the percent of residents and staff that are up to date on these vaccines.

This guidance along with the quality assurance worksheet will improve regulatory compliance and ensuring accuracy in data that is available to the public.

Monitoring Guidance

A1 - Numerator. The CDC recommends pneumococcal vaccines for **all adults 50 years or older**. To be up to date, the person must receive:

- PCV15
- PCV20
- PCV21

If the person has never had a pneumonia vaccine before, one of the above options should be administered. If the PCV15 vaccine is used, the individual will need an additional PPSV23 vaccine one year after receipt of the PCV15. If a PPSV23 is not available, a PCV20 or PCV21 may be given. Only one dose of a PPSV23 is necessary. If the person previously received a PPSV23 and a PCV15 dose, no additional vaccines are recommended.

There are no additional vaccines recommended if a PCV20 or PCV21 vaccine is administered.

Based on shared clinical decision-making (consult the resident's primary care physician), adults 65 years or older have the option to receive a PCV20 or PCV21 if they have received

- a PCV13 (but not PCV15, PCV20, or PCV21) at any age
- PPSV23 at or after the age of 65 years old

You can access the current CDC recommendations [here](#).

A3 - Numerator. The number of residents with their most recent MDS O0300A = 1 indicates that their pneumonia vaccination status is up to date.

- The percentage indicated in cell C4 is what should be publicly displayed and in

your iQIES reports.

- The percentage in the Vaccine Quality Assurance Worksheet from cell C2 should match the percentage in cell C4. If it does not, an MDS is not coded correctly and noncompliance may be cited under F641.

Note: There is not a separate reporting mechanism for resident pneumonia vaccination as the information is collected from the MDS.

A5 - Numerator. If the nursing home administered a pneumonia vaccine due to the resident not being up to date on their vaccination status, an informed consent must be included in their record. If the error percentage is greater than 0%, you may be cited for noncompliance under F883.

A7 - Numerator. If a resident is not considered up to date with their pneumonia vaccine status, they should have a form that indicated they were offered the vaccine and declined. Compliance for this requirement would result in the percentage being 100% which means that all forms are present in the resident's records justifying the vaccine was offered and declined. If you take this measure a further step, the MDS' for these residents should be coded correctly if O0300A = 0 and O0300B = 2.

If the resident is not eligible due to a medical contraindication, the percentage may be less than 100% but the MDS for O0300B should be coded as 1.

A9 - Numerator. Number of residents that are up to date with the influenza vaccine.

Note that the influenza vaccine is a seasonal vaccine and should be assessed from October 1 – March 31 annually. The resident is considered up to date if they've received the current year of seasonal influenza vaccine. [Here is a link](#) to the CDC's Influenza vaccine guidance for 2025 – 2026.

A11 - Numerator. Number of residents that are coded as up to date on the MDS. For Influenza vaccines, this is O0250A and it should be coded as 1 if the resident is up to date.

Note the percentage in cell C12 is what should be publicly reported as this data is collected from the MDS.

A13 - Numerator. Number of residents that have a signed consent to receive the influenza vaccine if it was administered to them in the nursing home. The denominator should only include individuals who were present in the nursing home during the most recent influenza season. If someone was admitted April 1, the nursing home should not offer the vaccine as it is outside of the Influenza season. If the error percentage is greater than 0%, you may be cited for noncompliance under F883.

A15 - Numerator. If a resident is not considered up to date with their influenza vaccine status, they should have a form that indicated they were offered the vaccine and declined. Compliance for this requirement would result in the percentage being 100% which means that all forms are present in the resident's records justifying the vaccine was offered and declined. If you take this measure a further step, the MDS' for these residents should be coded correctly if O0250C = 4.

If the resident is not eligible due to a medical contraindication, the percentage may be less than 100% but the MDS for O0300B should be coded as 1.

A17 – Numerator. The number of residents who are considered up to date with their COVID-19 vaccines is based on the CDC's current recommendations for vaccination. As of October 2025, the CDC recommends a COVID-19 vaccine from 2024-2025 for most adults ages 18 and older. Vaccination may be delayed if the individual had COVID-19 within the last 3 months (consult their primary care physician to determine if vaccination should be postponed). You can follow the most up to date information on the [CDC's Staying Up to Date with COVID-19 Vaccines](#) website.

According to NHSN, individuals 65 years and older and those who are moderately or severely immunocompromised are up to date when they have received 2 doses of the 2024-2025 vaccine or received 1 dose of the 2024-2025 vaccine within the past 6 months. Individuals younger than 65 years of age are up to date when they have received 1 dose of the 2024-2025 COVID-19 vaccine. You can view the NHSN definition as of December 30, 2024 [here](#).

A19 - Numerator. The number of residents with their most recent MDS O0350 = 1 indicates that their COVID-19 vaccination status is up to date.

- The percentage indicated in cell C20 is what should be publicly displayed and in your iQIES reports.
- The percentage in the Vaccine Quality Assurance Worksheet from cell C18 should match the percentage in cell C20. If it does not, an MDS is not coded correctly, and noncompliance may be cited under F641.

A21 - Numerator. If the nursing home administered a COVID-19 vaccine due to the resident not being up to date on their vaccination status, an informed consent must be included in their record. If the error percentage is greater than 0%, you may be cited for noncompliance under F887.

A23 - Numerator. If a resident is not considered up to date with their COVID-19 vaccine status, they should have a form that indicated they were offered the vaccine and declined. Compliance for this requirement would result in the percentage being 100% which means that all forms are present in the resident's records justifying the vaccine was offered and declined.

A25 - Numerator. For one week of each month, the nursing home must report information to the CDC's National Healthcare Safety Network (NHSN) on vaccination status (along with impacts for acute respiratory illness). This numerator includes the number of months that reporting was successfully completed over the last 12 months. Compliance would result in having 100% in cell C26.

A27 - Numerator. Similar to requirements for residents, employees must be educated on the COVID-19 vaccine with documentation maintained that the employee was provided this education along with offering the COVID-19 vaccine or providing information on where they can obtain the vaccine. Compliance would include 100% in cell C28 indicating that all employees were educated on the COVID-19 vaccine. The education should include the most recent CDC recommended COVID-19 vaccine.

A29 - Numerator. Annually by May 15, nursing homes must report the employee influenza vaccination summary to NHSN. The employees included in the reporting must have worked at least one day during the influenza season. For example if an employee worked 1 day from October 1, 2025 through March 31, 2026 they will be included in the reporting period that must be completed by May 15, 2026. 100% in cell C30 indicates compliance with the quality reporting program (QRP) requirements.

References:

American Psychiatric Association (2016. May 1) *Guideline on the Use of Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia*.

<https://psychiatryonline.org/doi/full/10.1176/appi.books.9780890426807.ap02>

CMS (Retrieved 2025. Aug 29). Medicare State Operations Manual Appendix PP.

<https://www.cms.gov/files/document/appendix-pp-state-operations-manual.pdf>.