

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2024
NAME OF PROVIDER OR SUPPLIER  John Scott House Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 233 Middle Street Braintree, MA 02184	

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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>43963</p> <p>Based on records reviewed and interviews for one of three sampled residents (Resident #1), who has an activated Health Care Proxy (HCP), the Facility failed to ensure that staff promptly notified Resident #1's Health Care Agent (HCA) when he/she experienced a change in status with a decline in condition, which resulted in the need for new physician's orders related to a change in his/her treatment plan.</p> <p>Findings include:</p> <p>Review of the Facility Policy titles, Change on Resident Condition, dated as last revised 06/2024, indicated that the Facility shall promptly notify the resident, his/her Attending Physician, and the resident's representative of changes in the resident's medical/mental condition and/or status.</p> <p>The Policy further indicated that unless otherwise instructed by the resident, the nurse will notify the resident's representative when there is a significant change in the resident's physical, mental, or psychosocial status.</p> <p>Resident #1 was admitted to the Facility in February 2023, diagnoses include Alzheimer's type dementia, acquired hypothyroidism with history of thyroid cancer, left parotid (salivary gland that sits in front of the ear) mass, dysphagia (difficulty swallowing), and chronic stage three (3) kidney disease (moderate loss of kidney function, often not reversible).</p> <p>Review of Resident #1's Physician Substitute Decision Making Form, dated 02/14/24, indicated his/her Health Care Proxy (HCP) had been invoked.</p> <p>Review of Resident #1's Annual Minimum Data Set (MDS) Assessment, dated 02/14/24, indicated he/she was severely cognitively impaired, had scored a 0 out of 15 (0-7 indicates severe cognitive impairment, 8-12 indicates moderate cognitive impairment, 13-15 indicates cognitively intact) on the Brief Interview for Mental Status.</p> <p>The MDS also indicated that Resident #1 only sometimes understood what was being asked of him/her and only sometimes made his/herself understood.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 07/17/24 at 3:33 P.M., Resident #1's Health Care Agent (HCA) said that on 03/20/24, she had received a phone call from a nurse at the Facility informing her that Resident #1 was exhibiting signs of a decline in condition.</p> <p>The HCA said that the nurse informed her that he/she had more lethargic, had been running a fever, and as of 03/18/24, Resident #1 required the use of oxygen via nasal cannula.</p> <p>The HCA said when the nurse called her on 03/20/24, that it was the first time she was made aware that Resident #1 was not feeling well and had needed oxygen. The HCA said she should have been informed of his/her medical decline as soon as he/she began exhibiting signs of the decline.</p> <p>Review of Resident #1's Nurse Progress Note, dated 03/18/24, indicated he/she had a fever of 102.1 degrees Fahrenheit (F), nursing administered Acetaminophen (Tylenol) as ordered with effect, and the physician had been notified.</p> <p>Review of Resident #1's Nurse Progress Note, dated 03/18/24 and written at 9:37 P.M., indicated that he/she was found to be sleepy for most of the shift, responsive to tactile stimuli, his/her oxygen saturation (Sat, fraction of oxygen-saturated hemoglobin relative to total hemoglobin in the blood) level was 88 percent (normal range 92 - 96%), and his/her temperature was 100 degrees F.</p> <p>The Note further indicated that the Nurse Practitioner (NP) had seen Resident #1 that shift and initiated new orders for the following; a stat chest x-ray due to hypoxia and fever; DuoNeb's (Ipratropium/Albuterol solution inhaled through a nebulizer) every four hours, and administration of oxygen at 2 Liters (L) via nasal cannula to keep his/her oxygen (O2) saturation levels above 90 percent.</p> <p>Review of Resident #1 Physician's Orders, dated 03/18/24, indicated to obtain a stat chest x-ray secondary to fever, hypoxia (low levels of oxygen in your body tissues), rhonchi (gurgling or bubbling sound typically heard during inspiration and expiration), provide oxygen at 2 L via nasal cannula to maintain oxygen saturation above 90 (%)percent and administer Ipratropium-Albuterol, 3 milliliters, inhale orally four times a day for congestion.</p> <p>Review of Resident #1's Nurse Progress Note, dated 03/19/24 and written at 9:19 P.M., indicated he/she had been lethargic, O2 sat level was 88 percent on room air, he/se required oxygen at 2 L, moist cough, and he/she ate poorly at breakfast.</p> <p>Further review of Resident #1's medical record and nurse progress notes, dated 03/18/24 and 03/19/24, indicated there was no documentation to support nursing notified the HCA of his/her decline in condition.</p> <p>During an interview on 07/18/24 at 1:41 P.M., Nurse #1 said that he would call to inform Resident #1's HCA with any changes in his/her condition, but could not recall notifying his/her HCA on 03/18/24 with the changes in Resident #1's medical condition.</p> <p>During an interview on 07/18/24 at 12 :57 P.M., the Unit Manager said that she was unaware if Nurse #1 had called to inform Resident #1's HCA of the decline in his/her condition on 03/18/24. The Unit Manager said it is the Facility's expectation that all changes in condition be reported to a resident's HCA in a timely manner.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/18/24 at 2:42 P.M., the Assistant Director of Nurses (ADON) said that the nursing staff should have informed Resident #1's HCA of the noted changes in condition on 03/18/24 and 03/19/24, including the abnormal vital signs and need for new physicians orders, in a timely manner.</p> <p>During an interview on 07/18/24 at 3:56 P.M., the Director of Nurses (DON) said that if a resident has an activated HCP, nursing staff are expected to call the HCA with any changes in condition, such as medication changes, treatment changes, and all other significant changes in the resident condition. The DON said that once a nurse either calls a physician or an HCA, a nurse progress note should be written.</p>		