

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 04/30/2024
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>48362</p> <p>Based on record review, interviews, and policy review, the facility failed to develop a person-centered plan of care which included trauma informed approaches and identified triggers to avoid potential re-traumatization for two Residents (#10, #100), out of a total sample of 23 residents. Specifically, the facility failed:</p> <ol style="list-style-type: none"> 1. For Resident #10, to identify triggers related to his/her known history of post-traumatic stress disorder (PTSD- a mental health condition that is triggered by an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being) to avoid potential re-traumatization; and 2. For Resident #100, to complete a trauma assessment resulting in the facility failing to provide trauma informed care. <p>Findings include:</p> <p>Review of the facility's policy titled Trauma Informed Care and Post-Traumatic Stress Disorder (PTSD), revised 9/2023, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> - The facility will strive to provide that residents who are trauma survivors receive culturally competent, trauma informed care in accordance with professional standards of proactive (sic) and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident. - Goal is establishing an atmosphere of calm and safety and attempt to avoid escalation of PTSD reaction. - The key to managing residents with history of trauma is interdisciplinary assessment and developing a good care plan based on knowledge of the resident. - The identification of problems, goals, approaches can best be determined by considering what is the best provision for direct care. - The care plan is reviewed at admission, the quarterly and in response to significant changes in the resident's condition. <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
---	-------	-----------

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 04/30/2024
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - The care plan review includes the entire interdisciplinary team and all levels of direct care staff. - Resident will be assessed upon admission to facility to identify any history trauma/PTSD. - If a history of trauma or PTSD is identified staff will develop a care plan inclusive of potential triggers and how to avoid re-traumatization. - Care plan will be reviewed at admission, quarterly, and in response to significant change. <p>1. Resident #10 was admitted to the facility in January 2023 with diagnoses including anxiety, depression, and PTSD.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 1/31/24, indicated that the Resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating the Resident was cognitively intact. Further review of the MDS assessment indicated Resident #10 had an active diagnosis of PTSD.</p> <p>During an interview on 4/30/24 at 9:05 A.M., Resident #10 said he/she had a history of PTSD and trauma related to childhood and adult events. Resident #10 said these incidents have resulted in anxiety and depression. Resident #10 said he/she sees a psychotherapist in the facility every other week who he/she can talk to as needed.</p> <p>Review of Resident #10's active Physician's Orders indicated but was not limited to:</p> <ul style="list-style-type: none"> - 2/2/23: May be seen by psych for evaluation, behavior, medication review and/or related testing and follow-up as needed. - 5/3/23: 1:1 Psychotherapy 2-4 times per month <p>Review of the Social History, Psychological and Spiritual Assessment, dated 2/1/23, indicated Resident #10 had a history of traumatic events related to childhood. Review of the assessment failed to indicate triggers related to the traumatic events. Furthermore, the Trauma/PTSD section of the evaluation was incomplete.</p> <p>Review of the annual Social History, Psychological and Spiritual Assessment, dated 1/17/24, indicated Resident #10 had a history of traumatic events related to childhood. Review of the assessment failed to indicate triggers related to the traumatic events. Furthermore, the Trauma/PTSD section of the evaluation was incomplete.</p> <p>Review of Resident #10's individualized care plan indicated a diagnosis of PTSD related to childhood and adult events. Further review of the care plan indicated trauma/PTSD potential triggers indicated on the Social Service Assessment. The care plan failed to indicate specific triggers related to Resident #10's trauma/PTSD history.</p> <p>(continued on next page)</p>		

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 04/30/2024
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's consultant Psychiatrist service notes, dated 1/15/24 and 4/22/24, indicated Resident #10 had diagnoses of PTSD, anxiety, and depression. The documentation indicated Resident #10 receives 1:1 psychotherapy visits in the facility. Further review of the documentation failed to indicate specific triggers related to Resident #10's trauma/PTSD.</p> <p>Review of the facility's consultant Psychotherapy service notes, dated 11/27/23, 12/13/23, 1/15/24, 1/24/24, 2/14/24, 2/19/24, 3/6/24, and 4/7/24, documented Resident #10's diagnoses including anxiety, depression, and PTSD. The documentation indicated Resident #10 continues to participate and benefit from services provided but did not indicate specifics related to traumas or the Resident's triggers.</p> <p>Review of the consultant Psychotherapy Treatment plan, dated 11/20/23, indicated Resident #10 has a history of PTSD related to family. The treatment plan indicated the continued use of psychotherapy services to help Resident #10 and provide emotional support. The treatment plan fails to indicate any triggers related to Resident #10's history of trauma and/or PTSD.</p> <p>Review of the medical record failed to indicate facility staff collaborated with the Resident representative, or any other health care professional that provided care to the Resident to gather information related to the Resident's PTSD to develop a person-centered plan of care that identified potential triggers or trauma with interventions to prevent re-traumatization.</p> <p>During an interview on 4/30/24 at 10:25 A.M., Nurse #2 said Resident #10 had diagnoses of trauma and PTSD. Nurse #2 said she did not know of any specific triggers related to Resident #10's trauma and PTSD history. Nurse #2 said she believed his/her trauma was related to relationships with his/her family members.</p> <p>During an interview on 4/30/24 at 11:02 A.M., the Director of Social Services said when residents come into the facility a social history and trauma assessment is completed. The Director of Social Services said documentation regarding a resident's history of trauma and/or PTSD would be listed on this assessment. The Director of Social Services said this assessment is completed on admission, annually, and as needed when new information is provided or discovered regarding trauma and/or PTSD history. The Director of Social Services said information related to triggers for a resident with trauma or PTSD history would be indicated on their care plan. The Director of Social Services and the surveyor reviewed the information for Resident #10 including care plans and trauma assessments. The Director of Social Services said the Social History, Psychological and Spiritual Assessment completed on admission was incomplete and did not reflect the Resident's triggers related to their PTSD history. The Director of Social Services said the identification of triggers should be clearly indicated on the assessment. The Director of Social Services said the Resident's care plan should better reflect triggers related to trauma and/or PTSD.</p> <p>49424</p> <p>2. Resident #100 was admitted to the facility in November 2023 with the following diagnoses: complete traumatic amputation of right lower leg, type II diabetes, cerebral palsy (neurological condition causing functional limitations), and muscular dystrophy (group of diseases that cause progressive weakness and loss of muscle mass).</p> <p>(continued on next page)</p>		

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 04/30/2024
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the most recent MDS assessment, dated 2/7/24, indicated the Resident was cognitively intact as evidenced by a BIMS score of 14 out of 15.</p> <p>Review of the medical record failed to indicate that a Social History, Psychological, and Spiritual Assessment in the medical record was completed.</p> <p>During an interview on 4/30/24 at 11:02 A.M., Social Worker #2 said she did not complete a psychosocial comprehensive assessment. She said the Resident was seen by the Consultant Psychotherapist. She said the only assessment completed was the information the Consultant Psychotherapist put in her progress note.</p> <p>During an interview on 4/30/24 at 11:09 A.M., Social Worker #1 said the facility and the Consultant Psychotherapist work collaboratively but the expectation is that a comprehensive psychosocial assessment is completed by a facility social worker. She said that there is different information included in the comprehensive psychosocial assessment such as an assessment for trauma. She said because the comprehensive psychosocial assessment was not complete the Resident was not assessed for trauma.</p> <p>During an interview on 4/30/24 at 11:41 A.M., Resident #100 confirmed that since admission no one assessed him/her for past trauma. He/she asked if the surveyor meant emotional or medical trauma (like hospitalization and sudden amputation). He/she said they experienced someone close to him/her dying suddenly in a homicide, he/she was in a serious accident resulting in serious injury, and witnessed a family member experience health issues that impacted him/her. The Resident said the Consultant Psychotherapist was aware of this history but unsure if facility staff were aware and he/she was never asked about triggers or how to avoid re-traumatization.</p>

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 04/30/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49425</p> <p>Based on observation, interview, policy review, and record review, the facility failed to follow Enhanced Barrier Precautions guidelines while performing wound care for one Resident (#51), out of one observed wound care treatment.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Enhanced Barrier Precautions, dated as new 4/29/24, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -Enhanced Barrier Precautions (EBP) refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities -EBP are used in conjunction with standard precautions and expand the use of Personal Protective Equipment (PPE) to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of Multi-drug Resistant Organisms (MDRO) to staff hands and clothing -EBP are indicated for residents with any of the following: <ul style="list-style-type: none"> -Infection or colonization with a Center for Disease Control (CDC) targeted MDRO when Contract Precautions do not otherwise apply -Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO -A wound or indwelling medical device without secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO <p>Resident #51 was admitted to the facility in December 2019 with diagnoses including Bullous Pemphigoid (formation of blisters between the skin layers).</p> <p>Review of the current Physician's Orders for April 2024 included the following:</p> <ul style="list-style-type: none"> -Maintain enhanced barrier precautions (wear gloves and a gown for the following high contact activities; wound care due to Extended spectrum beta-lactamase (ESBL) a bacteria colonized (presence of bacteria) in urine -Diprolene Ointment 0.5% apply to right breast topically every day and evening shift related to Bullous Pemphigoid -Diprolene Ointment 0.5% apply to right outer breast topically every day and evening shift related to Bullous Pemphigoid <p>(continued on next page)</p>

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 04/30/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-Diprolene Ointment 0.5% apply to right upper breast topically every day and evening shift related to Bullous Pemphigoid</p> <p>-Diprolene Ointment 0.5% apply to left breast topically every day and evening shift related to Bullous Pemphigoid</p> <p>On 4/29/24 at 3:11 P.M., the surveyor observed a sign on Resident #51's door that indicated but was not limited to the following:</p> <p>-Stop; Enhanced Barrier Precautions; Providers and staff must wear a gown and gloves for high contact care activities, including wound care</p> <p>On 4/29/24 at 10:56 A.M., the surveyor observed Nurse #1 provide wound care to Resident #51's bilateral breasts as follows:</p> <p>-Nurse #1 entered Resident #51 room and performed hand hygiene.</p> <p>-Nurse #1 cleansed the bedside table, put a barrier on the table, placed supplies and the Diprolene ointment on the barrier, removed her gloves and performed hand hygiene.</p> <p>-Nurse #1 then donned (applied) gloves, but was not observed to don a protective gown, and assisted Resident #51 with lifting her hospital gown.</p> <p>-Nurse #1 applied the ointment as ordered to Resident #51 right breast wound, doffed (removed) her gloves, performed hand hygiene and donned gloves.</p> <p>-Nurse #1 applied the ointment as ordered to Resident #51 right breast outer wound, doffed her gloves, performed hand hygiene and donned gloves.</p> <p>-Nurse #1 applied the ointment as ordered to Resident #51 right breast upper wound, doffed her gloves, performed hand hygiene and donned gloves.</p> <p>-Nurse #1 applied the ointment as ordered to Resident #51 left breast wound, assisted Resident #51 with lowering her hospital gown, doffed her gloves, and performed hand hygiene.</p> <p>At no time throughout the treatment did Nurse #1 don a protective gown.</p> <p>During an interview on 4/29/24 at 11:34 A.M., Nurse #1 said she should have had a protective gown on while providing wound care because Resident #51 is on EBP precautions for his/her wounds.</p> <p>During an interview on 4/29/24 at 11:39 A.M., the Assistant Director of Nursing (ADON) said her expectation is for gown and gloves to be worn while providing wound care for a resident on EBP precautions. She said Resident #51 wounds are not draining any fluid; however, he/she is on EBP precautions for an MDRO infection and gown and gloves are required to provide wound care.</p> <p>During an interview on 4/29/24 at 11:52 A.M., the Director of Nursing (DON) said wound care is considered a high contact care activity and her expectation is for staff to wear a gown and gloves while performing high contact care activities when a resident is on EBP precautions.</p>		

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 04/30/2024
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43935</p> <p>Based on record review, policy review, and interview, the facility failed to provide education, assess eligibility, and offer Pneumococcal Vaccinations per the Centers for Disease Control and Prevention (CDC) recommendations and facility policy for three Residents (#9, #67, and #52), out of a total sample of five residents. Specifically, the facility failed to ensure that staff offered, assessed, and provided education on the recommended 20-Valent Pneumococcal Conjugate Vaccine (PCV20) (an active immunizing agent used to prevent infection caused by certain types of pneumococcal bacteria).</p> <p>Findings include:</p> <p>Review of the facility's policy titled Infection Control, Pneumococcal Vaccine, dated as reviewed 9/2023, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> - residents admitted to or residing in the facility will be offered the Pneumococcal conjugate vaccine (PCV 13, PCV 15 or PCV 20) based on availability of the vaccine and the individual's previous vaccination history. This vaccine is only administered once for all adults. - the facility will adhere to the recommendations of CDC for the administration of pneumococcal vaccines. All precautions, allergy history, recommendations will be reviewed based on the latest Vaccine information sheet (VIS) from CDC. - the facility will have a system in place to assure the resident's receive additional immunizations at appropriate time intervals, as indicated. - the Director of Nurses (DON) will ensure the vaccines are offered and informed consent is obtained from each resident admitted to or residing in the facility, if immunization is appropriate and desired. - informed consent will include the most current literature available on the risks and benefits of the vaccine using the CDC VIS. <p>Review of the CDC website Pneumococcal Vaccine Timing for Adults greater than or equal to [AGE] years (cdc.gov), dated 3/15/23, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -For adults 65 and over who have not had any prior pneumococcal vaccines, then the patient and provider may choose Pneumococcal conjugate vaccine (PCV) 20 or PCV15 followed by Pneumococcal polysaccharide vaccine (PPSV) 23 one year later. -For adults 65 and over who has had Pneumococcal Conjugate Vaccine 13 (PCV13) and Pneumococcal Polysaccharide Vaccine 23 (PPSV23) and it has been 5 years or greater since the last Pneumococcal Vaccination, then the patient and the vaccine provider may choose to administer the 20-Valent Pneumococcal Conjugate Vaccine (PCV20). <p>(continued on next page)</p>		

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 04/30/2024
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/26/24 at 10:06 A.M., Unit Manager #2 said the immunization consents are done once upon admission and then not again. She said they are kept in the chart and the Infection prevention nurse (IPN) then comes and follows up on who needs vaccinations. She said the nurses complete the forms with the residents as part of the admissions process and from there the IPN takes care of any necessary follow up.</p> <p>During an interview on 4/26/24 at 10:44 A.M., Nurse #4 said when a new admission comes in the nurse admitting the resident completes the immunization consents and provides the residents with the Vaccine Information Sheet (VIS) that goes along with the vaccinations on the consent/declination form. She said she is unsure who takes over with ensuring the vaccinations are received or readdressed with the residents after that.</p> <p>Resident #9 was admitted to the facility in May 2022 and is [AGE] years old. The most recent Brief interview for Mental Status (BIMS), dated 2/14/24, indicated the Resident is cognitively intact with a score of 15 out of 15.</p> <p>Review of Resident #9's medical record indicated but was not limited to the following:</p> <ul style="list-style-type: none"> - immunization record indicated the Resident received PPSV 23 in 2014 - pneumococcal vaccine consent/declination in the record indicated in May 2022 the Resident signed to consent to PPSV 23, but there was no response to the PCV 13 vaccine and the PCV 20 vaccine was not an option at the time - there was no evidence in the record the PCV 20 vaccine had ever been offered to the Resident since admission to the facility in 2022 <p>During an interview on 4/26/24 at 11:32 A.M., Resident #9 said he/she gets all the vaccines offered to him/her. He/she said they were not aware they had the option to receive the PCV 20 vaccine and had not ever been provided information on it or been offered it and was interested in getting the information to remain fully vaccinated.</p> <p>Resident #67 was admitted to the facility in March 2021 and is [AGE] years old. Review of the most recent BIMS, dated 2/11/24, indicated the Resident was moderately cognitively impaired with a score of 9 out of 15 and his/her healthcare proxy (HCP) was activated.</p> <p>Review of the medical record indicated but was not limited to the following:</p> <ul style="list-style-type: none"> - pneumococcal vaccination consent/declination in the record, indicated the Resident had previously received the PPSV 23 and PCV 13 vaccinations in an unknown timeframe in November 2021, the PCV 20 vaccination was not indicated on the consent form on file - there was no evidence in the record the PCV 20 vaccine had ever been offered to the Resident or his/her HCP since November 2021 <p>(continued on next page)</p>		

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 04/30/2024
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/26/24 at 10:00 A.M., Unit Manager #1 said immunizations, including the pneumococcal vaccines are offered to residents once upon admission and not after that, that she is aware of. She said she keeps a book to track who signed to consent to vaccines and has received them. She said the vaccine consent form signed by Resident #67 did not include information or offer the Resident the PCV 20 vaccine at the time it was completed.</p> <p>Review of the medical record for Resident #67 including: notes, consents, care plans and orders failed to indicate the Resident or his/her responsible party was ever offered information to make an informed decision on the PCV 20 vaccination.</p> <p>Resident #52 was admitted to the facility in January 2024 and is [AGE] years old. Review of the most recent BIMS, dated 4/10/24, indicated the Resident was moderately cognitively impaired with a score of 11 out of 15 and his/her HCP was activated.</p> <p>Review of Resident #52's medical record indicated but was not limited to the following:</p> <ul style="list-style-type: none"> - immunization record failed to indicate any information regarding any of the pneumococcal vaccinations - pneumococcal vaccine consent/declination in the record indicated in January 2024 the Resident signed the form, but failed to complete the form indicating consent or declination of the PPSV 23, PCV 13, PCV 15 and PCV 20 vaccinations - there was no evidence in the notes, care plans, or orders that the Resident or his/her HCP had the vaccinations readdressed to determine whether or not the Resident would be receiving the vaccines <p>During an interview on 4/26/24 at 12:41 P.M., the IPN said the facility was having individual unit managers track their residents' vaccinations, but following admission, she did check to see if the resident's or their responsible parties signed to consent to any vaccines. She said there is no process for assuring the residents or their responsible parties are re-offered vaccinations following a declination or that the PCV 20 immunization was ever offered to any long-term residents once it became available. She reviewed the information and concerns with the surveyor regarding the lack of pneumococcal vaccinations being offered and said the process is clearly not working and needs improvement, since they are not meeting the CDC guideline as they should be.</p> <p>During an interview on 4/26/24 at 1:29 P.M., the Director of Nurses (DON) and IPN met with the surveyor. Upon review of the surveyor's concerns with the pneumococcal immunization program, the DON said the facility policy for pneumococcal vaccinations is not currently being followed as it should be and the process needed to be fixed.</p>