STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225080	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rivercrest Long Term Care	Deaconess Road W Concord, MA 01742

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 37086 Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who was assessed by nursing as being at high risk for falls, and whose comprehensive plan of care indicated the call bell was to be within his/her reach when he/she was in his/her room, the Facility failed to ensure staff consistently implemented and followed this intervention, when on 10/15/24, Certified Nurse Aide (CNA) #1 left Resident #1 alone in his/her room without a call bell within reach, Resident #1 fell , later complained of pain, and was diagnosed several days later with a fractured finger. Findings include: Review of the Facility's policy, titled Care Planning-Interdisciplinary Team, dated 09/2013, indicated that an individualized, comprehensive care plan would be developed for each resident. Review of the Facility's policy, titled Fall Prevention and Management Plan, dated 11/02/18, indicated the Facility assesses each resident for his/her risk of falls, designs a plan for care, and implements procedures to minimize falls and/or injury. Resident #1 was admitted to the Facility in November 2023, diagnoses included history of falls, and abnormalities of gait and mobility. Review of Resident #1's Fall Risk Assessment, dated 08/01/24, indicated he/she was assessed by nursing as being at high risk for falls. Review of Resident #1's Minimum Data Set (MDS) assessment, dated 08/01/24, indicated he/she required supervision/touching assistance for transfers and was moderately cognitively impaired with a score of 12 on the Brief Interview for Mental Status (BIMS- score of 13-15 suggests cognitively intact, 08-12 suggests moderately cognitively impaired, 00-07 suggests severe cognitive impairment). Review of Resident #1's Falls Care Plan, reviewed and renewed with his/her August 2024 Minimum Data Set (MDS) assessment, indicated he/she had an intervention, dated as initiated 12/21/23, for the call bell to be within his/her reach when he/she was in his/her room. Review of Resident #1's Certified Nurse Aide (CNA) Care Plan, undated, indicated to provide him/her with the call bell when in his/her room. (continued on next page)

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: 225080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Rivercrest Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE Deaconess Road W Concord, MA 01742	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #1's Post Fall Evaluation Form, dated 10/15/24 and completed by Nurse #2, indicated Resident #1 sustained an unwitnessed fall at 4:30 P.M., when he/she was found by nursing to be seated on the floor in his/her room. The Form indicated Resident #1's call bell was not within reach at the time of the fall and Resident #1 told nursing staff that he/she was trying to get into bed. The Form also indicated that Resident #1 had weakness/fatigue with recent fever/cold/cough due to recent Covid-19 illness. During a telephone interview on 11/14/24 at 3:42 P.M., Nurse #2 said she was the charge nurse on duty during the evening shift (3:00 P.M. through 11:00 P.M.) on 10/15/24 when she was told by another staff member that Resident #1 sustained a fall in his/her room. Nurse #2 said when she entered Resident #1's room, she observed the positions of the wheelchair, bed and bed side table, and she also observed that Resident #1's call bell was on the bed (toward the right side, opposite of where Resident #1 was seated). Nurse #2 said Resident #1 could not have reached his/her call bell from his/her wheelchair. Nurse #2 said Resident #1 used his/her call bell to request staff assistance. Review of the Post Fall Witness Statement, dated 10/15/24 and signed by Certified Nurse Aide (CNA) #1, indicated she had assisted Resident #1 to the bathroom at 4:10 P.M., then left Resident #1 in his/her room, per Resident #1's request. During a telephone interview on 11/14/24 at 2:14 P.M., Certified Nurse Aide (CNA) #1 said she worked at the Facility through a staffing agency and was assigned to care for Resident #1 on the evening shift of 10/15/24. CNA #1 said Resident #1 had used his/her call bell at 4:10 P.M. to request to go to the bathroom. CNA #1 said she assisted Resident #1 in the bathroom and following that, Resident #1 requested to stay in his/her room. CNA #1 said she left Resident #1 seated in his/her wheelchair in his/her room on the left side of his/her bed. CNA #1 said she did not know if Resident #1's call bell was left within his/her reach. CNA #1 said she was alerted by nursing a few minutes later that Resident #1 had sustained a fall in his/her room. Review of Resident #1's Nurse Practitioner (NP) note, dated 10/16/24, indicated Resident #1 reported discomfort to his/her left wrist which appeared to be bruised and discolored. During an interview on 11/14/24 at 11:30 A.M., Resident #1 said he/she used the call bell to request assistance from staff to go to the bathroom or to get in and out of bed. Review of Resident #1's x-ray report, dated 10/16/24, indicated there was no fracture of the left wrist, and no acute fractures throughout the left fingers. Review of Resident #1's Nursing Progress Note, dated 10/18/24, indicated Resident #1 continued to complain of left wrist and left finger pain. The Nurse Practitioner was notified and gave an order for another x-ray of Resident #1's left wrist and fingers to be done at the hospital. Review of Resident #1's hospital radiology report, dated 10/19/24, indicated an intra-articular fracture of the base of the proximal phalanx of the third digit (break in the bone between the second and third knuckle of the third finger). Review of Resident #1's Orthopedic Consult, dated 10/28/24, indicated to use a splint for comfort and weight bear as tolerated. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/14/24 at 1:55 P.M., Certified Nurse Aide (CNA) #3 said Resident #1 does use his/her call bell to alert staff of his/her needs. CNA #3 said staff were responsible to ensure Resident #1 had his/her call bell within reach when he/she was in his/her room. During a telephone interview on 11/15/24 at 2:37 P.M., the Director of Nurses (DON) said that Resident #1's call bell was not within his/her reach at the time of his/her fall on 10/15/24. The DON said it was her expectation that staff always follow each resident's plan of care.