

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  09/05/2024
NAME OF PROVIDER OR SUPPLIER  Rivercrest Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>41105</p> <p>Based on interview and record review the facility failed to ensure fall interventions were implemented for one Resident (#20) out of a total sample of 12 residents. Specifically, for Resident #20 the facility failed to ensure he/she was wearing non-skid socks and had a bed alarm in place, as indicated in the falls plan of care.</p> <p>Findings include:</p> <p>The facility policy titled Fall Prevention and Management, dated 11/2/18, indicated the following:</p> <p>-The Center assesses each resident for his or her risk for falls, designs a plan of care, and implements procedures to minimize falls and/or injury.</p> <p>B. Prevention.</p> <p>1. General safety precautions and interventions may include:</p> <p>e. Promoting resident use of non-slip footwear/proper shoes when ambulating.</p> <p>3. Prevention strategies to be implemented are listed on the plan of care.</p> <p>Resident #20 was admitted to the facility in November 2023 and had diagnoses that included a fall resulting in an L2 compression fracture and depression.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 8/1/24, indicated that on the Brief Interview for Mental Status exam Resident #20 scored a 12 out of a possible 15, indicating moderately impaired cognition. The MDS further indicated Resident #20 had no behaviors and for putting on/taking off footwear requires substantial/maximal assistance.</p> <p>Review of the record indicates that since admission Resident #20 has sustained 8 falls, including two that required hospitalization and one that resulted in a sternal fracture.</p> <p>Review of the current Falls care plan for Resident #20 indicated the following interventions:</p> <p>-Call light within reach when in room, start 12/21/23.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Offer/assist resident to BR (bathroom) upon rising after meals and before bed, start 12/21/23.</p> <p>-Keep room free of clutter, start 12/21/23.</p> <p>-Resident will have non-skid socks on at all times, start 1/21/24.</p> <p>-Non-skid markings to floor on each side of the bed, start 2/5/24.</p> <p>-Call, don't fall signs posted in room as a reminder to call for assistance, start 2/5/24.</p> <p>-Alarm mat to bed to remind resident to not rise unassisted, start 2/9/24.</p> <p>-Obtain urine to r/o (rule out) infection, start 3/18/24.</p> <p>-Consult Psych regarding aggressive behavior resulting in a fall, 3/18/24.</p> <p>-Alarm mat to w/c (wheelchair) as a reminder to not rise unassisted, start 6/3/24.</p> <p>-Staff reminders if a resident moves rooms, all equipment should go with them including alarms, start 6/27/24.</p> <p>Further review of the record failed to indicate Resident #20 refused to wear non-skid socks at all times.</p> <p>Review of the Falls report, dated 6/22/24, indicated the following:</p> <p>-Resident #20 sustained a fall in his/her bedroom on 6/22/24 at 7:15 P.M. A nurse was going to assist a resident in another room when she observed Resident #20 walking in his/her room from the bed to the wheelchair. According to the report Resident #20 was barefoot at the time of the fall and the bed alarm was not sounding because the Resident had had a recent room change and the alarm was not moved with the Resident.</p> <p>During an interview on 9/5/24 at 12:27 P.M., with Resident #20's Certified Nursing Assistant (CNA) #2, he said that Resident #20 is unsteady on his/her feet, requires staff assistance to put on socks and shoes and has no behavior of refusing assistance with dressing. CNA #2 said he was not working at the time of Resident #20's fall in June and was not sure what had occurred.</p> <p>During an interview 9/5/24 at 12:53 P.M., with the Nurse Unit Manager (#1) she said that when a resident has a room change, all their items and specialized interventions such as a bed alarm should be moved with them. She said that this had accidentally not happened when Resident #20 changed rooms in June, because the move was temporary. Nurse Unit Manager #1 said that if a resident is care planned to wear non-skid socks at all times, they should be wearing them and if not, the reason should be documented.</p> <p>During an interview on 9/5/24 at 1:14 P.M., with the Director of Nursing (DON) she said that she expects all care plan intervention to be followed and that Resident #20's bed alarm should have been moved with him/her when he/she changed rooms in June.</p>		