STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225147	A. Building B. Wing	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saugus Center	266 Lincoln Avenue Saugus, MA 01906

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36431 Based on record review and interview for one Resident (#120) out of three discharged resident records reviewed, out of a total sample of 27 residents, the facility failed to implement their abuse prohibition policy. Specifically, for Resident #120 the nurse failed to report an allegation of neglect to the Director of Nursing or Administrator as required. Findings include: Review of the facility's policy, entitled 'Clinical Services Subject: Abuse', Policy: It is the policy of the facility that each resident has the right to be free from abuse, neglect and misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and physical or chemical restraint not required to treat the resident's symptoms. It is the philosophy of all the facilities to encourage an environment that recognizes the special qualities of our residents and provides them with a safe environment. Definitions: Neglect means the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress. When any allegations of abuse, mistreatment, neglect misappropriation of resident property is observed, reported or suspected by any employees, the following steps will be implemented: 1. Immediately protect Resident from alleged abuse. 2. Immediate notify your administrative staff or nursing supervisor on duty of abuse allegation. 3. The Administrative staff/Nursing supervisor will immediately report all abuse allegations to the Administrator and Director of Nursing. Resident #120 was admitted to the facility in May 2023 with diagnoses that included but not limited to unspecified dementia and ileostomy status. Review of the MDS assessment dated [DATE] indicated staff assessed Resident #120 as having a severe cognitive impairment, was dependent on staff for bathing/showering, toileting and hygiene. Further, the MDS indicated Resident #120 had an ostomy appliance. Review of Resident #120's record indicated the following in a nursing progress note dated 6/13/24 at 07:43, Family called to complain that the colostomy bag being used is not exactly what we are using. The family member requested that a doctor should see the area around the ileostomy because of the redness around the skin. A new bag was changed at about 9pm (sic). Health Care Proxy said patient is being neglected. Every attention is being giving to ensure the safety of the residents. Unable to stay in bed or in his/her wheelchair. He/she is a fall risk. [sic] (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225147	A. Building B. Wing	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saugus Center	266 Lincoln Avenue Saugus, MA 01906

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/8/24 at 3:15 P.M., the Administrator said he received one grievance regarding Resident #120 but had no other concerns reported to him. The Administrator reviewed the nurse's note dated 6/13/24 and said he was not made aware of the allegation of neglect made to staff. The Administrator said the nurse should have reported the allegation to the Director of Nursing and Administrator immediately so they could report, investigate and go through the abuse process protocol. On 7/9/24 the surveyor called to interview the Nurse who wrote the 6/13/24 note but did not reach him and did not receive a return call.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225147	A. Building B. Wing	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saugus Center	266 Lincoln Avenue Saugus, MA 01906

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36431 Based on record review and interview for one Resident (#120) out of three discharged resident records reviewed, out of a total sample of 27 residents, the facility failed to report an allegation of neglect, no later than two hours after the abuse allegation was received, to the Department of Public Health. Findings include: Review of the facility's policy, entitled 'Clinical Services Subject: Abuse', Policy: It is the policy of the facility that each resident has the right to be free from abuse, neglect and misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and physical or chemical restraint not required to treat the resident's symptoms. It is the philosophy of all the facilities to encourage an environment that recognizes the special qualities of our residents and provides them with a safe environment. Definitions: Neglect means the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress. When any allegations of abuse, mistreatment, neglect misappropriation of resident property is observed, reported or suspected by any employees, the following steps will be implemented: 5. The facility will notify the Department of Public Health and Local Law Enforcement no later than two hours after an abuse allegation was received. Resident #120 was admitted to the facility in May 2023 with diagnoses that include but not limited to unspecified dementia and ileostomy status. Review of MDS assessment dated [DATE] indicated staff assessed Resident #120 as having a severe cognitive impairment, was dependent on staff for bathing/showering, toileting and hygiene. Further, the MDS indicated Resident #120 had an ostomy appliance. Review of Resident #120's record indicated the following in a nursing progress note dated 6/13/24 at 07:43, Family called to complain that the colostomy bag being used is not exactly what we are using. The family member requested that a doctor should see the area around the ileostomy because of the redness around the skin. A new bag was changed at about 9pm (sic). Health Care Proxy said patient is being neglected. Every attention is being giving to ensure the safety of the residents. Unable to stay in bed or in his/her wheelchair. He/she is a fall risk. [sic] During an interview on 7/8/24 at 3:15 P.M., the Administrator reviewed the nurses' note dated 6/13/24 and said he was not made aware of the allegation of neglect made to staff. The Administrator said the nurse should have reported the allegation to the Director of Nursing and Administrator immediately so they could report it through the Health Care Facility Report System within two hours of the allegation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225147	A. Building B. Wing	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saugus Center	266 Lincoln Avenue Saugus, MA 01906

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 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36431 Based on observation, record review and interview for two out of two applicable residents (#15 and #9) out of a total sample of 27 residents and one out of one applicable discharged Resident (#120), out of a total of three discharge residents, the facility failed to implement professional standards of practice for residents who have a colostomy or ileostomy. Specifically: 1. For Resident #15 the facility failed to have physician's orders for the care of his/her ileostomy including changing the appliance, 2. For Resident #9 the facility failed to have orders or documentation to indicate when the colostomy appliance was changed. and 3. The facility failed to ensure orders to indicate when the colostomy appliance is to be changed. Findings include: Review of the facility's policy, entitled Colostomy/Ileostomy Care not dated indicated the following: The purpose of this procedure is to provide guidelines that will aid in preventing exposure of the resident's skin to fecal matter. 1. Review the resident's care plan to assess for any special needs of the resident. 2. Assemble the equipment and supplies as needed. Documentation The following information should be recorded in the resident's medical record: 1. The date and time the colostomy/ileostomy care was provided. 2. The name and title of the individual who provided the colostomy/ileostomy care. 3. Any breaks in the resident's skin, signs of infection (purulent discharge, pain, redness, swelling, temperature), or excoriation of the skin. 4. How the resident tolerated the procedure. 5. If the resident refused the procedure, the reason(s) why and the intervention taken. 6. The signature and title of the person recording the data. Review of the [NAME](R) NURSING PROCEDURES - 9th Ed. (2023), indicated the following: 'Colostomy and ileostomy care' A patient with an ascending, transverse, or descending colostomy or an ileostomy must wear an external pouch to collect emerging fecal matter, which may be watery, pasty, or formed depending on location of the stoma. Besides collecting waste matter, the pouch helps to control odor and protect the stoma and peristomal skin. -Any pouching system should be changed immediately if a leak develops, and every pouch needs emptying when it's one-third full. The patient with an ileostomy may need to empty the pouch four or five times daily. The best time to change the pouch is in the morning before breakfast. After a few months, most patients can predict the best changing time. -The selection of a pouching system should take into consideration which system provides the best adhesive seal and skin protection of the individual patient. The type of pouch selected also depends on the stoma's location and structure, abdominal contours, availability of supplies, wear time, frequency of output, personal preference, patient and caregiver ability to manage the stoma and cost. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225147	A. Building B. Wing	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saugus Center	266 Lincoln Avenue Saugus, MA 01906

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 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Equipment Pouching system*water*soft cloths or gauze pads* gloves* facility approved ostomy skin assessment tool, *ostomy measuring guide*optional: pen, scissors, stoma paste or moldable barrier ring, closure clamp, clippers. Recommended ileostomy care found at:https://my.clevelandclinic.org/health/treatments/22496-ostomy indicates: -dependent on the type of pouch system - will need to change the bag every three to seven days or some bags are designed to be changed daily. When changing the bag, be sure to: >Wipe away any mucous on the stoma. >Use warm water, mild soap and a washcloth to clean the skin around the stoma. (Avoid soaps with fragrances and oils.) >Rinse the skin well. >Dry the area completely. -In addition to keeping the stoma clean, be sure to examine it daily to ensure it looks normal. -If changes in the stoma size, color or shape, is noticed, notify the healthcare provider immediately. 1. Resident #15 was admitted to the facility in August of 2023 with diagnoses that include but are not limited to Alzheimer's disease, lupus anticoagulant syndrome, muscle weakness, and colostomy complication unspecified. Review of Resident #15's Minimum Date Set (MDS) assessment dated [DATE] indicated staff assessed Resident #15 as having severely impaired cognition and required supervision/or touching assistance for personal hygiene and had one to three days of rejecting care. Further review of the MDS indicated on Section H bladder and bowel, appliance used as an ostomy. Review of Resident #15's care plans indicated the following: Resident has a colostomy on the left upper abdomen r/t (related to) confusion, disease process, dated 9/2/2023. Interventions included: -clean ostomy bed with each incontinence episode, colostomy care as needed dated 9/5/2023. Resident has potential for constipation r/t decreased mobility, dated 9/5/2024, with interventions that include Colostomy care per policy, dated 9/5/2023. Review of Resident #15's physician's orders indicated the following: -Enhance barrier precautions d/t (due to) ileostomy, dated 2/22/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225147	A. Building B. Wing	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saugus Center	266 Lincoln Avenue Saugus, MA 01906

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 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the physician's orders failed to indicate orders for the care and treatment of Resident #15's ileostomy. Review of the Medication Administration Record (MAR) for June 2024 and July through 7/8/24 failed to indicate documentation for the care and treatment for Resident #15's ileostomy. Review of the Treatment Administration Record (TAR) for June 2024 and July through 7/8/24 failed to indicate documentation for the care and treatment for Resident #15's ileostomy. During an interview on 7/8/24 at 7:33 A.M., Certified Nursing Assistant (CNA) #6 said only the nurses take care of the Residents colostomy bag, CNAs do not touch the colostomy or empty the bag, we just tell the nurses when it is full. During an interview on 7/8/24 at 8:34 A.M., Nurse #6 said for colostomy or ileostomy care we go by what is in the physician's orders and by facility policy. Nurse #6 said when it is (colostomy bag) full they remove and change the bag. Nurse #6 said they change the bags PRN (as needed). Nurse #6 said Resident #15 has a bag that can be drained. Nurse #6 did not say what the plan of care was for changing the appliance system and reviewed the orders and said she is shocked there are no orders in place and that at one point there had been orders for the colostomy treatment. During a subsequent interview on 7/08/24 at 12:24 P.M., Nurse #6 and the surveyor observed the ostomy supplies for Resident #15. Nurse #6 said they change the set and adhesive as needed. During an interview on 7/08/24 at 10:24 A.M., the Assistant Director of Nursing said the facility had two residents who have colostomies and require care. The ADON said Resident #15 peels it (colostomy appliance) off and the whole thing needs to be changed. The ADON said Residents who have colostomies should have physician's orders for specific care and treatment of the colostomy appliance. 2. Resident #9 was admitted to the facility in February of 2007 and has diagnoses that include but not limited to major depressive disorder, and volvulus (an abnormal twisting of a portion of the gastrointestinal tract, usually the intestine, which can impair blood flow). Review of Resident #9's Minimum Data Set (MDS) assessment dated [DATE] indicated staff assessed Resident #9's with a severely impaired cognition and required substantial/maximal assistance from staff for bathing and transfers. Further review of the MDS indicated Resident #9 had an ostomy appliance. On 7/3/24 at approximately 11:30 A.M., Resident #9's was in his//her bed and when asked about his/her colostomy, he/she pulled the colostomy bag from his/her left side revealing the colostomy bag expanded with air. Review of Resident #9's physician's orders indicated the following: -colostomy care every shift, related to volvulus, dated 1/31/21. -Enhance barrier precaution d/t (due to) colostomy, dated 2/22/2024. -monitor stoma site for infection every shift, dated 3/22/2023 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225147	A. Building B. Wing	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saugus Center	266 Lincoln Avenue Saugus, MA 01906

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 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the active physician's orders failed to indicate an order for changing of the ostomy appliance. Review of Resident #9's care plans indicated the following: -Resident has a colostomy, dated 2/21/2021, interventions included but not limited to colostomy care daily and change colostomy bag every 72 hours and PRN (as needed) dated 2/2/2021, monitor for colostomy drainage every shift. Review of the Treatment Administration Record (TAR) and Medication Administration Record (MAR) dated for June 2024 and July 1, 2024 through July 3, 2024. failed to indicate orders for changing the colostomy appliance. Review of Resident #9's progress notes for May 2024, June 2024 and July 1 through July 3, 2024 failed to indicate documentation of the colostomy appliance being changed. During an interview on 7/8/24 at 7:37 A.M., CNA #6 said anytime they see the colostomy bag full we call the nurse. CNA #6 said the nurse will do the colostomy care. CNA #6 said sometimes the Resident will take if off him/herself. During an interview on 7/8/24 at 8:42 A.M., Nurse #6 said for Resident #9 the nurses change the colostomy bag, drain it and clean it. Nurse #6 did not say what the treatment plan was for frequency of changing the appliance. 3. Resident #120 was admitted to the facility in May 2023 with diagnoses that include but not limited to unspecified dementia and ileostomy status. Review of MDS assessment dated [DATE] indicated staff assessed Resident #120 as having a severe cognitive impairment, was dependent on staff for bathing/showering, toileting and hygiene. Further review of the MDS indicated Resident #120 had an ostomy appliance. Review of Resident #120's medical record indicated the following: -A care plan, Resident has an alteration in gastro-intestinal status ileostomy dated 5/24/24. Interventions included but not limited to enhance barrier precautions d/t ileostomy dated 5/25/24, monitor site for S/Sx (signs and symptoms) of irritation and infection and updated (sic) MD (medical doctor) as needed dated 6/14/24. Review of the physician's orders indicated the following: Ileostomy care, keep clean dry, assess peristomal for s/s of infection every shift, dated 5/24/24. Further review failed to indicate a specific plan for changing the ileostomy appliance. During an interview on 7/8/24 at 4:45 P.M., Nurse #8 said residents with colostomy or ileostomies require the nurse to monitor the stoma and bowel sounds. Nurse #8 said Resident #120 would pull off his/her ileostomy requiring it to be changed. Nurse #9 said if it was not pulled off, she thought the appliance would be changed maybe every 24 hours. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225147	A. Building B. Wing	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saugus Center	266 Lincoln Avenue Saugus, MA 01906

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 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/9/24 at 8:42 A.M., Nurse #1 said when Resident #120 was admitted his/her family requested that the ileostomy bag be emptied and not to change the ileostomy appliance. Nurse #1 said the family said the appliance needed to be changed every three days. Nurse #1 said the family changed it and would use a heating pad for 10 minutes after changing the ileostomy appliance. Nurse #1 said the Resident would take off the ileostomy and then it would require to be changed more often. Nurse #1 said over time the stoma began to get red because the Resident was removing the ileostomy appliance. Nurse #1 said the family said the Resident was removing the ileostomy appliance because it was full, but that was not the case. During an interview on 7/9/24 at 10:06 A.M., Certified Nursing Assistant (CNA) #5 said he worked with Resident #120 and only once was able to empty the ileostomy bag. He said the Resident was removing the one-piece ileostomy and said because the ileostomy was being pulled off the new ileostomy no longer stuck to the skin. CNA #5 said the family changed the ileostomy appliance, would put on a powder then a heating pad. During an interview on 7/9/24 at 10:20 A.M., the Assistant Director of Nursing (ADON) said nursing practice for ostomy care is to empty the bag when one-third full, every shift and as needed. The ADON said they (nursing staff) have not been emptying the bags for residents and changing the appliances instead. The ADON said Resident #120 was known to remove his/her ileostomy therefore it was being changed and increasing the risk for skin irritation, which is what happened to Resident #120. The ADON said the order should reflect the specific plan for changing the appliance and the breakdown on what is required.