

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/17/2024
NAME OF PROVIDER OR SUPPLIER  M I Nursing & Restorative Center		STREET ADDRESS, CITY, STATE, ZIP CODE 172 Lawrence Street Lawrence, MA 01841	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 15016</p> <p>Based on observation, record review and interview, the facility failed to develop and implement the plan of care for two Residents (#140, #65) out of a total sample of 35 residents. Specifically:</p> <ol style="list-style-type: none"> <li>For Resident #140, the facility failed to develop a plan of care to address a diagnosis of post-traumatic stress disorder.</li> <li>For Resident #65, the facility failed to implement a physician's order for the use of shin guards.</li> </ol> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Resident #140 was admitted to the facility in May 2024, and had an active diagnosis of post-traumatic stress disorder (PTSD).</li> </ol> <p>Review of Resident #140's trauma informed care assessment dated [DATE], indicated he/she had a history of PTSD.</p> <p>Review of Resident #140's Minimum Data Set (MDS) assessment dated [DATE], indicated active diagnoses of PTSD, dementia, and psychotic disorder. The MDS also indicated a Brief Interview for Mental Status exam score of 3 out of 15, signifying severely impaired cognitive skills for daily decision making. Review of the MDS' PTSD assessment indicated staff did not identify, and left blank, triggers that could exacerbate the condition.</p> <p>Review of Resident #140's medical record indicated staff did not develop a care plan to address his/her diagnosis of PTSD.</p> <p>On 10/15/24 at 9:55 A.M., the surveyor observed Resident #140 lying awake in bed, and repeatedly bend and straightened his/her left leg. Resident #140 said he/she was not in physical pain and had a pleasant affect. Resident #140 was unable to answer any other of the surveyor's questions.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the MDS Coordinator on 10/16/24 at 1:35 P.M., she said that based on the MDS assessment Resident #140 had an active diagnosis of PTSD. The MDS Coordinator said this diagnosis should have resulted in staff creating a care plan to identify potential triggers that could lead to its exacerbation and interventions to manage the condition. The MDS Coordinator said staff had not developed a PTSD care plan for Resident #140.</p> <p>36797</p> <p>2. Resident #65 was admitted to the facility in October 2023 with diagnoses including deep vein thrombosis, Alzheimer's dementia and depression.</p> <p>Review of the Minimum Data Set assessment dated [DATE], indicated that Resident #65 is dependent on staff for lower body dressing and donning and doffing footwear. Further review indicated that Resident #65 scored a 9 out of 15 on the Brief Interview for Mental Status exam indicating moderately impaired cognition.</p> <p>Review of the physician's orders dated October 2024 indicated an order dated 4/18/24, to apply shin guards to bilateral lower extremities every day shift. Further review indicated an order dated 4/18/24, to remove bilateral shin guards every evening shift.</p> <p>Review of the care plan dated revised 9/24/24 indicated a focus problem of potential for skin impairment with an intervention of Shin Tubes to bilateral lower extremities. Apply upon rising and remove at bedtime.</p> <p>On 10/15/24 at 8:05 A.M. and 11:06 A.M. the surveyor observed Resident #65 in the dining room without shin guards in place.</p> <p>On 10/16/24 at 8:30 A.M., the surveyor observed Resident #65 in the dining room without shin guards in place.</p> <p>Review of the progress notes dated October 2024 failed to indicate Resident #65 refused the application of the shin guards. Further review of the progress note dated 10/15/24 indicated Resident #65 did not exhibit any unwanted behaviors.</p> <p>Review of the Medication Administration Record dated October 2024 failed to indicate that Resident #65 refused care or exhibited unwanted behaviors.</p> <p>During an interview on 10/17/24 at 7:30 A.M., the Director of Nursing said that the shin guards should have been applied as ordered.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45984</b></p> <p>Based on observation, record review and interview, the facility failed to implement the treatment orders for a pressure ulcer as recommended by the wound physician for one Resident (#4) out of a total sample of 35 residents. Specifically, the facility failed to implement updated recommendations to leave a pressure area on the right ischium (lower hip area) open to air for Resident #4.</p> <p>Findings include:</p> <p>Review of the facility policy titled Skin Program, revised and dated July 2024, indicated the following:</p> <ul style="list-style-type: none"> <li>- Residents who are admitted with or develop pressure areas will have a plan of treatment developed by the Unit Manager and Attending Provider. The provider will order a Wound Consult, after an evaluation, the wound physician/nurse will provide wound treatment recommendations.</li> <li>- Weekly documentation of wound physician treatments will be completed by the wound nurse.</li> </ul> <p>Resident #4 was admitted to the facility in January 2011 with diagnoses including multiple sclerosis, pressure ulcer, stage 4 and paraplegia.</p> <p>Review of Resident #4's most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated that the Resident had a Brief Interview for Mental Status score of 9 out of 15 indicating moderate cognitive impairment. Further review of Resident #4's MDS indicated that he/she is at risk for developing pressure ulcers/injuries, currently has one or more unhealed pressure ulcer/injury and requires assistance with all activities of daily living.</p> <p>Review of Resident #4's physician's order dated 9/13/24 indicated the following:</p> <ul style="list-style-type: none"> <li>- cleanse right ischium with wound cleanser, apply calcium alginate and cover with bordered foam. Apply triad to peri (perineum) area.</li> </ul> <p>Review of Resident #4's Treatment Administration Record for the month of October 2024 indicated the physician's order dated 9/13/24 had been implemented.</p> <p>Review of the wound physician's visit for Resident #4 dated 10/11/24 indicated the following:</p> <ul style="list-style-type: none"> <li>- Wound #7 Right, Ischium Pressure, Treatment Recommendations:</li> <li>- apply open to air (OTA) to base of wound, secure with leave open to air.</li> </ul> <p>Review of Resident #4's document titled Wound - Weekly Observation Tool, dated 10/11/24 written by the wound physician indicated the following:</p> <ul style="list-style-type: none"> <li>- Location: right ischium, current treatment plan: LOTA (leave open to air)</li> </ul> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #4's active physician's order failed to indicate the wound physician's recommendation from 10/11/24 to leave Resident #4's right ischium open to air.</p> <p>During an interview on 10/16/24 at 9:57 A.M., Nurse #3 and the surveyor reviewed Resident #4's treatment orders, Nurse #3 said she completed Resident #4's treatment's first thing this morning. Nurse #3 said she put on wound cleanser and calcium alginate on the ischium and then covered it with bordered foam.</p> <p>On 10/16/24 at 11:00 A.M., Nurse #3 and the surveyor observed Resident #4's treatment areas to his/her right ischium. The area was observed to be covered with border foam and treated.</p> <p>During an interview on 10/16/24 at 11:12 A.M., Nurse #3 said she completed the treatment as it was ordered and was not sure why the Wound Doctor's new treatment recommendations to leave the right ischium open to air were not transcribed into the electronic medical record.</p> <p>During an interview on 10/17/24 at 8:13 A.M., with the Director of Nursing (DON) and the Assistant Director of Nursing (ADON), the DON said the Wound Physician comes into the facility on Fridays. The DON said the nursing manager follows the Wound Physician and if any new treatment recommendations are made the nursing manager will document them and implement them into the medical record. The DON and ADON said Resident #4's new treatment recommendations to leave his/her right ischium area open to air was missed and was not transcribed correctly into the electronic medical record which resulted in the resident not receiving the correct treatment.</p>