STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225191	A. Building B. Wing	05/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Acton	One Great Road Acton, MA 01720

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 0644 Level of Harm - Potential for minimal harm Residents Affected - Some	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. 45429 Based on interview and record review, the facility failed to ensure a Level II [comprehensive evaluation that identifies the specialized services required] Preadmission Screening and Resident Review (PASRR-evaluation done if it was determined by the Level I [initial pre-screening] screen that a resident had an intellectual or developmental disability and/or serious mental illness [SMI] and if a resident was in need of additional support services at the facility) was submitted for one Resident (#48) out of a total sample of 25 residents. Specifically, for Resident #48, the facility staff failed to request a Level II PASRR evaluation when the Resident demonstrated an increase in behavioral, psychiatric, and mood-related symptoms resulting in a change to the Resident's plan of care. Findings Include: Review of the facility policy for Pre-Admission Screening and Resident Review; last reviewed 9/25/23, indicated the following: -as part of the PASRR process, the facility is required to notify the appropriate State Mental Health (SMH) authority when a resident with a mental disorder has significant change in their physical or mental condition. -Examples of individuals who may not have previously been identified by PASSR to a mental disorder .or related condition include but is not limited to: -A resident who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a mental disorder. -A resident transferred, admitted , or readmitted to a nursing facility following an inpatient psychiatric stay or equally intensive treatment. Resident #48 was admitted to the facility in February 2023 with diagnoses including: Unspecified Psychosis (a mental illness that causes abnormal thinking and perceptions. Psychotic illnesses alter a person's ability to think clearly, make good judgments, respond emotionally, communicate effectively, understand reality, and behave appropriately) not due to a substance or known physiological condition. (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

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F 0644 Level of Harm - Potential for minimal harm Residents Affected - Some	Review of Resident #48's Level I PASRR screen dated 2/14/23, indicated that he/she had a history of a Mood Disorder and Substance Disorder and did not meet criteria for Serious Mental Illness, therefore a Level II PASRR evaluation was not needed. Review of Resident #48's Social Services Progress Notes indicated the following: -On 3/1/23, Resident #48 was exit seeking at night, often packing clothes, confused behavior, refusing anti-psychotic medication (used to treat symptoms of psychosis such as delusions, hallucinations, paranoia, or confused thoughts) -On 5/9/23, the Resident was out of control verbally and physically, pacing the floor, banging their cane, having verbal outbursts, wanting to leave. Interventions attempted by staff, family and the behavioral health counselor were ineffective, and Resident #48 was transferred to the hospital for an evaluation. -On 5/16/23, Resident #48 was threatening their roommate and was given a Section 12 (transportation order to the hospital which allows for an individual to be brought against their will to the hospital for an evaluation by a physician or psychiatrist). Review of the hospital discharge paperwork, dated 5/13/23 to 5/15/23, indicated that Resident #48 was hospitalized for a psychiatric consultation after threatening to harm their roommate. Further review of the clinical record did not indicate that the PASRR Level I evaluation had been updated and submitted for Resident #48 review as required, after it had been identified that the Resident had a diagnosis of mental illness and had limitations in major life activities related to interpersonal functioning. During an interview on 5/23/24 at 10:02 A.M., Social Worker (SW) #1 said that a PASRR Level II screen request should have been submitted to the Department of Mental Health PASRR office and had not been, as required.

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F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45429 Based on record review, policy review, and interview, the facility failed to provide mental health services for two Residents (#60 and #2) out of a total sample of 25 residents, with a documented history of mental health concerns. Specifically, the facility failed to ensure its staff: 1. followed the facility Suicidal Precaution policy when Resident #60 had expressed suicidal ideation to staff members. 2. provided timely Behavioral Health Services for Resident #2 who was expressing multiple depressive symptoms during the comprehensive assessment. Findings include: 1. Review of the facility policy for Suicide Precautions, last reviewed 8/22/23, indicated that when a Resident has an expression of an intent to commit suicide: - Complete the P4 Suicidality Screener (suicide risk assessment). - Report findings to the Director of Nursing, Executive Director, Social Services and attending Physician. - Make resident responsible party aware of risk and verbalizations. - Based on risk category, implement the following: MINIMAL RISK: - Refer to mental health provider. - Develop an individualized care plan to address behavior. Resident #60 was admitted to the facility in January 2023 with diagnoses including Depression and Metabolic Encephalopathy (a brain dysfunction caused by problems with your metabolism) Review of Resident #60's Nursing progress notes indicated that on 1/30/24 the Social Worker notified the nurse that Resident #60 wanted to kill themselves. Further review of the progress notes indicated a late entry Social Services note, dated 2/1/24, documenting that the Resident was at minimal risk for self-harm. There was no further documented evidence in Resident #60's medical record that the facility policy had been followed related to: - completion of the P4 Suicidality Screener. (continued on next page)

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F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- that the findings were reported to the Director of Nurses, Executive Director, and attending Physician. - Resident #60's responsible party had been made aware of risk and verbalizations. - referral was made to a mental health provider regarding the suicidal expression. - care plan was updated to address Resident #60's behavior. During an interview on 5/23/24 at 10:02 A.M., Social Worker (SW) #1 and SW #2 said that the Physician had not been notified of Resident #60's suicidal statement and they should have been. During a follow up interview on 5/23/24 at 11:58 A.M., SW #1 said that they did not provide the appropriate treatment and services according to their facility policy on Suicide Precautions for Resident #60 and they should have. 48206 2. Review of the facility policy titled Behavioral Health Services, reviewed 8/22/23, indicated the procedure was to complete the nursing assessment and social services assessment upon admission/readmission, quarterly, and as needed a change in condition. The procedure indicated: -The facility should identify residents who [demonstrate] decreased social interaction and/or increased [withdrawal], angry or depressive behaviors, and may have made verbalizations indicating these. -Identify if a resident would benefit based on above assessment in conjunction with: mental health history and current medication regimen additional mental health consultation (psychiatry, psychology, clinical social work). -If a determined need is present, the facility should consult with attending physician to make referral to mental health professional for assessment and potential for ongoing follow-up. Resident #2 was admitted to the facility in May 2016 and had diagnoses including Parkinson's (a degenerative disorder of the central nervous system characterized by tremor and impaired muscular coordination), Schizoaffective Disorder Bipolar type (a severe mental disorder characterized by delusions [false beliefs], hallucinations [perception of sights, sounds, etc. that are not actually present], incoherence and physical agitation and also includes symptoms of mood disorder) and Delusional Disorder (false belief based on an inaccurate interpretation of an external reality despite evidence to the contrary). During an interview on 5/22/24 at 9:21 A.M., Resident #2 said to the Surveyor he/she felt depressed and said I am sad and I cry every morning, noon, and night. Review of the Minimum Data Set (MDS) assessment dated [DATE] indicated the Resident was cognitively intact as evidenced by a Brief Interview for Mental Status score of 14 out of a possible 15. The MDS further indicated the Resident reported depressive symptoms of little interest or pleasure in doing things, feeling depressed or hopeless, had trouble sleeping, felt fatigued, had a poor appetite, and always felt isolated or lonely from those around him/her. (continued on next page)

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F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #2's Psychotropic (medications used to treat mental health disorders) Medication Care Plan, last revised 1/3/24, indicated the Resident was being treated with psychotropic medications for behavior management, Schizophrenia, and Bipolar disease. The care plan included the intervention to refer to Psychiatric Nurse Practitioner for psychotropic medication management and Licensed Social Worker from Behavioral Health as needed. Review of the Resident's Care Plan for loneliness and isolation, initiated 3/28/24, included the intervention to consult with appropriate services. Review of the Psychosocial Note dated 3/28/24 indicated Resident #2 reported to Social Worker (SW) #2 that he/she was feeling lonely all the time and that he/she was seen regularly by Behavioral Health Services Nurse Practitioner. Review of the note failed to indicate that a referral for additional behavioral health support was made after the Resident expressed symptoms of psychosocial distress. During an interview on 5/28/24 at 1:11 P.M., SW #2 said he recalled the assessment with Resident #2 in March 2024 and said the Resident had expressed loneliness and depressive symptoms. He said Resident #2 was seen regularly by Behavioral Health and was scheduled to be seen every 2 months. He said that the Resident was seen by Behavioral Health on 3/14/24 but he did not refer the Resident for additional Behavioral Health services after his assessment on 3/28/24. Further review of the medical record indicated the Resident #2 was not evaluated until 5/14/24 by Behavioral Health services after the 3/28/24 MDS indicated increased symptoms of depression and feelings of isolation.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48206 Based on interview, record review, and policies reviewed, the facility failed to offer the Pneumococcal Vaccination as recommended to two Residents (#2 and #50) out of five applicable residents, in a total sample of 25 residents, putting the Residents at risk for developing facility acquired Pneumonia. Specifically, the facility failed to ensure that: 1. Resident #2 was offered an updated Pneumococcal vaccination within the appropriate timeframe as indicated by the CDC (Centers for Disease Control). 2. Resident #50 was offered any Pneumococcal vaccination after admission to the facility. Findings include: 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: - 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). Review of the facility policy titled Influenza Vaccine and Pneumococcal Vaccine Policy for Residents, revised 9/13/23, indicated the following procedure: -Each resident should be offered pneumococcal immunization, unless the immunization is medically contraindicated, or the resident has already been immunized. -There should be documentation in the medical record if there is reason to believe that the pneumococcal vaccine was given previously. -Refusals should be documented in the medical record. -The facility should re-address the refusal with the resident an/or resident representative each year to ensure they have not changed their decision. -These conversations should be captured in the medical record. 1. Resident #2 was admitted to the facility in May 2016 and was over the age of 65. (continued on next page)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Medical Record indicated Resident #2 had received the Prevnar-13 (PCV13) Pneumococcal Vaccine on 6/23/2016. Further review of the Medical Record failed to indicate that Resident #2 had a medical contraindication to or had been offered, received, or declined a Pneumococcal Vaccination since 6/23/2016. 2. Resident #50 was admitted to the facility in May 2019 and was over the age of 65. Review of the Immunization Report dated 5/28/24 for Resident #50 did not indicate any history of pneumococcal vaccinations being administered, offered, or refused. Review of the Massachusetts Immunization Information System (MIIS) Vaccine Administration Record, provided by the facility indicated Resident #50 had no history of receiving the Pneumococcal Vaccine. Further review of Resident #50's medical record failed to indicate that the Resident had a medical contraindication to or had been offered, received, or declined a Pneumococcal Vaccination. During an interview on 5/24/24 at approximately 10:30 A.M., the Infection Preventionist (IP) said the process is to obtain consent for Pneumococcal vaccinations on admission to the facility and she will do chart reviews and speak to the Resident's or their Responsible Parties regarding vaccination options. The IP said that documentation of vaccinations are noted in the electronic medical record under Immunizations and documentation of refusal of vaccinations will also be noted under Immunizations. During a follow-up interview on 5/24/24 at 12:41 P.M., the IP said that she was unable to provide evidence that Residents #2 and #50 had been offered, received, or declined updated pneumococcal vaccinations.