

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/26/2024
NAME OF PROVIDER OR SUPPLIER  River Terrace Rehabilitation and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1675 North Main Street Lancaster, MA 01523	

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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50563</p> <p>Based on record review and interview, the facility failed to ensure that the Minimum Data Set (MDS) Assessment was coded accurately for one Resident (#12) out of a total sample of 18 residents. Specifically, the facility failed to code all of the Resident's psychiatric and mood disorder diagnoses on four separate MDS Assessments.</p> <p>Findings include:</p> <p>Review of the Centers for Medicare and Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 (RAI) User's Manual (<a href="https://www.cms.gov/files/document/finalmds-30-rai-manual-v11811october2023.pdf">https://www.cms.gov/files/document/finalmds-30-rai-manual-v11811october2023.pdf</a>) indicated the following:</p> <ul style="list-style-type: none"> <li>-document all active diagnoses on the MDS</li> <li>-psychiatric/mood disorder</li> <li>&gt;anxiety disorder</li> <li>&gt;schizophrenia (e.g., schizoaffective and schizophreniform disorders)</li> <li>-active diagnoses in the last 7 days</li> <li>&gt;A medication indicates active disease if that medication is prescribed to manage an ongoing condition that requires monitoring or is prescribed to decrease active symptoms of a condition</li> </ul> <p>Resident #12 was admitted to the facility in April 2022, with diagnoses including Schizoaffective Disorder, Bipolar Type (a serious mental illness that combines both schizophrenia [affects how the person thinks and behaves with symptoms including hallucinations, delusions, disorganized thinking and speech, etc.] and mood disorder [causes manic and depressive episodes]).</p> <p>Review of Resident #12's Psychiatric Nurse Practitioner Visit Note dated 4/1/24, indicated the following:</p> <ul style="list-style-type: none"> <li>-a diagnosis of Anxiety Disorder.</li> </ul> <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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 225210	If continuation sheet Page 1 of 3

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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>-the recommendation to restart the Resident on Ativan (an antianxiety medication) due to increased symptoms of anxiety after discontinuation.</p> <p>Review of Resident #12's Physician Orders indicated:</p> <p>-an active order for Aripiprazole (an antipsychotic medication) 20 milligrams (mg) every evening, initiated on 2/29/24.</p> <p>-an inactive order for Ativan 0.5 mg daily, initiated on 4/2/24 and updated on 6/8/24.</p> <p>-an active order for Ativan 0.5 mg daily, initiated on 6/8/24.</p> <p>Review of Resident #12's Medication Administration Records indicated the following:</p> <p>-in March 2024 the Resident received Aripiprazole as ordered.</p> <p>-in June 2024 the Resident received Aripiprazole and Ativan as ordered.</p> <p>-in August 2024 the Resident received Ativan as ordered.</p> <p>-in November 2024 the Resident received Ativan as ordered.</p> <p>Review of Resident #12's MDS assessment dated [DATE] indicated:</p> <p>-Schizophrenia was not coded as an active diagnosis.</p> <p>-Antipsychotics were received on a routine basis.</p> <p>Review of Resident #12's MDS assessment dated [DATE] indicated:</p> <p>-Schizophrenia and Anxiety were not coded as active diagnoses.</p> <p>-Antipsychotics were received on a routine basis.</p> <p>-Antianxiety medication was in use.</p> <p>Review of Resident #12's MDS assessment dated [DATE] indicated:</p> <p>-Anxiety disorder was not coded as an active diagnosis.</p> <p>-Antianxiety medication was in use.</p> <p>Review of Resident #12's MDS assessment dated [DATE] indicated:</p> <p>-Anxiety disorder was not coded as an active diagnosis.</p> <p>-Antianxiety medication was in use.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/26/24 at 11:20 A.M., the MDS Nurse said the facility followed the RAI manual and did not have a formal policy for MDS completion. The MDS Nurse further said the following:</p> <ul style="list-style-type: none"> <li>-the 3/9/24 MDS Assessment should have been coded with Schizophrenia as an active diagnosis, but it was not.</li> <li>-the 6/6/24 MDS Assessment should have been coded with Schizophrenia and Anxiety Disorder as active diagnoses, but it was not.</li> <li>-the 8/29/24 and 11/27/24 MDS Assessments should have been coded with Anxiety Disorder as an active diagnosis, but they were not.</li> </ul>