STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 48084 Based on observation and interview, the facility failed to ensure Resident #70 was provided with a dignified dining experience. Findings include: Review of the facility's policy titled Dignity, dated as last revised 8/1/23, indicated but was not limited to the following: -Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. -Residents are provided with a dignified dining experience. -Demeaning practices and standards of care that compromise dignity are prohibited. -Staff are expected to promote dignity and assist residents. -Staff are expected to treat cognitively impaired residents with dignity and sensitivity. Review of the facility's policy titled Assistance with Meals, dated as last revised 8/1/23, indicated but was not limited to the following: -Residents who cannot feed themselves will be fed with attention to safety, comfort, and dignity. Review of the facility's policy titled Assisting the Resident with In-Room Meals, dated as last revised 8/1/23, indicated but was not limited to the following: -Review the resident's care plan and provide for any special care needs of the resident. -Arrange dishes and silverware so that they can be easily reached by the resident. (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
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #70 was admitted to the facility in November 2017 with diagnoses which included cerebral infarction (stroke) with hemiparesis and hemiplegia (weakness and paralysis) affecting right dominant side, visuospatial deficit and spatial neglect following intracerebral hemorrhage (brain bleed), and failure to thrive. Review of the Minimum Data Set (MDS) assessment, dated 2/3/24, indicated Resident #70 was rarely or never understood and was unable to complete the Brief Interview for Mental Status (BIMS). Additionally, the Resident's cognitive skills for daily decision making was severely impaired and he/she had impairment on one side and required supervision/touching for eating. The surveyor made the following dining observations: -4/16/24 at 12:30 P.M., Resident #70 was sitting in a reclining Broda chair (specialty wheelchair for positioning) in the corner of the day room alone, slumped over in the chair; their lunch meal was placed on an overbed tray table and staff walked away. Resident then picked up the adaptive lip plate (plate with high edge to contain food) and spilt the entire plate of food on his/her chest and lap, down their legs, and on the floor. Resident was observed to be playing with the food on his/her lap and staff did not intervene to clean up the spilt food, did not call the kitchen for another meal or provide the Resident with assistance to eat anything else. -4/17/24 at 8:05 A.M., Resident #70 was sitting in a reclining Broda chair in the corner of the day room alone. At 8:23 A.M., the nurse cut up the Resident's breakfast, placed the meal on the overbed tray table, and walked away. The Resident was observed self-feeding dry cereal from an adaptive blue bowl which was on the left side. The plate with the main meal was on the right side. Dry cereal was spilt on their clothing protector. No staff offered assistance with feeding or cues to eat anything on the plate. -4/17/24 at 12:42 P.M., Resident #70 was sitting slouched over in a reclining Broda chair in the corner of the day room alone. The Resident's right shoe was off and on the floor in front of the chair. No staff attempted to put the shoe back on. One staff member sat down next to the Resident, however, provided no assistance or verbal cues. The Resident was self-feeding ice cream which was on the left side. The plate with the main meal was on the right side and untouched. The Resident was observed to be leaning forward to reach the table to gather food as the table was not positioned so food was within easy reach. A Certified Nursing Assistant (CNA) was observed standing next to the Resident, offered one bite of food from the main plate (which Resident accepted), and walked away. No further assistance was provided. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-4/18/24 at 8:35 A.M., Resident #70 was sitting slouched over in a reclining Broda chair in the corner of the day room alone. The meal was placed on the overbed tray table and the staff walked away. Dry cereal in blue adaptive bowl was on the left side and plate with the main meal was on the right side. Resident fed self the dry cereal; clothing protector had spilt food on it. Staff did not provide assistance or cues with eating. At 8:55 A.M. CNA #10 cleaned up the breakfast trays from the other residents in the day room and removed table linens. She looked at Resident #70 sitting in the reclining Broda chair not eating or being fed and left the room. Resident #70 was left in the day room with their meal still on the overbed tray table, food spilt on the clothing protector and no one to assist him/her with eating. At 9:53 A.M., Resident #70 pushed the overbed tray table away. Resident #70 remained in the day room unsupervised, unassisted, with clothing protector on with food on it until 10:01 A.M. when CNA#10 removed the plate, cups, and clothing protector. The Resident was left in the corner of the day room alone. Review of Resident #70's medical record including physician's orders, progress notes, and flow sheets indicated but were not limited to the following: -HCC (diabetic) Diet lipped plate with all meals (8/26/20). -Dietitian note dated 2/7/24 indicated resident was dependent on nursing staff for eating. Suction bowl and lip plate provided at meals to help with self-feeding. -CNA flow sheet indicated Resident was provided with moderate assistance for eating. Review of the Comprehensive Care Plans for Resident #70 indicated but were not limited to the following: -FOCUS: VISION: Visual Impairment related to CVA (stroke) with right side visual neglect. -INTERVENTIONS: Please place objects in my field of vision-towards my left side. -FOCUS: ACTIVITIES OF DAILY LIVING (ADL): Assist -INTERVENTIONS: Dependent during meals. During an interview on 4/18/24 at 8:55 A.M., CNA #10 said sometimes they help Resident #70 eat, but it depends on his/her mood. She said he/she is not always a feed and doesn't eat much. During an interview on 4/18/24 at 10:15 A.M., Unit Manager #3 said Resident #70 is a mix of supervision, assist, and feed; it depends on the day. She said staff should be providing assistance and allowing him/her to do what they can but still helping as needed. She said he/she has right-sided visual impairment so leaving the plate on the right side is not good. Additionally, she said staff should be promptly cleaning up spills and food as it is not very dignified to sit with food all over one's lap, he/she should not always be left in the corner alone and someone should have fixed his/her sneaker when it was on the floor. She said that is an unacceptable dining experience. During an interview on 4/18/24 at 10:25 A.M., Nurse #6 said Resident #70 likes cereal and tries to eat that independently, but the staff should be offering the other food. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/18/24 at 1:30 P.M., the Assistant Director of Nursing (ADON) said Resident #70 should not be sitting alone with food on their lap during or after meals and should be provided with assistance to eat. Additionally, he/she has right-sided vision concerns so they should be moving plate to the left and helping with meals. During an interview on 4/18/24 at 2:40 P.M., the Director of Nurses (DON) said it is not very dignified to have food on his/her lap and floor surrounding a resident and staff should have provided assistance for a better dining experience.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 48084 Based on interviews, review of grievance documentation, and policy review, the facility failed to formulate a grievance timely for concerns brought forward by Resident #6 regarding missing hearing aids. Findings include: Review of the facility's policy titled Loss or Damage to Resident's Dentures, Hearing Aids and/or Eyeglasses, undated, indicated but was not limited to the following: -The Social Worker (SW) for the unit the resident resides in needs to immediately be informed by the resident, responsible party, unit manager (UM) or nurse. -The Social Worker will immediately inform the Administrator and a formal grievance will be written followed by an immediate investigation. Review of the facility's policy titled Lost and Found, dated as last revised 8/1/23, indicated but was not limited to the following: -Facility shall assist all residents in safe-guarding their personal property. -Resident or family complaints of missing items must be reported to the Director of Nursing (DON). Review of the facility's policy titled Grievance/Concern, dated as last revised 10/30/20, indicated but was not limited to the following: -The Grievance Policy refers to documenting and acting on specific complaints or concerns voiced by residents, staff, and families. Listening to concrete needs, addressing them with appropriate team member(s), and resolving them are the principal components and nature of the policy. -All grievances generated in the past 24 hours will be discussed at morning meeting and assigned to the responsible person to do the interview/search and recovery. -The Administrator reviews the grievance and refers appropriate staff members for investigation and timely action is taken. -The Director of Social Services maintains a Grievance Log in the Social Service Director's office. Review of the facility's Grievance Report, dated as last revised 8/22/18, indicated but was not limited to the following: -This form shall be utilized to provide written documentation of any concerns expressed by residents, resident representative or staff member and record the follow up action taken and results thereof. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Documentation of Concern: Type includes but was not limited to: Hearing Aids. -Staff members need to be interviewed starting the shift prior of grievances up to 72 hours prior, both nurses assigned / certified nursing assistant depending on the nature of the grievance. -Grievance should be reported to the Supervisor, DON, and Administrator. -Investigation/Actions of Grievance included but were not limited to interview staff involved, interview resident, Resident property protected from further occurrence. Resident #6 was admitted to the facility in February 2021 with diagnoses which included cerebral infarction (stroke) with hemiparesis and hemiplegia affecting left side (weakness and paralysis). Review of the Minimum Data Set (MDS) assessment, dated 2/10/24, indicated Resident #6 scored a 13 out of 15 on the Brief Interview for Mental Status (BIMS) indicating he/she was cognitively intact and wore hearing aids. Review of the Resident's Comprehensive Care Plan indicated he/she had a communication deficit, was hard of hearing and wore hearing aids. Additionally, the care plan indicated staff should ensure hearing aids were clean and batteries were functioning. During an interview on 4/16/24 at 1:33 P.M., Resident #6 said both of his/her hearing aids were missing. He/she said they were on the table over the weekend and then they were gone. Resident #6 said Nurse #3 was notified yesterday (4/15/24). Review of the grievance book failed to indicate a grievance for the missing hearing aids had been completed. Review of the nursing progress notes failed to indicate the Resident was missing his/her hearing aids. During an interview on 4/17/24 at 3:29 P.M., Nurse #3 said the missing hearing aids were reported to her yesterday, but she had not searched the room yet. Additionally, she said she had not completed a missing item report because she had not looked for them yet. She said usually if they don't find something by the next day or so, they will report it. She said she did not report the missing hearing aids to anyone including the UM, SW, DON, or Administrator yet. During an interview on 4/18/24 at 10:57 A.M., Resident #6 said Nurse #3 found them a few minutes ago (Three days after the Resident said they were reported missing). During an interview on 4/18/24 at 10:57 A.M., UM #2 said she was not notified the hearing aids were missing until yesterday afternoon. She said immediately after a Resident reports a missing item, especially hearing aids, glasses, or dentures, all departments should be notified, including kitchen, laundry, and housekeeping so they can look on trays, laundry and in the trash for them. She said the room should be searched immediately, the UM, SW, DON, and Administrator should be notified, a progress note written, the family should be notified, and the grievance form filled out. She said the grievance was not filed for the missing hearing aids and it should have been done when the nurse was notified by the Resident that the hearing aids were missing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/18/24 at 2:16 P.M., the Assistant Director of Nurses (ADON) said she was not aware of the missing hearing aids. She said the grievance should be initiated immediately by whomever is notified. She said the room should be immediately searched and all departments should be notified right away. Additionally, she said the investigation should include all staff that took care of the Resident for the 72 hours prior. She said the process should be done right away and not the next day or the day after. During an interview on 4/18/24 at 2:30 P.M, the DON said she was not aware of the missing hearing aids. The DON said the grievance for missing items should be done right away and that would include searching the room, investigating, and notifying all departments. She said it should not wait until the next day or so; people don't understand how important hearing and vision are until they suddenly have it taken away and that is very detrimental to a resident's care. She said the Resident should not have had to wait days before anyone looked for the hearing aids. She said luckily, they found them today, but they could have ended up in the trash or gotten broken going through the laundry because no one was notified to search for them the other day when they should have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 43935 Based on record review and interview, the facility failed to accurately complete the Minimum Data Set (MDS) assessment for three Residents (#106, #107, and #52), out of 26 sampled residents. Specifically, the facility failed: 1. For Resident #106, to ensure the use of bed and chair alarms were coded on the MDS; 2. For Resident #107, to accurately document the use of chair and bed alarms on the MDS; and 3. For Resident #52, to identify bilateral hand contractures (shortening and hardening of tissues leading to rigidity of joints) on the MDS. Findings include: 1. Resident #106 was admitted to the facility in November 2022 with the following diagnoses: Acute on chronic congestive heart failure, benign prostatic hyperplasia, and frequent falls. Review of the current Physician's Orders for Resident #106, dated 4/17/24, indicated but were not limited to: -Bed alarm: check placement and functioning of alarm every shift (2/17/2023) -Chair alarm: check placement and function of alarm every shift (4/17/2023) During the survey, the surveyor made the following observation of Resident #106: 4/16/24 at 9:28 A.M., Resident alert and awake, lying in bed with head of bed elevated, bed alarm in place. 4/16/24 at 12:20 P.M., Resident alert, lying in bed, with bed alarm in place. 4/17/24 at 8:09 A.M., Resident in bed, bed alarm in place. 4/17/24 at 11:33 A.M., Resident alert, lying in bed, bed alarm in place. Review of the Treatment Administration Record (TAR) for Resident #106 from January 2024 through April 17, 2024, indicated that a licensed nurse verified the placement and function of a bed alarm and chair alarm for the Resident each day. Review of the most recent MDS assessment, dated 1/20/24, failed to indicate under section P, Restraints and Alarms that Resident #106 used a bed or chair alarm. During an interview on 4/17/24 at 3:11 P.M., the MDS Nurse reviewed the medical record and MDS for Resident #106 and said an error was made on the MDS; the Resident does use alarms and a modification of the MDS was required for it to be accurate. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Resident #107 was admitted to the facility in October 2022 with the following diagnoses: dementia, difficulty walking, and muscle weakness. Review of the Physician's Orders for Resident #107, dated 4/17/24, indicated but were not limited to the following: -Chair alarm: check placement and function of alarm every shift (4/24/23) -Bed alarm: check placement and function of alarm every shift (4/24/23) During the survey, the surveyor made the following observations of Resident #107: 4/16/24 at 8:12 A.M., Resident alert and awake, sitting in the hallway in his/her wheelchair with chair alarm in place. 4/16/24 at 3:42 P.M., Resident alert, sitting in his/her wheelchair in their room, visiting with family, chair alarm in place. 4/17/24 at 9:04 A.M., Resident alert and awake, sitting in the hallway in his/her wheelchair with chair alarm in place. Review of the TAR for Resident #107 from January 2024 through April 17, 2024, indicated that a licensed nurse verified the placement and function of a chair alarm and bed alarm for the Resident each day. Review of the most recent MDS assessment, dated 3/2/24, failed to indicate under section P, Restraints and Alarms that Resident #107 used a chair or bed alarm. During an interview on 4/17/24 at 3:11 P.M., the MDS Nurse reviewed the medical record and MDS for Resident #107 and said an error was made on the MDS; the Resident does use both a chair and bed alarm daily and modification of the MDS was required for it to be accurate. 36542 3. Resident #52 was admitted to the facility in August 2020 with a diagnosis of Parkinson's disease (disorder of the central nervous system that affects movement). During an interview with observation on 4/18/24 at 12:07 P.M., the surveyor observed Resident #52 lying in bed with his/her arms crossed on their chest with bilateral fingers closed to the palm. Nurse #5 said she was unable to fully extend fingers on either hand of Resident #52. Review of a Physician's Progress Note2, dated 6/22/23, indicated Resident #52 continued to have rigidity likely due to Parkinson's disease and contractures. Review of the Physician's Progress Note, dated 8/14/23, indicated Resident #52 had bilateral hand contractures. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the MDS assessment, dated 2/24/24, section GG Functional Abilities and Goals, GG0115 Functional Limitation in Range of Motion indicated Resident #52 had no impairments in the upper extremities. During an interview on 4/19/24 at 1:15 P.M., the MDS Coordinator said she reviewed the medical record and observed Resident #52 and said the MDS was incorrect and should have reflected the Resident's upper extremity limited range of motion.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 49424 Based on record review, interview, observation, and policy review, the facility failed for five Residents (#109, #37, #106, #52, and #70), out of 26 sampled residents, to develop and implement individualized resident-centered care plans to meet the residents' needs. Specifically, the facility failed: 1. For Resident #109, to implement the care plan for the use of cushioned floor mats at the bedside as a fall intervention; 2. For Resident #37, to consistently implement the care plan for the use of a right-hand Carrot (orthotic device in the shape of a carrot used to prevent worsening hand contracture); 3. For Resident #106, to develop a care plan for the use of long term antibiotics/urinary tract infection (UTI) prophylaxis; 4. For Resident #52, to develop a care plan to include goals and interventions for a Resident with limited range of motion; and 5. For Resident #70, to ensure staff implemented the care plan and placed the Resident's meal in their visual field and provided assistance with feeding during meals. Findings include: Review of the facility's policy titled: Care plans, comprehensive person-centered, updated 8/1/23, indicated but was not limited to the following: -a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident -the comprehensive care plan includes: measurable objectives, describes services that are to be furnished, includes resident's goals, builds on resident's strengths, reflects current recognized standards -care plan interventions are chosen only after data gathering and proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes and relevant clinical decision making -interventions address the underlying source of the problem, when possible, not just symptoms or triggers -assessments of residents are ongoing and care plans are revised as information about the residents and the resident's conditions change (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1. Resident #109 was admitted to the facility August 2023 with the following diagnoses: unspecified dementia with other behavioral disturbance, restlessness and agitation, and adjustment disorder with mixed disturbance of emotions and conduct. Review of Resident #109's care plan, as of 4/18/24, indicated but was not limited to the following: Focus: I have the potential for falling due to but not limited to alteration in perception and or cognition with decreased safety awareness and/or impulsivity, cardiac dysfunctions, dementia, diabetes, incontinent, potential medication side effects. Resident had a fall on 10/16/23. Goal: I will not have any fall related injury though my next review. Interventions: mats placed beside bedside to prevent injury (date initiated 9/11/2023) The surveyor made the following observations of Resident #109: -4/16/24 at 3:16 P.M., Resident was in bed with no mats placed at the bedside. -4/17/24 at 8:04 A.M., Resident was in bed with no mats placed at the bedside. -4/18/24 at 10:37 A.M., Resident was in bed with no mats placed at the bedside. -4/22/24 at 7:50 A.M., Resident was in bed with no mats placed at the bedside. During an interview on 4/18/24 at 10:37 A.M., Unit Manager #4 said Resident #109 used to have floor mats because he/she would exhibit a behavior of putting himself on the floor and he/she has a history of falls. She said Resident #109 has a scoop mattress now, but the care plan should have been updated if floor mats are not part of the plan of care. She said she wasn't sure when the maintenance director took the floor mats out of the Resident's room. 2. Review of the facility's policy titled Resident Mobility and Range of Motion, dated 8/01/2023, indicated but was not limited to the following: -Residents with limited mobility will receive appropriate services, equipment and assistance to maintain or improve mobility unless reduction in mobility is unavoidable. -Interventions may include therapies, the provision of necessary equipment and/or exercises and will be based on professional standards of practice and be consistent with state laws and practice acts. Resident #37 was admitted to the facility in May 2018 with diagnoses including but not limited to personal history of transient ischemic attack (TIA) and cerebral infarction without residual deficits. Review of the most recent Brief Interview for Mental Status (BIMS) assessment indicated Resident #7 scored a 3 out of 15 indicating severe cognitive impairment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the current Physician's Orders for Resident #37 as of 4/18/24 indicated but were not limited to the following: -Remove Carot (sic) for right hand during am care. Every day shift for poor skin integrity. Remove Carot (sic) to right hand with A.M. care. -To preserve skin integrity, apply Carot (sic) to right hand with P.M. care. Monitor skin integrity related to contracture. Every evening shift for poor skin integrity on with P.M. care and off with A.M. care. Review of the care plans for Resident #37, as of 4/18/24, indicated but were not limited to the following: Focus: - Skin Breakdown Potential: I have a potential for skin breakdown related to but not limited to right hand contracture Goal: -I will remain without any pressure related areas of skin breakdown through my next review (date initiated 5/27/2020, revised on 12/12/2023, target date 4/19/2024) Interventions: -Please insure (sic) that my Right-hand roll is properly placed as ordered by my MD. Inspect my skin and notify my MD for anything abnormal. Review of the Occupational Therapy Discharge Summary dated 5/5/23, indicated but was not limited to the following: -It is recommended that the patient wear a hand roll to R hand at nighttime daily. Don (apply) with P.M. care, Doff (remove) with A.M. care. Nursing staff is aware and agreeable to splinting schedule currently. In-service completed for splinting schedule to continue following discharge from treatment. On 4/17/24 at 7:55 A.M., the surveyor observed Resident #37 in bed; he/she had not yet received morning care and did not have a carrot in their right hand. The right hand was observed in a clenched fist. On 4/18/24 at 7:08 A.M., the surveyor observed Resident #37 in bed with no carrot in their hand. The surveyor detected a strong, foul sweat-like odor when standing next to the Resident on the right side. During an interview on 4/18/24 at 7:29 A.M., Unit Manager #4 met with the Resident with the surveyor. Unit Manager #4 confirmed there was no orthotic in place, and the Resident had not received morning care. Unit Manager #4 said there shouldn't be an odor coming from the Resident's hand and it is likely a result of moisture collecting from the Resident's tight fist. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/16/24 at 1:42 P.M., the Resident's legal guardian said the facility used to have a roll that would be placed in the Resident's hand to prevent their fingers from digging into the palm and to stretch the fingers, but she had not seen the roll in the room in sometime. During an interview on 4/18/24 at 8:01 A.M., the Director of Nursing (DON) said if the staff couldn't find the Carrot that her expectation would be something is placed in the Resident's hand to prevent further decline in range of motion and maintain skin integrity. She said if a physician's order is on the Treatment Administration Record (TAR) the nurse is responsible for ensuring its completion. Review of the TAR indicated that Nurse #4 signed off on the Carrot being in the Resident's hand and removed 12 out of 17 opportunities in April. During an interview on 4/18/24 at 3:38 P.M., Nurse # 4 said she doesn't personally check to see if the carrot is on or off because the unit gets busy. She said she is aware it is on the TAR but the aides should do it. She was unaware that the carrot was not placed in the Resident's hand during the previous observations. She said she depends on the aides to communicate if a resident refuses or an orthotic is missing. 43935 3. Resident #106 was admitted to the facility in November 2022 and has diagnoses including: Acute on chronic congestive heart failure, benign prostatic hyperplasia, dysuria (discomfort with urination) and urinary frequency. Review of the most recent MDS assessment, dated 1/20/24, indicated a BIMS score of 6 out of 15 indicating severe cognitive impairment and the Resident's healthcare proxy (HCP) was activated. Review of the Physician's Orders for Resident #106, dated 4/17/24, indicated but were not limited to the following: -Bactrim (an antibiotic) oral tablet 400-80 milligrams (mg) one tablet one time a day for urinary tract infection (UTI) prophylaxis (11/17/23) Review of the physician's notes from April 2023 to current indicated but were not limited to the following: -Resident was seen by a urologist on 4/11/23 and placed on suppressive antibiotic therapy with Bactrim following a cystoscopy (a procedure used to examine the urethra and bladder lining). -Attending physician examined Resident on 4/14/23 and provided diagnosis of dysuria and indicated per urology recommendations the Resident would be on Bactrim for UTI prophylaxis -4/20/23, MD note indicated use of Bactrim for UTI prophylaxis would be indefinite Review of the current care plans for Resident #106, on 4/18/24, failed to indicate a care plan for long term antibiotic suppressive therapy had been developed or implemented. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/17/24 at 1:13 P.M., Unit Manager #1 reviewed the care plans for Resident #106 and said there should be a care plan in place for long term antibiotic use related to the Resident's urinary issues and was not. During an interview on 4/18/24 at 1:21 P.M., the DON said that the Resident is on a long term antibiotic for suppressive therapy and has a known urinary history and should have a care plan in place, but did not. She said the policy for comprehensive care plans was not followed in this circumstance. 36542 4. Review of the facility's policy titled Resident Mobility and Range of Motion (ROM), dated 8/1/23, indicated but was not limited to the following: -As part of the resident's comprehensive assessment, the nurse will identify the resident's: current range of motion of his/her joints; limitations in movement or mobility; opportunities for improvement; and previous treatment and services for mobility. -The care plan will be developed by the interdisciplinary team based on the comprehensive assessment, and will be revised as needed. -The care plan will include specific interventions, exercises and therapies to maintain, prevent avoidable decline in, and/or improve mobility and range of motion. -The care plan will include the type, frequency, and duration of interventions, as well as measurable goals and objectives. Resident #52 was admitted to the facility in August 2020 with a diagnosis of Parkinson's disease (disorder of the central nervous system that affects movement). On 4/16/24 at 11:09 A.M., the surveyor observed Resident #52 lying in bed with their arms crossed on their chest, the left and right hand were observed to have fingers closed to the palm. On 4/17/24 at 2:32 P.M., the surveyor observed Resident #52 lying in bed with their arms crossed on their chest, the left and right hand were observed to have fingers closed to the palm. During an interview with observation on 4/18/24 at 12:07 P.M., the surveyor observed Resident #52 lying in bed with his/her arms crossed on their chest with bilateral fingers closed to the palm. Nurse #5 said she was unable to fully extend fingers on either hand of Resident #52. Review of a Physician's Progress Note, dated 6/22/23, indicated Resident #52 continued to have rigidity likely due to Parkinson's disease and contractures (shortening and hardening of tissues leading to rigidity of joints). Review of the Physician Progress Note dated 3/1/24 indicated Resident #52 had bilateral upper extremity contractures. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the care plans indicated Resident #52 had Parkinson's disease with progression of symptoms including rigid muscles (any part of the body-may even be painful and limit my range of motion) with a goal of not experiencing further progression of current symptoms through next review, with an intervention of utilizing Baclofen (a medication used to help relax muscles) to help with stiffness. Review of the medical record, including care plans, failed to indicate the upper extremity limited range of motion and the goal and interventions associated with the limited range of motion. During an interview on 4/18/24 at 3:21 P.M., Unit Manager #4 said she observed Resident #52 and then reviewed the medical record and was unable to find any interventions for the contracted hands. During an interview on 4/19/24 at 1:23 P.M., the Assistant Director of Nurses (ADON) said the process was for the nurses to develop care plans for any newly identified concerns and there were no current care plans for the bilateral upper extremity contractures. Refer to F688 48084 5. Review of the facility's policy titled Assistance with Meals, dated as last revised 8/1/23, indicated but was not limited to the following: -Residents shall receive assistance with meals in a manner that meets the individual needs of each resident. -Facility staff will serve trays and will help residents who require assistance with eating. -Residents who cannot feed themselves will be fed with attention to safety, comfort, and dignity, for example not standing over residents while assisting them with meals. -Assistance will be provided to ensure that residents can use and benefit from special eating equipment and utensils. Review of the facility's policy titled Assisting the Resident with In-Room Meals, dated as last revised 8/1/23, indicated but was not limited to the following: -Review the resident's care plan and provide for any special care needs of the resident. -The resident should be positioned so his or her head and upper body are as upright as possible with head tipped slightly forward. -Place tray on serving area. Be sure it is adjusted to comfortable position and height for the resident. -Arrange dishes and silverware so that they can be easily reached by the resident. -If the resident refused the meal or to eat, document the reason why and intervention taken. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Notify the supervisor if the resident refuses the meal or to eat. Resident #70 was admitted to the facility in November 2017 with diagnoses which included cerebral infarction (stroke) with hemiparesis and hemiplegia (weakness and paralysis) affecting right dominant side, visuospatial deficit and spatial neglect following intracerebral hemorrhage (brain bleed), and failure to thrive. Review of the MDS assessment, dated 2/3/24, indicated Resident #70 was rarely or never understood and was unable to complete the BIMS. Additionally, the Resident's cognitive skills for daily decision making was severely impaired and he/she had impairment on one side and required supervision/touching for eating. Review of the Comprehensive Care Plans for Resident #70 indicated but were not limited to the following: -FOCUS: VISION: Visual Impairment related to CVA (stroke) with right side visual neglect. -INTERVENTIONS: Please place objects in my field of vision-towards my left side. -FOCUS: ACTIVITIES OF DAILY LIVING (ADL): Assist -INTERVENTIONS: Dependent during meals. The surveyor made the following observations of Resident #70: -4/16/24 at 12:30 P.M., the Resident was sitting in a reclining Broda chair (specialty wheelchair for positioning) in the corner of the day room alone, slumped over in chair; their lunch meal was placed on an overbed tray table and staff walked away. The Resident then picked up the adaptive lip plate (plate with high edge to contain food) and spilt the entire plate of food on their chest and lap, down legs, and on the floor. The Resident was observed playing with the food on his/her lap and staff did not call the kitchen for another meal or provide the Resident with assistance to eat anything else. -4/17/24 at 8:05 A.M., the Resident was sitting in a reclining Broda chair in the corner of the day room alone. At 8:23 A.M., the nurse cut up breakfast, placed the meal on the overbed tray table and walked away. The Resident was observed self-feeding dry cereal from an adaptive blue bowl which was on the left side. The plate with the main meal was on the right side. No staff offered assistance with feeding or cues to eat anything on the plate. -4/17/24 at 12:42 P.M., the Resident was sitting slouched over in a reclining Broda chair in the corner of the day room alone. One staff member sat down next to the Resident, however provided no assistance or verbal cues. The Resident was self-feeding ice cream which was on the left side. The plate with the main meal was on the right side and untouched. The Resident was observed to be leaning forward to the table to gather food as the table was not positioned so the food was within easy reach. A Certified Nursing Assistant (CNA) was observed standing next to the Resident, offered one bite of food from the main plate (which Resident accepted), and walked away. No further assistance was provided. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-4/18/24 at 8:35 A.M., the Resident was sitting slouched over in a reclining Broda chair in the corner of the day room alone. The meal was placed on the overbed tray table and the staff walked away. Dry cereal in a blue adaptive bowl was on the left side and a plate with the main meal was on the right side. Resident fed self the dry cereal. Staff did not provide assistance or cues with eating. At 8:55 A.M., CNA #10 cleaned up the breakfast trays from the other residents in the day room and removed table linens. She looked at Resident #70 sitting in the reclining Broda chair not eating or being fed and left the room. Resident #70 was left in the day room with their meal still on the overbed tray table and no one to assist him/her with eating. At 9:53 A.M., Resident #70 pushed the overbed tray table away. Resident #70 remained in the day room unsupervised, unassisted until 10:01 A.M. when CNA #10 removed the plate and cups. Review of Resident #70's medical record including physician's orders, progress notes, flow sheets, and meal documentation record indicated but were not limited to the following: -HCC (diabetic) Diet lipped plate with all meals (8/26/20). -Dietitian's note, dated 2/7/24, indicated Resident was dependent on nursing staff for eating. Suction bowl and lip plate provided at meals to help with self-feeding. -CNA flow sheet indicated Resident was provided with moderate assistance for eating. -Review of the meal percentage sheet indicated Resident #70 had consumed 25-50% of meals during the observation period. Further review of the medical record failed to indicate Resident #70 had been offered and refused meals. During an interview on 4/18/24 at 8:55 A.M., CNA #10 said sometimes they help Resident #70 eat, but it depends on his/her mood. She said the Resident is not always a feed and doesn't eat much. During an interview on 4/18/24 at 10:15 A.M., Unit Manager #3 said Resident #70 is a mix of supervision, assist, and feed and it depends on the day. She said staff should be providing assistance and allowing him/her to do what they can, but still helping as needed. She said he/she has right-side visual impairment so leaving the plate on the right side is not good and they were not following the care plan. During an interview on 4/18/24 at 10:25 A.M., Nurse #6 said Resident #70 likes cereal and tries to eat that independently, but the staff should be offering the other food. During an interview on 4/18/24 at 1:30 P.M., the ADON said Resident #70 has right-sided vision concerns so they should be moving plate to the left and helping with meals per the care plan. During an interview on 4/18/24 at 2:40 P.M., the DON said the staff should be offering assistance and have the food item on his/her left side per the care plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 36542 Based on observations, interviews, and record review, the facility failed to ensure activity of daily living (ADL) care was provided to maintain good personal grooming for one Resident (#10), in a total sample of 26 residents. Specifically, the facility failed to ensure nail care was performed for Resident #10. Findings include: Review of the facility's policy titled Fingernails/Toenails, Care of, dated 8/1/23, indicated the following: Purpose: to keep nails trimmed; Guidelines: nail care includes daily cleaning and regular trimming; Documentation: the date and time the nail care was given, the condition of resident's nails, any difficulty in cutting the resident's nails, if the resident refused Resident #10 was admitted to the facility in July 2020. Review of the most recent Minimum Data Set (MDS) assessment, dated 3/2/24, indicated the Resident was dependent on one staff person for personal hygiene. On 4/16/24 at 8:45 A.M., the surveyor observed Resident #10 to have long fingernails. The fingernail lengths ranged from 0.1 cm to approximately 1 cm (the width of a standard pen) with the right thumb being the longest. On 4/17/24 at 11:00 A.M., the surveyor observed Resident #10 to continue to have long nails. During an interview on 4/17/24 at 2:39 P.M., the spouse of Resident #10 said the Resident's fingernails were too long. The spouse said the nurse had previously reported that Resident #10 would pull his/her hands away while staff were cutting their nails and now required two staff members to cut their nails. Review of the medical record indicated Resident #10 had their fingernails cut on 2/21/24 (eight weeks prior). During an interview on 4/18/24 at 10:40 A.M., Certified Nursing Assistant (CNA) #2 said she normally cares for Resident #10 and there was no set schedule to cut the Resident's nails. During an interview on 4/18/24 at 10:47 A.M., Unit Manager #4 said the Resident's nails were too long and should be cut periodically. During an interview on 4/18/24 at 10:57 A.M., CNA #3 said she cut the nails of Resident #10 this morning and the nails were too long and needed to be cut. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/18/24 at 11:00 A.M., Unit Manager #4 said she was not sure how the CNAs knew when to cut a resident's nails and after reviewing the Resident's Flow Sheets was unable to see where nail cutting would be documented.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. 49424 Based on observation, interview, and record review, the facility failed to ensure a resident received proper treatment to maintain hearing and ensure assistive devices to maintain hearing and enhance communication were utilized for one Resident (#86), in a total sample of 26 residents. Findings include: Resident #86 was admitted to the facility in May 2023 with a diagnosis of dementia. Review of the baseline care plan dated May 2023 indicated that the Resident was hearing impaired. Review of the Minimum Data Set (MDS) assessment, dated 1/20/24, indicated Resident #86 had minimal difficulty hearing if hearing devices (hearing aids) were utilized. The MDS indicated that the Resident scored 5 out of 15 on the Brief Interview for Mental Status assessment indicating severe cognitive impairment. Further review of the MDS indicated Resident had an activated health care proxy. During an interview on 4/16/24 at 2:09 P.M., the Resident's representative said the Resident had hearing aids but probably needed new ones and that communication can be difficult without them in. She said she would like him/her to see the audiologist. On 4/17/24 at 8:23 A.M., the surveyor observed the Resident self-propelling in their wheelchair with no hearing aids present. On 4/17/24 at 10:53 A.M., the surveyor attempted to converse with Resident #86 but was not successful. The Resident said, I am deaf, and you must speak loudly. The Resident did not have hearing devices in his/her ears. During an interview on 4/17/24 at 10:53 A.M., Resident #86 had difficulty maintaining a conversation resulting from his/her hearing impairment. The Resident said he/she did not have his/her hearing aids applied. The Resident knew they had a hearing impairment and had hearing aids but could not give further details. The Resident said that he/she would wear the hearing aids if he/she knew the location of the hearing aids. Review of the Facility Admission Packet included a Transcare Mobile Health Services Form including the following authorization for services: audiology, that should be reviewed and completed with the Resident/Representative on admission. The services offered are optional as the residents/representatives have the choice to accept the services offered or seek alternate arrangements for these services. Review of the Transcare Mobile Health Services Form indicated that the Resident's representative signed and dated the form on 5/10/23 requesting audiology services. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/17/24 at 1:35 P.M., the surveyor observed the Resident sitting at the nurses' station having difficulty holding a conversation with behavioral health staff due to impaired hearing. The Resident misheard multiple words and asked the staff to repeat themselves and still demonstrated he/she did not accurately hear them. The Resident did not have hearing devices in his/her ears. Review of Resident #86's clinical record failed to indicate an impaired communication care plan that identified the Resident had hearing devices to improve their communication. During an interview on 4/17/24 at 2:32 P.M., Unit Manager #4 said the consent should have been faxed over on admission for the Resident to receive audiology services and he/she has not received audiology services during his/her time at the facility. She said he/she should have been referred as the Resident Representative requested to determine if the hearing aids he/she has have been adequate for communication. During an interview on 4/17/24 at 2:58 P.M., Nurse # 4 said the hearing aids are in the top drawer of the medication cart, but she doesn't know how the staff would know to offer them to the Resident since there was no care plan or physician's order. She said that she offers the hearing aids to the Resident when his/her [family member] visits and he/she wears them then. On 4/18/24 at 9:29 A.M., the surveyor observed Resident #86 with hearing aids in, conversing in the dining room with staff and residents. Certified Nursing Assistant #3 said the Resident could hear much better with the hearing aids.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0688 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. 36542 Based on observation, record review, and interview, the facility failed to prevent a decline in range of motion causing the development of bilateral hand contractures (shortening and hardening of tissues leading to rigidity of joints) for one Resident (#52), out of a total sample of 26 residents. Findings include: Review of the facility's policy titled Resident Mobility and Range of Motion (ROM), dated 8/1/23, indicated but was not limited to the following: -As part of the resident's comprehensive assessment, the nurse will identify the resident's: current range of motion of his/her joints; limitations in movement or mobility; opportunities for improvement; and previous treatment and services for mobility. -As part of the comprehensive assessment, the nurse will also identify conditions that place the resident at risk for complications related to ROM and mobility. -The care plan will be developed by the interdisciplinary team based on the comprehensive assessment and will be revised as needed. -The care plan will include specific interventions, exercises and therapies to maintain, prevent avoidable decline in, and/or improve mobility and range of motion. -Interventions may include therapies, the provision of necessary equipment, and/or exercises and will be based on professional standards of practice and be consistent with state laws and practice acts. -The care plan will include the type, frequency, and duration of interventions, as well as measurable goals and objectives. -Documentation of the resident's progress toward the goals and objectives will include attempts to address any changes or decline in the resident's condition or needs. Resident #52 was admitted to the facility in August 2020 with a diagnosis of Parkinson's disease (disorder of the central nervous system that affects movement). On 4/16/24 at 11:09 A.M., the surveyor observed Resident #52 lying in bed with their arms crossed on their chest, the left and right hand were observed to have fingers closed to the palm (no hand positioning devices were observed). Review of the Minimum Data Set (MDS) assessment, dated 2/24/24, section GG Functional Abilities and Goals, GG0115 Functional Limitation in Range of Motion indicated Resident #52 had no impairments in the upper extremities. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0688 Level of Harm - Actual harm Residents Affected - Few	Review of the Patient Screening from the Rehabilitation (Rehab) Department, dated 8/7/2020, indicated Resident #52's ROM (range of motion) is WFL (within functional limits) throughout and the Resident was able to ambulate 200 feet with a rolling walker. Review of the Physical Therapy Evaluation and Plan of Treatment, dated 6/30/22, indicated Resident #52 demonstrated flexion contractures of bilateral shoulders, elbows, and hands. Review of the Physician's Progress Note, dated 3/1/24, indicated Resident #52 had bilateral upper extremity contractures. Review of the care plans indicated Resident #52 had Parkinson's disease with progression of symptoms including rigid muscles (any part of the body-may even be painful and limit my range of motion), with a goal of not experiencing further progression of current symptoms through next review, with an intervention of utilizing Baclofen (a medication used to help relax muscles) to help with stiffness. Review of the medical record, including care plans, failed to indicate the upper extremity contractures and the goal and interventions associated with the limited range of motion. On 4/17/24 at 2:32 P.M., the surveyor observed Resident #52 lying in bed with their arms crossed on their chest, the left and right hand were observed to have fingers closed to the palm, no positioning devices were observed. During an interview with observation on 4/18/24 at 12:07 P.M., the surveyor observed Resident #52 lying in bed with his/her arms crossed on their chest with bilateral fingers closed to the palm. Nurse #5 said she was unable to fully extend fingers on either hand of Resident #52 and she would have to contact Occupational Therapy to determine if the Resident needed any positioning devices for their hands. She said she had been working on this unit for several months and the Resident had presented this way for that amount of time. During an interview on 4/18/24 at 1:00 P.M., the Certified Occupational Therapy Assistant (COTA) said Resident #52 had not previously received Occupational Therapy (since Admission over three years prior). She said the process was that if a Resident presented with a decrease in range of motion, then the nurses would refer a resident to the Rehab Department to determine if assistive devices should be used. During an interview on 4/18/24 at 3:21 P.M., Unit Manager #4 said she observed Resident #52 to have contractures and reviewed the medical record and was unable to find any interventions or plan for the contracted hands. During an interview on 4/18/24 at 3:32 P.M., the Director of Rehab said she had screened Resident #52 following the surveyor's inquiry and would be conducting an evaluation based on Resident #52 having bilateral hand contractures. She said she reviewed the admission screening from 2020 which did not indicate Resident #52 had hand contractures or needed assistive/positioning devices. She said Resident #52 would benefit from passive range of motion to decrease the risk of further contracture. She said she was unable to tell what the Resident's previous baseline was or when the hand contractures developed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0688 Level of Harm - Actual harm Residents Affected - Few	During an interview on 4/19/24 at 9:50 A.M., Certified Nursing Assistant (CNA) #6 said she cleans the inside of the hands of Resident #52 daily. She said it is difficult to open the Resident's hands or move the arms, so she leaves the fingers in the down position (closer to the palm) to clean the inside of the hands. She said she did not know how long the Resident's hands had been unable to open fully. During an interview on 4/19/24 at 1:15 P.M., the MDS coordinator said during the MDS assessment a Resident should be physically assessed for limited range of motion and she was unable to determine when Resident #52 developed bilateral upper extremity contractures based on the MDSs. During an interview on 4/19/24 at 1:23 P.M., the Assistant Director of Nurses said the process for when a resident had a decline in range of motion was for the CNAs to notify the nurses and the nurses would notify the physicians to determine the interventions and plan. She reviewed the care plans for Resident #52 and was unable to determine when the hand contractures developed and what the plan or interventions were for the contractures. Review of the Occupational Therapy Evaluation and Plan of Treatment, dated 4/19/24, indicated Resident #52 had flexor hand/finger contractures at the metacarpophalangeal joint (knuckle) of digits 2 through 5 on both hands. The assessment indicated it was recommended to wear left and right hand rolls for two hours on and two hours off maximum in the beginning to improve passive range of motion for adequate hygiene, reduce pain caused by joint deformity, inhibit abnormal reflex patterns, inhibit abnormal positions, develop/establish wearing schedule, manage tone and maintain joint integrity.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that the resident and his/her doctor meet face-to-face at all required visits. 36542 Based on interviews and record review, the facility failed to ensure that one Resident (#28), in a sample of 26 residents, had been seen by a physician every 30 days for the first 90 days of admission. Findings include: Resident #28 was admitted to the facility in December 2023. Review of the Physician Progress Notes indicated Resident #28 was seen for an initial visit on 12/27/23 and subsequent visits on 1/2/24 and 1/5/24. Review of the Physician Progress Notes indicated the next visit occurred on 3/6/24, 60 days after the previous visit. During an interview on 4/19/24 at 11:51 A.M., the Nurse Practitioner said there were no additional visits conducted for Resident #28 between 1/5/24 and 3/6/24. She said Resident #28 was a long-term care resident and only needed to be seen every 60 days. She said she was unaware that all new admissions needed to be seen every 30 days for the first 90 days.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 48084 Based on record review, interview, and policy review, the facility failed to act promptly upon recommendations made by the Consultant Pharmacist during the monthly Medication Regimen Reviews (MRR) for one Resident (#20), out of a total sample of 26 residents. Specifically, the facility failed to ensure that the January 2024 and February 2024 consultant pharmacist's recommendations were acted upon in a timely manner to ensure there was a stop date for Bactrim (an antibiotic medication). Findings include: Review of the facility's policy titled Consultant Pharmacist Reports, dated 1/1/21, indicated but was not limited to the following: -The MRR includes evaluating the resident's response to medication therapy to determine that the resident maintains the highest practicable level of functioning and preventing or minimizing adverse consequences related to medication therapy. -The consultant pharmacist reviews the medication regimen of each resident at least monthly. -Resident specific irregularities and/or clinically significant risks resulting from or associated with medications are documented in the medical record and reported to the Director of Nurses (DON), Medical Director, and prescriber as appropriate. -Recommendations are acted upon and documented by the facility staff and/or the prescriber. -Prescriber accepts and acts upon suggestion or rejects and provides an explanation for disagreeing. Resident #20 was admitted to the facility in December 2023 with diagnoses which included urinary tract infection (UTI), chronic kidney disease, and failure to thrive. Review of Resident #20's medical record including physician's orders, Medication Administration Record (MAR), progress notes, and pharmacy recommendation forms indicated but were not limited to the following: -Bactrim 400-80 milligrams (mg) once daily for UTI (1/31/24). -MAR indicated Resident had been administered Bactrim once daily for UTI since 12/30/23. -Pharmacist Progress Note dated 1/30/24 indicated a recommendation was made requesting a stop date for the Bactrim. -Pharmacist Progress Note dated 2/28/24 indicated a recommendation was made again requesting a stop date for the Bactrim. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Pharmacist Progress Note dated 3/26/24 indicated a recommendation was made again requesting a stop date for the Bactrim. Further review of the medical record failed to indicate the recommendation requesting a stop date for the Bactrim had been addressed by the facility from the January or February report. The recommendation was not addressed until 3/27/24 by the Nurse Practitioner (88 days after the Resident started the Bactrim, 57 days after the pharmacist made the initial recommendation and after the pharmacist made a third request for a stop date). During an interview on 4/18/24 at 10:37 A.M., Unit Manager #3 could not speak about the previous recommendations as she was new to the role and said she did not know why they were not addressed or in the medical record. She said they should be completed and then filed under the Pharmacy section of the chart and they were not. During an interview on 4/18/24 at 1:30 P.M., the Assistant Director of Nurses (ADON) said she does not oversee the MRRs. During an interview on 4/18/24 at 2:40 P.M., the Director of Nurses (DON) said the pharmacy recommendation should be addressed and a reason documented if the provider is not in agreement, and they should be filed in the medical record. The DON was unable to speak of these recommendations specifically as she was not employed at the facility at the time but said it should have been addressed when initially recommended back in January.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident’s drug regimen must be free from unnecessary drugs. 48084 Based on interviews, record review, and policy review, the facility failed to ensure for one Resident (#20), out of a total sample of 26 residents, that the Resident's drug regimen was free from unnecessary drugs. Specifically, the facility failed to ensure an antibiotic was administered for the appropriate duration and with adequate indications for use. Findings include: Review of the facility's policy titled Antibiotic Stewardship-Orders for Antibiotics, dated as last revised 8/1/23, indicated but was not limited to the following: -Antibiotics will be prescribed and administered under the guidance of the facility's antibiotic stewardship program and in conjunction with the facility's general policy for medication utilization and prescribing. -If an antibiotic is indicated, prescribers will provide complete antibiotic orders including the following elements: Drug name, dose, frequency, duration of treatment (start/stop dates or number of days), route of administration, and indications for use. -Appropriate indications for use of antibiotics include criteria met for clinical definition of active infection or suspected sepsis; and pathogen susceptibility, based on culture and sensitivity, to antimicrobial (or therapy began while culture was pending). -Empirical use of an antibiotic based on clinical criteria of suspected sepsis may be appropriate. The staff and practitioner will document the specific criteria that support the suspicion in the clinical record. Resident #20 was admitted to the facility in December 2023 with diagnoses which included urinary tract infection (UTI), chronic kidney disease, weakness, dehydration, and failure to thrive. Review of the discharge summary from the acute care hospital, dated 12/22/23, indicated but was not limited to the following: -Urine culture was positive for a UTI and was treated with five-day course of antibiotics. -Resident's outpatient Urologist office was contacted and there is NO PLAN for prophylactic antibiotics at this time, although his/her daughter states that is the plan. -Discharge Medication list did not include an antibiotic. Review of the Physician's Progress Note, dated 12/27/23, indicated Resident was admitted after being treated for a UTI, urinary retention and Foley catheter placement. Additionally, the note indicated Resident #20 had completed the course of antibiotics for a UTI. The medication list did not include an antibiotic. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Physician's Progress Note, dated 12/29/23, indicated the Nurse Practitioner (NP) spoke to the daughter, who spoke to the Urologist; Urologist sent over a prescription, and apparently, they do want him/her on Bactrim (antibiotic) daily, prophylactically, to prevent UTIs. Review of the Physician's Progress Note/Admission History and Physical for Long Term Placement, dated 2/6/24, indicated the Resident was recently diagnosed and treated for a UTI and was status post antibiotics. Further review of the note failed to indicate the Resident was on prophylactic antibiotics. Review of the Physician's Progress Note, dated 3/15/24, indicated Resident #20, per Urologist, was on prophylactic Bactrim daily. Further review of the note failed to indicate clinical rationale for the prophylactic antibiotic. Further review of the medical record failed to indicate a clinical rationale from any provider (Physician, NP, or Urologist) for the continued use of the Bactrim. Unit Manager #3 was unable to locate any documentation since admission from the Urologist indicating the need for prophylactic antibiotics. Review of the Physician's Orders indicated the following: -Bactrim 400-80 milligrams (mg) once daily for UTI for 7 days (order written and was discontinued on 12/27/23) -Bactrim 400-80 mg once daily for UTI (started 12/30/23 and ended 1/31/24) -Bactrim 400-80 mg once daily for UTI (started 1/31/24) Review of the Medication Administration Record (MAR) indicated Resident #20 had received Bactrim once daily as ordered since December 2023. Further review of the progress notes failed to indicate the need for prophylactic antibiotics or why the stop date was removed from the order. Additionally, the Resident had no documented symptoms of a UTI. Review of the Comprehensive Care Plan failed to indicate Resident #20 was on prophylactic antibiotics. During an interview on 4/18/24 at 1:25 P.M., Nurse #6 said she was not sure why Resident #20 was on the Bactrim but assumed it was because he/she had a history of UTIs. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/18/24 at 10:37 A.M., Unit Manager (UM) #3 said she was unable to get any documentation from the Urologist's office indicating he wanted the Resident on prophylactic antibiotics, if so why, and for how long. UM #3 said she had not spoken to the Urologist's office until today and there was no indication any staff had spoken to the office regarding the prophylactic treatment. She said there were only notes indicating the Resident's daughter said she spoke to the office. UM #3 reviewed the hospital discharge paperwork and confirmed it stated the hospital spoke to the Urologist and there was not a plan for prophylactic treatment despite what the daughter had told the hospital. UM #3 reviewed the NP Progress notes, dated 12/29/23, and confirmed the notes did not indicate facility staff had spoken to the office for confirmation of prophylactic antibiotic use. UM #3 said there should be documentation in the medical record indicating facility staff and Urology discussed the plan regarding the continued use of the Bactrim, how long he/she should be on it and what the indication for long term use was and there was not. During an interview on 4/18/24 at 1:30 P.M., the Assistant Director of Nurses (ADON) said Resident #20 was not on the Bactrim during the previous admission, he/she was discharged home, went to urology and the hospital, and then was readmitted . She said she thinks the Bactrim order came from the Urologist's office and the physician here just kept it. Additionally, she said she tracks it on the line list but there is no documented clinical indication for use in the record that she could find. During an interview on 4/18/24 at 2:40 P.M., the Director of Nurses (DON) said her expectation for prophylactic antibiotics is that the rationale for long term continued use of antibiotics be documented in the medical record and that there be a trial dose reduction to ensure the medication is needed and at the lowest possible dose. Additionally, she said prophylactic antibiotics should not be dictated by the family; the physicians need to educate the family and document in the medical record accordingly. The DON said the order should be clear, what they are on, for how long, and the reason they need to be on it. Residents should not be on prophylactic antibiotics because the family wants it, with no follow up. Resident #20's daughter initiated this antibiotic order, and it seems like the Urologist's office gave her a script and it was continued here with no re-evaluation. Additionally, she said the facility staff should be in contact with the Urologist's office and it should be documented in the medical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 43935 Based on record review, policy review, and interview, the facility failed to ensure for one Resident (#15) that their as needed (PRN) psychotropic medication, Ativan, was re-evaluated 14 days after the medication was prescribed to ensure it was beneficial and necessary for the Resident in accordance with the standard of practice. The total sample was 26 residents. Findings include: Review of the facility's policy titled Psychotropic Medication Use, updated 8/1/2023, indicated but was not limited to the following: - psychotropic medications are not prescribed or given on a PRN basis unless that medications is necessary to treat a diagnosed specific condition that is documented in the clinical record - non-pharmacological approaches are used to minimize the need for medications, permit the lowest possible dose, and allow for discontinuation of medications when possible - PRN orders for psychotropic medications are limited to 14 days - if the prescriber or attending physician believes it is appropriate to extend the PRN order beyond 14 days, he or she will document the rationale for extending the use to include the duration of the PRN order Resident #15 was admitted to the facility in June 2023 and has diagnoses including: Failure to thrive, major depressive disorder and dementia. Further review of the medical record indicated the Resident was on hospice services. Review of the most recent Minimum Data Set (MDS) assessment for Resident #15, dated 2/14/24, indicated but was not limited to the following: - Brief Interview for Mental Status (BIMS) score of 5 out of 15, indicating severe cognitive impairment - Section D, Mood, failed to indicate the Resident demonstrated symptoms of depression - Section E, Behaviors, failed to indicate the Resident exhibited any adverse behaviors - Section I, Active diagnosis, failed to indicate the Resident had a diagnosis of anxiety Review of the medical record indicated a handwritten order by the Nurse Practitioner (NP) on 3/29/24 as follows: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Ativan (an anti-anxiety medication) 0.5 milligrams (mg) sublingually (administered under the tongue) every four hours as needed The handwritten order failed to indicate a reason to use the PRN psychotropic medication or a re-evaluation or stop date. Review of the Physician's Orders, dated 4/17/24, for Resident #15, indicated but were not limited to the following: - Lorazepam (Ativan) oral concentrate 2 mg per 1 milliliter (ml) give 0.25 ml by mouth every six hours as needed for anxiety (0.25 ml = 0.5 mg) (initiated: 3/29/24) The current physician's orders failed to indicate a re-evaluation or stop date for the use of the PRN psychotropic medication. During an interview on 4/17/24 at 11:59 A.M., the NP said she wrote an order for the Resident for PRN Ativan on 3/29/24 due to the Resident exhibiting some intermittent restlessness, weeping, and anxiety. She said she did not put a re-evaluation or stop date on the medication because she was unsure of the Resident's need for the medication since the Resident's anxiety did not follow an easily determined pattern. She said she was aware the 14-day re-evaluation date was required for psychotropic medications being used on an as needed basis regardless of the Resident being on hospice and she did not put one in place as she should have. During an interview on 4/17/24 at 12:17 P.M., the Unit Manager said she was aware the original PRN Ativan order for Resident #15 did not have a stop date on it and she did not clarify the order with the NP because the Resident was receiving hospice services. She said the facility policy is to limit PRN psychotropic medications to 14 days and then for them to be re-evaluated and this Resident was past the 14-day mark and the PRN use of the Ativan had not been re-evaluated at this time as it should have been. During an interview on 4/18/24 at 1:17 P.M., the Director of Nurses said the expectation is that the facility follows the regulatory guidelines for use of PRN psychotropic medications and those medications are provided with an initial duration date of 14 days for re-evaluation and then, if necessary, are extended with a documented rationale and a new duration date for evaluation. She said the facility policy for PRN psychotropic medication use was not followed in this instance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 48362 Based on observation, policy review, and interview, the facility failed to follow their policy and professional standards of practice for food safety and sanitation to prevent the potential spread of foodborne illness to residents who are at high risk. Specifically, the facility failed to properly label and date food products and maintain safe and clean equipment in four of four nourishment kitchenettes. Findings include: Review of the facility's policy titled Food Safety for Your Loved One, undated, indicated but was not limited to: - If you plan to bring food and/or beverages into the facility for your loved one, please make sure that the food is handled safely to prevent the risk of food-borne illness. - Food and beverages should be labeled and dated to monitor food safety. - Food and beverages in unmarked or unlabeled containers should be marked with the name of the resident and date that the food item was prepared. - Food and beverages with a hand-written label should be thrown away three days after the date marked. The date being Day 1. - Food and beverages that have gone beyond the manufacturer's expiration date should be thrown away. - Microwave ovens and food thermometers or similar device will be available on the unit. On 4/16/24 at 2:56 P.M., the surveyor observed the following on the Applewood Unit Kitchenette: - The inside of the microwave had food splatter and food debris on the top, bottom, and sides. - The inside of the microwave had paper towels covering the rotating glass plate. - The refrigerator had an opened package of marshmallow candy without resident identification or opened date. On 4/16/24 at 3:11 P.M., the surveyor observed the following on the Elmwood Unit Kitchenette: - The inside of the microwave had food splatter and food debris on the top, bottom, and sides. - A bottle of nectar thick lemon water in the refrigerator was opened with an open date of 3/29/24. The manufacturer label on the bottle indicated the product should be discarded 10 days after opening. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/16/24 at 3:23 P.M., the surveyor observed the following on the Driftwood Unit Kitchenette: - The inside of the microwave had food splatter and food debris on the top and sides. - The glass plate on the inside of the microwave had food residue. - A 12-ounce bottle of Celsius energy drink and a 16-ounce bottle of unsweetened iced tea were located on the top shelf of the refrigerator without a date or resident identification label. - A carton of orange juice was opened in the refrigerator and was not labeled with an open date. On 4/16/24 at 3:31 P.M., the surveyor observed the following on the Cherrywood Unit Kitchenette: - The inside of the microwave had food splatter and food debris on the top and sides. - The top plastic portion of the inside of the microwave had bubbling and was breaking apart. - An opened two-liter Coca Cola Zero bottle was on the top shelf of the refrigerator without date or resident identification. - One carton of orange juice, one carton of apple juice, and one carton of cranberry juice were opened and undated in the refrigerator. - Two pieces of pizza were wrapped in aluminum foil in the freezer without a date or resident identification. On 4/17/24 at 12:31 P.M., the surveyor observed the following on the Applewood Unit Kitchenette: - The inside of the microwave had food splatter and food debris on the top, bottom, and sides. On 4/17/24 at 1:09 P.M., the surveyor observed the following on the Driftwood Unit Kitchenette: - The inside of the microwave had food splatter and food debris on the top and sides. - The glass plate on the inside of the microwave had food residue. - A 12-ounce bottle of Celsius energy drink and a 16-ounce bottle of unsweetened iced tea were located on the top shelf of the refrigerator without a date or resident identification label. - A carton of orange juice and a carton of apple juice were open in the refrigerator and were not labeled with an open date. On 4/17/24 at 1:15 P.M., the surveyor observed the following on the Cherrywood Unit Kitchenette: - The inside of the microwave had food splatter and food debris on the top and sides. - The top plastic portion of the inside of the microwave had bubbling and was breaking apart. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Two pieces of pizza were wrapped in aluminum foil in the freezer without a date or resident identification. During an interview on 4/17/24 at 1:45 P.M., the Food Service Director (FSD) said nourishment kitchenettes on each unit are cleaned and stocked daily. The FSD said a dietary aide stocks the nourishment kitchenettes each morning and cleans the inside of the refrigerator. The FSD said a dietary staff member does a deeper cleaning of the unit refrigerators and freezers on Mondays and Wednesdays each week. The FSD said the housekeeping department is responsible for cleaning and maintaining the rest of the nourishment kitchenettes. The FSD said the dietary aides stocking the nourishment kitchenettes would discard any items in the refrigerators or freezers that were not properly labeled. The FSD said when stock items are opened by staff on the units, they are to be labeled with the open date and a use by date that is three days after opening. The FSD said items specifically for a resident should be labeled with their name and the date the item entered the facility. The FSD and the surveyor reviewed the findings of the nourishment kitchenettes. The FSD said all items in the unit refrigerators should be properly labeled based on the facility's policy. During an interview on 4/17/24 at 3:21 P.M., the Housekeeping Manager and the surveyor reviewed the findings of the nourishment kitchenettes, specifically the unit microwaves. The Housekeeping Manager said his department is responsible for maintaining and cleaning the unit microwaves daily. The Housekeeping Manager said there should be no food residue left on the inside of the microwaves. The Housekeeping Manager said it was not safe for the microwave of the Cherrywood Unit Kitchenette to have inside plastic bubbling or broken.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 48084 Based on observation, interview, and policy review, the facility failed: 1. To ensure transmission-based precautions (TBP), specifically contact precautions, were implemented according to Centers for Disease Control and Prevention (CDC) guidance, for one Resident (#44), out of three sampled residents; and 2. To ensure staff implemented infection control practices and performed hand hygiene when performing wound care. Findings include: 1. Review of the facility's policy titled Standard Precautions, dated as last revised 8/1/23, indicated but was not limited to the following: -Standard precautions are used in the care of all residents regardless of their diagnoses, or suspected, or confirmed infection status. Standard precautions presume that all blood, body fluids, secretions, and excretions (except sweat), non-intact skin and mucous membranes may contain transmissible infectious agents. -Hand hygiene is performed with alcohol-based hand rub (ABHR) or soap and water before and after resident contact and after contact with items in the resident's room. -Gloves are worn when in direct contact with a resident who is infected or colonized with organisms that are transmitted by direct contact (refer to CDC isolation precaution guidelines). -Gowns (clean, non-sterile) are worn to protect skin and prevent soiling of clothing during procedures and resident care activities. Review of the facility's policy titled Handwashing/Hand Hygiene, dated as last revised 8/1/23, indicated but was not limited to the following: -Hand hygiene is the primary means to prevent the spread of infection. -Use an ABHR or soap and water for the following situations: before and after direct contact with residents, before preparing or handling medications, after contact with objects in the immediate vicinity of the resident, before and after entering isolation precaution setting. -Single use disposable gloves should be used when in contact with a resident, or the equipment, or environment of a resident, who is on contact precautions. Review of the facility's policy titled Isolation-Notices of TBP, dated as last revised 8/1/23, indicated but was not limited to the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Notices will be used to alert personnel and visitors of TBP, while protecting the privacy of the resident. -When TBP are implemented, notification is placed on the room entrance, so personnel or visitors are aware of the need for and type of precautions. -Contact Precautions: A sign indicating Contact Precautions on the door to the resident's room. Review of the CDC Contact Precautions Sign being used by the facility, undated, indicated but was not limited to the following: STOP: CONTACT PRECAUTION: EVERYONE MUST: -Clean their hands, including before entering and when leaving the room. PROVIDERS AND STAFF MUST ALSO: -Put on gloves before room entry. -Discard gloves before room exit. -Put gown on before room entry. -Discard gown before room exit. Resident #44 was admitted to the facility in August 2023 with diagnoses which included open wound left lower leg, open wound right lower leg, and methicillin resistant staphylococcus aureus (MRSA) infection. The surveyor made the following observations of Resident #44: -4/16/24 at 12:14 P.M., Contact Precautions sign posted at the entrance to Resident #44's room, he/she was walking around the room. -4/17/24 at 12:29 P.M., Contact Precautions sign posted at the entrance to Resident #44's room, he/she was sitting on bed eating lunch; Resident #44's lower extremities from sock to knee were visible with dressings on both. -4/17/24 at 1:11 P.M., CNA #1 entered the room with no gloves or gown on, picked up lunch tray and exited the room. CNA #1 placed the lunch tray in the meal cart and did not perform hand hygiene after. -4/17/24 at 1:12 P.M., Nurse #2 entered the room with no gloves or gown on, stood at bedside talking to Resident #44, he then exited the room, did not perform hand hygiene, walked to the medication cart in the hallway, poured mediations for Resident #44, walked back to room, entered the room, again with no hand hygiene, no gloves, no gown, and administered the medications. Nurse #2 then exited the room with no hand hygiene. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #44's medical record including physician orders, treatment administration record (TAR), progress notes, and care plans indicated but were not limited to the following: -Contact Precautions related to MRSA every shift for MRSA to wounds (1/19/24). -Doxycycline 100 milligrams (mg) twice daily for wound infection (4/13/24). -TAR indicated Contact Precautions had been signed off as administered daily as ordered. -Progress note dated 4/5/24 indicated wound culture remains positive for MRSA. -Comprehensive Care Plan indicated that Resident was on Contact Precautions for MRSA to wound. During an interview on 4/17/24 at 1:18 P.M., CNA #1 said Resident #44 is on contact precautions for MRSA and we only need personal protective equipment (PPE) (gloves and gowns) when washing the Resident or doing wound care. During an interview on 4/17/24 at 1:16 P.M., Nurse #2 said the Resident did not have an active infection and he/she was on Enhanced Barrier Precautions (EBP) and did not know why the Contact Precaution sign was there. Additionally, he said the EBP doesn't really mean anything, just that we need PPE for dressing changes, they are not real precautions, and you don't need PPE to enter the room. During an interview on 4/17/24 at 1:20 P.M., Unit Manager #3 said Resident #44 is on Contact Precautions for MRSA in the wounds on both legs. She said the wounds were recently re-cultured and are still positive for infection and he/she is on a course on antibiotics to treat the infection. Additionally, she said there may be some confusion with EBP versus Contact Precautions and who needs what PPE and when, but Resident #44 has an active infection, is on Contact Precautions, and staff should be following the sign which indicates the need for hand hygiene, gloves, and gowns to enter the room. During an interview on 4/18/24 at 1:30 P.M., the Assistant Director of Nurses (ADON) said staff should be following the signs posted on the door and with Contact Precautions they should have full PPE (gloves and gown) per the sign, and they should be performing hand hygiene before entering and after exiting the room. During an interview on 4/18/24 at 2:40 P.M., the Director of Nurses (DON) said with Contact Precautions staff should have full PPE (gloves and gown) per the sign. Additionally, they should be doing hand hygiene before entering and after exiting the room, including picking up a tray and before and after med administration. 36542 2. Review of the facility's policy titled Wound Care, dated as revised 8/1/23, indicated but was not limited to: -Use disposable cloth (paper towel is adequate) to establish clean field on resident's overbed table. Place all items to be used during procedure on the clean field. -Wash and dry your hands thoroughly. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Put on exam glove. Loosen tape and remove dressing. -Pull glove over dressing and discard into appropriate receptacle. Wash and dry your hands thoroughly. -Put on gloves. -Apply treatment as indicated. -Remove disposable gloves and discard. Wash and dry your hands thoroughly. Resident #28 was admitted to the facility in December 2023. Review of the medical record indicated Resident #28 had a wound to the third toe on the left foot. On 4/18/24 at 2:11 P.M., the surveyor observed Nurse #4 perform wound care for Resident #28 as follows: -Enter the Resident's room and place treatment supplies on the Resident's overbed table (failed to clean the table) -Remove (with bare hands) the left sock of Resident #28, exposing the wound, which was not covered -Put on gloves (failed to perform hand hygiene prior to putting on gloves) -Provide treatment and remove the gloves Unit Manager #4 entered during the treatment to observe the foot of Resident #28. Unit Manager #4 was observed to put on a pair of gloves and directly touch the foot of Resident #28. Unit Manager #4 then walked to the nightstand and picked up a pair of eyeglasses and attempted to put a lens in the glasses (with the same gloves that had been touching the Resident's foot). During an interview on 4/18/24 at 2:40 P.M., Nurse #4 said she did not clean the overbed table prior to putting the supplies down and she did not perform hand hygiene after removing the sock. During an interview on 4/18/24 at 4:35 P.M., the Director of Nurses said hand hygiene should be performed prior to putting on gloves and gloves should be removed, and hand hygiene performed prior to touching eyeglasses.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. 49425 Based on policy review, document review, and interview, the facility failed to implement an antibiotic stewardship program which included antibiotic use protocols and monitoring antibiotic use in line with the facility antibiotic stewardship program. Specifically, the facility failed to: 1. Ensure monitoring of antibiotic use that did not meet criteria for antibiotic treatment was completed for three Residents #291, #61, and #78, out of a total sample of 26 residents; and 2. Ensure a stop date or clinical rationale was provided for continued use of an antibiotic for one Resident #20, out of a total sample of 26 residents. Findings include: 1. Review of the facility's policy titled Antibiotic Stewardship, dated as updated 8/1/23, indicated but was not limited to the following: -Antibiotics will be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program -The purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our residents -Orientation, training and education of staff will emphasize the importance of antibiotic stewardship and will include how inappropriate use of antibiotics affects individual residents and the overall community. -If an antibiotic is indicated, prescribers will provide complete antibiotic orders including the following elements: drug name, dose, frequency of administration, duration of treatment, start and stop date, number of days of therapy, route of administration and indications for use -When a nurse calls a physician/prescriber to communicate a suspected infection, he/she will have the following information available: Signs and symptoms, when symptoms were first observed, resident's hydration status, current medication list, allergy information, infection type, and time of the last antibiotic dose. -When antibiotics are prescribed over the phone, the primary care practitioner will assess the resident within 72 hours of the telephone order. -When a culture and sensitivity (C&S) is ordered lab results and the current clinical situation will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified, or discontinued. Review of the facility's policy titled Antibiotic Stewardship - Orders for Antibiotics, dated as updated 8/1/23, indicated but was not limited to the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Appropriate indications for use of antibiotics include criteria met for clinical definition of active infection or suspected sepsis; and pathogen susceptibility, based on culture and sensitivity, to antimicrobial (or therapy began while culture was pending). -Empirical use of an antibiotic based on clinical criteria of suspected sepsis may be appropriate. The staff and practitioner will document the specific criteria that support the suspicion in the clinical record. Review of the facility's policy titled Surveillance for Infections, dated as updated 8/1/23, indicated, but was not limited to the following: -The infection preventionist (IP) or designated infection control personnel is responsible for gathering and interpreting data. -The surveillance should include a review of any or all of the information to help identify possible indicators of infections: antibiotic review Review of the facility's policy titled Infections - Clinical Protocol, dated as updated 8/1/23, indicated, but was not limited to the following: -Based on review of the clinical situation, the physician or provider and staff will identify whether antibiotics are warranted or whether those that have already been started should continue or change. During an interview with the Director of Nursing (DON) and Staff Development Coordinator (SDC) on 4/22/24 at 9:16 A.M., the DON said she is working as the facility's Infection Preventionist (IP) and the SDC is assisting her. The DON said the facility uses McGeer criteria sheets to determine if an infection meets criteria for antibiotic use. The SDC said she is responsible for tracking, monitoring and reviewing antibiotic use in the facility, and she completes and maintains the tracking documents titled Line Listings, for all antibiotic use in the facility. Review of the facility provided tracking documents titled Line Listings, indicated but were not limited to the following: February 2024 - Resident #291 documented as having a urinary tract infection (UTI) with McGeer criteria not being met but was treated with Cipro (an antibiotic). Review of the medical records for Resident #291 failed to indicate a review of the antibiotic use had been completed by the IP or designee and communicated to the physician or nurse practitioner. March 2024 -Resident #61 documented as having a UTI with McGeer Criteria not being met but was treated with Levaquin (an antibiotic). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident #78 documented as having a UTI with McGeer Criteria not being met but was treated with Amoxicillin (an antibiotic). Review of the medical records for Resident #61 and #78 failed to indicate a review of the antibiotic use had been completed by the IP or designee and communicated to the physician or nurse practitioner. During an interview on 4/22/24 at 9:37 A.M., both the DON and SDC reviewed the identified issues with Residents #291, #61, and #78 and said they could not locate any additional information or documentation that would indicate any antibiotic reviews had occurred by the IP or designee. The SDC said she sometimes completes reviews with the MD/NP verbally, but does not recall completing an antibiotic review, and there is no documentation in the medical record. The DON said her expectation is for resident use of antibiotics to be reviewed with the MD/NP shortly after initiation, and the outcome of the review to be documented in the medical record. During an interview on 4/22/24 at 9:51 A.M., the DON said the antibiotic stewardship program is not being followed properly as it should be per the facility's policies. 48084 2. Resident #20 was admitted to the facility in December 2023 with diagnoses which included urinary tract infection (UTI), chronic kidney disease, weakness, dehydration, and failure to thrive. Review of the discharge summary from the acute care hospital, dated 12/22/23 indicated but was not limited to the following: -Urine culture was positive for a UTI and was treated with five-day course of antibiotics. -Resident's outpatient Urologist office was contacted and there is NO PLAN for prophylactic antibiotics at this time. -Discharge Medication list did not include an antibiotic. Review of the Physician's Progress Note, dated 12/27/23, indicated Resident was admitted after being treated for a UTI and the current medication list did not include an antibiotic. Review of the Physician's Progress Note, dated 12/29/23, indicated the Nurse Practitioner (NP) spoke to the daughter, who spoke to the Urologist; Urologist sent over a prescription, and apparently, they do want him/her on Bactrim (antibiotic) daily, prophylactically to prevent UTIs. Review of the Physician's Progress Note/Admission History and Physical for Long Term Placement, dated 2/6/24, indicated the Resident was recently diagnosed and treated for a UTI and was status post antibiotics. Further review of the note failed to indicate the Resident was on prophylactic antibiotics. Review of the Physician's Progress Note, dated 3/15/24, indicated Resident #20 per their Urologist was on prophylactic Bactrim daily. Further review of the note failed to indicate a clinical rationale for the prophylactic antibiotic. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225211	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellis Nursing Home (the)	135 Ellis Avenue Norwood, MA 02062

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further review of the medical record failed to indicate a clinical rationale from any provider (Physician, NP, or Urologist) for the continued use of the Bactrim. Unit Manager #3 was unable to locate any documentation since admission from the Urologist indicating the need for prophylactic antibiotics. Review of the Physician's Orders indicated the following: -Bactrim 400-80mg once daily for UTI for 7 days (order written and was discontinued on 12/27/23) -Bactrim 400-80mg once daily for UTI (started 12/30/23 and ended 1/31/24) -Bactrim 400-80mg once daily for UTI (started 1/31/24) Review of the Medication Administration Record (MAR) indicated Resident #20 had received Bactrim once daily as ordered since December 2023. Further review of the progress notes failed to indicate the need for prophylactic antibiotics or why the stop date was removed from the order. Additionally, the Resident had no documented symptoms of a UTI. Review of the Comprehensive Care Plan failed to indicate Resident #20 was on prophylactic antibiotics. During an interview on 4/18/24 at 1:25 P.M., Nurse #6 said she was not sure why Resident #20 was on the Bactrim but assumed it was because he/she had a history of UTIs. During an interview on 4/18/24 at 10:37 A.M., Unit Manager (UM) #3 said she was unable to get any documentation from the Urologist's office indicating he wanted the Resident on prophylactic antibiotics, if so why, and for how long. UM #3 said she had not spoken to the Urologist's office until today and there was no indication any staff had spoken to the office regarding the prophylactic treatment. UM #3 said there should be documentation in the medical record indicating facility staff and Urology discussed the plan regarding the continued use of the Bactrim, how long he/she should be on it and what the indication for long term use was and there was not. During an interview on 4/18/24 at 1:30 P.M., the Assistant Director of Nurses (ADON) said she thinks the Bactrim order came from the Urologist's office and the physician here just kept it. Additionally, she said she tracks it on the line list but there is no documented clinical indication for use in the record that she could find. During an interview on 4/18/24 at 2:40 P.M., the Director of Nurses (DON) said her expectation for prophylactic antibiotics is that the rationale for long term continued use of antibiotics be documented in the medical record and that there be a trial dose reduction to ensure the medication is needed. The DON said the order should be clear, what they are on, for how long, and the reason they need to be on it and this order is not in line with the Antibiotic Stewardship policy with no rationale for prophylactic treatment.