

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225211	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2025
NAME OF PROVIDER OR SUPPLIER Ellis Nursing Home (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>50740</p> <p>Based on document review, observation, and interview, the facility failed to develop, implement, and individualize comprehensive plans of care for two Residents (#126, #109), out of a total sample of 25 residents. Specifically, the facility failed:</p> <ol style="list-style-type: none"> 1. For Resident #126, to develop and implement a care plan for the Resident's biliary drains (tubes inserted in the bile ducts to treat a blockage) and portacath (a type of central venous line that is surgically inserted beneath the skin and leads into the heart that is used to administer intravenous (IV) fluids and medications and to take blood samples); and 2. For Resident #109, to ensure the Resident's skin care plan addressed the Resident's current skin condition of a heel pressure ulcer. <p>Findings include:</p> <p>Review of the facility's policy titled Care Plans, Comprehensive Person-Centered, dated 8/1/23, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -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, person-centered care plan is developed within seven (7) days of the completion of the required MDS (Minimum Data Set) assessment (Admission, Annual or Significant Change in Status), and no more than 21 days after admission. -The comprehensive, person-centered care plan: <ol style="list-style-type: none"> a. includes measurable objectives and timeframes; b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including: <ol style="list-style-type: none"> (1) services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment; <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(2) any specialized services to be provided as a result of PASARR (Preadmission Screening and Resident Review) recommendations; and</p> <p>(3) which professional services are responsible for each element of care;</p> <p>c. includes the resident's stated goals upon admission and desired outcomes;</p> <p>d. builds on the resident's strengths; and</p> <p>e. reflects currently recognized standards of practice for problem areas and conditions.</p> <p>-Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change.</p> <p>-The interdisciplinary team reviews and updates the care plan:</p> <p>a. when there has been a significant change in the resident's condition;</p> <p>b. when the desired outcome is not met;</p> <p>c. when the resident has been readmitted to the facility from a hospital stay; and</p> <p>d. at least quarterly, in conjunction with the required quarterly MDS assessment.</p> <p>1. Resident #126 was admitted to the facility in March 2025 with diagnoses including gallbladder cancer with metastasis to the liver, duodenum, and peritoneum; protein-calorie malnutrition; bile duct obstruction; and bacteremia (bacterial infection of the bloodstream).</p> <p>Review of Resident #126's hospital Discharge Summary, dated 3/7/25, indicated the Resident underwent portacath placement in February 2025 and left and right biliary drain placements in January 2025.</p> <p>Review of Resident #126's medical record indicated that the Resident's biliary drains were exchanged on 4/9/25.</p> <p>Review of the active Physician's Orders for Resident #126 included but was not limited to:</p> <p>-Flush biliary drain twice daily with 0.9 NaCl (Sodium Chloride) 10ml (milliliters) [order date 3/7/25]</p> <p>-Chlorhexidine Gluconate Cloth External Pad 2% Apply to L and R nephrostomy site topically every evening shift every Fri for Dressing change Biliary tube sites [order date 3/24/25]</p> <p>-Sodium Chloride Solution 0.9% Use 10ml via irrigation every date and evening shift [order date 3/7/25]</p> <p>Review of the current care plans for Resident #126 failed to indicate a care plan was developed reflecting the presence and/or care of the Resident's portacath and biliary drains.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the manufacturer's guide indicated it was recommended the portacath be flushed with 5ml of heparinized saline every four weeks when not in use.</p> <p>During an interview on 4/23/25 at 9:09 A.M., Resident #126 said he/she has two drains in his/her abdomen that the nurses at the facility were managing. Resident #126 said he/she had received intravenous fluids through an IV in his/her arm for a few days, but the IV had since been removed.</p> <p>During an interview on 4/29/25 at 8:42 A.M., Unit Manager #2 said she did not know if there were any physician's orders and/or a care plan in place reflecting the presence of and/or maintenance of the portacath that Resident #126 had placed in February 2025. The surveyor showed Unit Manager #2 the portacath information included in the Resident's hospital Discharge Summary. Unit Manager #2 said she would get more information from the Director of Nursing and report back to the surveyor.</p> <p>During a subsequent interview on 4/29/25 at 9:08 A.M., Unit Manager #2 said that Resident #126's chemotherapy was on hold while he/she was at the facility and that the nurses at the facility were not accessing the Resident's portacath to administer medications or maintenance flushes. Unit Manager #2 said that the Resident's portacath and biliary drains should have been included in the Resident's care plan.</p> <p>During an interview on 4/29/25 at 9:29 A.M., Resident #126 showed the surveyor where his/her portacath was located. The Resident said that when he/she was in the hospital in March, the nurses there were administering antibiotics and fluids through the portacath access. The Resident said at the facility, the nurses did not access the Resident's portacath but an additional IV was placed in his/her arm.</p> <p>During an interview on 4/29/25 at 10:24 A.M., the Director of Nursing said that it is her expectation that devices such as biliary drains, IVs, etc. be care planned for all residents. The Director of Nursing said that the facility staff were capable of accessing and caring for Resident #126's portacath, but currently were not performing maintenance to maintain patency.</p> <p>49428</p> <p>2. Resident #109 was admitted to the facility in January 2024 with diagnoses including dementia and history of falling.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 4/5/25, indicated Resident #109 had one unhealed, unstageable pressure ulcer and was receiving pressure ulcer care.</p> <p>During an interview on 4/24/25 at 8:44 A.M., the wound doctor said Resident #109 had a heel pressure ulcer that he was following.</p> <p>Review of current care plans for Resident #109 failed to indicate the presence of the Resident's heel pressure ulcer, but did indicate the Resident had a pressure ulcer on his/her elbow and buttock.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/29/25 at 12:34 P.M., Unit Manager (UM) #3 reviewed Resident #109's care plan. UM #3 said the care plan indicated the Resident had pressure ulcers on his/her elbow and buttock. UM #3 said the elbow and buttock pressure ulcers had resolved and the Resident only had the heel pressure ulcer which was not indicated in the care plan. UM #3 said Resident #109's care plan should have been updated to reflect the resolved pressure ulcer and the care plan should indicate the current heel pressure ulcer.</p> <p>During an interview on 4/29/25 at 2:37 P.M., the Director of Nursing (DON) said Resident #109's skin care plan should have been updated to reflect the Resident's current skin condition of a heel pressure ulcer.</p>		

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<p>F 0712</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>50740</p> <p>Based on interviews and record review, the facility failed to ensure two Residents (#23, #110), in a sample of 25 residents, were seen by the Physician at least every 30 days for the first 90 days after admission and at least every 60 days thereafter, with alternate visits by a Nurse Practitioner (NP) as indicated. Specifically, the facility failed:</p> <ol style="list-style-type: none"> 1. For Resident #23, to ensure the Resident was seen by the Physician at least every 120 days after the first 90 days after admission; and 2. For Resident #110, to ensure the Resident was seen by the Physician at least every 120 days after the first 90 days after admission. <p>Findings include:</p> <ol style="list-style-type: none"> 1. Resident #23 was admitted to the facility in December 2023 with diagnoses including dementia and chronic kidney disease. <p>Review of the Physician's Progress Notes indicated Resident #23 was seen by the Physician for an initial visit in December 2023. The Physician's Progress Notes indicated that the Resident was not seen by the Physician again until 2/25/25. All interval visits between December 2023 and February 2025 were conducted by the NP.</p> <p>During an interview on 4/29/25 at 1:57 P.M., Unit Manager #3 said the NP who works with the Resident's Attending Physician is typically in the facility on Mondays, Wednesdays, and Fridays and sees the residents more routinely. Unit Manager #3 said that she does not track Physician visits or know when each resident must be seen by the Physician. Unit Manager #3 said she was aware of the regulatory requirement for Physician visits.</p> <p>During an interview on 4/29/25 at 2:45 P.M., the Director of Nursing (DON) said she expected the Physician visits to occur once every 30 days for the first 90 days after a resident is admitted, and then the frequency is once every 60 days with visits alternating between the Physician and NP. The DON said Resident #23 should have had alternating visits by the Physician and NP.</p> <p>49428</p> <ol style="list-style-type: none"> 2. Resident #110 was admitted to the facility in August 2024 with diagnoses that included dementia, chronic obstructive pulmonary disease (COPD), and hypertension. <p>Review of the Physician's Progress Notes indicated Resident #110 was last seen by the Physician on 8/27/24. Further review of the medical record indicated all subsequent visits were completed by the Nurse Practitioner (NP), indicating Resident #110 had not been seen by a Physician in 245 days.</p> <p>Further review of Resident #110's medical record indicated there were 74 days between the NP's visits on 10/14/24 and 12/27/24.</p> <p>(continued on next page)</p>

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<p>F 0712</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/29/25 at 2:45 P.M., the DON said she expected the Physician visits to occur once every 30 days for the first 90 days after a resident is admitted , and then the frequency is once every 60 days with visits alternating between the Physician and NP. The DON said Resident #110 should have had timely and alternating visits by the Physician and NP.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49428</p> <p>Based on observation and interview, the facility failed to follow 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 ensure the main kitchen was maintained in a sanitary and safe condition.</p> <p>Findings include:</p> <p>Review of the 2022 Food Code by the Food and Drug Administration (FDA), revised 1/2023, indicated but was not limited to the following:</p> <p>4-602.13 Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.</p> <p>6-501.12 (A) Physical facilities shall be cleaned as often as necessary to keep them clean.</p> <p>Review of the facility's policy titled Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices, updated 8/1/23, included but was not limited to the following:</p> <p>Cleaning and Sanitation of Kitchen Surface:</p> <ul style="list-style-type: none"> -all surfaces in kitchen are to be maintained with cleanliness and sanitation; -all vents shall be clean and free from debris. <p>On 4/23/25 at 7:33 A.M., the surveyor observed, in the main kitchen, a build up of dust on the air handler above clean trays.</p> <p>On 4/28/25 at 11:50 A.M., the surveyor observed the following in the main kitchen:</p> <ul style="list-style-type: none"> -Large dust clumps throughout the vent grate located in the main kitchen area; -Spotches of dust attached to numerous ceiling tiles located in the main kitchen area; -Yellow/white, raised powdery substance and dust throughout shelving in the walk-in refrigerator; -Black, raised buildup and dust throughout the condenser fan covers in the walk-in refrigerator. <p>During an interview on 4/28/25 at 11:55 A.M., the Food Service Director (FSD) said maintenance would need to remove the walk-in refrigerator condenser fan covers in order to clean them, and she was unsure whether the covers were on the maintenance department's cleaning schedule. The FSD said the fan covers should be free of buildup and debris.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/29/25 at 3:00 P.M., the Director of Maintenance said he did not perform any cleaning or maintenance tasks in the main kitchen other than maintenance requests to fix broken items.</p> <p>During an interview on 4/29/25 at 3:05 P.M., the Director of Housekeeping said his department does not perform any cleaning tasks in the main kitchen. The floor technician, who sometimes performs cleaning tasks, said he has never cleaned in the main kitchen.</p> <p>Review of Weekly Cleaning Assignments for January, February, and March indicated, but was not limited to, the following task:</p> <p>Walk-in refrigerator - Fan and Shelving, Remove fan cover; thoroughly wipe all shelving. All weeks were initialed by staff indicating the task was completed for all weeks in January, February, and March.</p> <p>During an interview on 4/29/25 at 2:15 P.M., the surveyor and FSD observed the buildup and dust in the ceiling vents, on the ceiling tile, and on the walk-in refrigerator shelving. The FSD said vents, ceiling tiles, and shelving should be clean and free of buildup and debris.</p> <p>During an interview on 4/29/25 at 2:50 P.M., the Clinical Coordinator said he expected the main kitchen to be clean and surfaces free of buildup.</p>

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<p>F 0840</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ or obtain outside professional resources to provide services in the nursing home when the facility does not employ a qualified professional to furnish a required service.</p> <p>49428</p> <p>Based on record review and interview, the facility failed to ensure for one Resident (#31), out of a total sample of 25 residents, recommended specialist appointments were scheduled. Specifically, the facility failed to ensure specialty eye appointments were scheduled.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Ancillary Services, updated 8/1/23, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -Services provided to our residents are performed in accordance with current acceptable standards of clinical practice; -Residents will be offered ancillary services including but not limited to, ophthalmology, audiology, podiatry, and psych services. If resident chooses services outside of ancillary services provided at the facility all efforts will be made to ensure they are seen; -Schedule of services will be provided with as much information as possible, in a timely fashion as possible; -Nursing staff will be responsible for reviewing any and all recommendations from the ancillary services and communicate that to the attending physician/nurse practitioner/physician's assistant for approval or refusal of the recommendation; -Nursing staff will be responsible to ensure that documentation is completed including but not limited to, documentation in nursing note of service provided, recommendations, notification of family and any feedback by the physician regarding orders, changes to plan of care, etc. <p>Resident #31 was admitted to the facility in May 2023, status post corneal transplant surgery, with diagnoses that included major depressive disorder, anxiety disorder, chronic angle-closure glaucoma, corneal edema, corneal transplant status, and encounter for surgical aftercare following surgery on the sense organs.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 1/18/25, indicated Resident #31 scored 14 out of 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident was cognitively intact.</p> <p>During an interview on 4/28/25 at 9:52 A.M., Resident #31 said he/she would like to know what happened to his/her eye appointments.</p> <p>During an interview on 4/29/25 at 8:21 A.M., Unit Manager (UM) #3 said she was unaware of the Resident wanting to see a specialty eye doctor.</p> <p>(continued on next page)</p>		

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<p>F 0840</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/29/25 at 8:27 A.M., Resident #31 told UM #3 and the Clinical Coordinator he/she would like to follow up with his/her eye specialist.</p> <p>During an interview on 4/29/25 at 8:50 A.M., Resident #31 said he/she was blind in the right eye and very impaired in the left eye. He/she was interested in continuing his/her care with the eye specialist because vision is important and that is where he/she had their eye surgery in May 2023. The Resident said his/her vision had worsened over time since the surgery. The Resident said CNA #2 escorted him/her to their last eye appointment, which was sometime in 2023, and he/she missed their last known scheduled appointment in 2023 because he/she was told there was no staff available to escort him/her off campus to the appointment. He/she said they kept asking nursing about scheduling the specialty eye appointments but either there was no one to escort the Resident or the Resident never received follow-up, so the Resident said he/she stopped asking about eye appointments.</p> <p>On 4/29/25 at 9:22 A.M., the surveyor telephoned the eye specialist's office and spoke with a member of the office staff. She said Resident #31 was last seen by the eye specialist in September 2023 and indicated there were several missed and canceled appointments after September 2023. She said he/she was supposed to have repeat surgery which was not scheduled.</p> <p>Review of the Eye specialist records, dated 9/29/23, indicated but were not limited to the following:</p> <p>5/10/23 - Resident #31 had corneal transplant surgery on 5/10/23. The Resident remained in the hospital several days due to feeling unsafe for discharge.</p> <p>The Resident missed eye appointments on 5/17/23 and 5/18/23.</p> <p>5/19/23 - Resident stated his/her vision had been improving but became blurry.</p> <p>5/30/23 - Still at rehab. Reports vision has decreased significantly.</p> <p>6/28/23 - Resident stated his/her eye was not doing any better, vision still not good.</p> <p>8/16/23 - Resident stated his/her vision had been wavering with some days better than others.</p> <p>9/29/23 - Resident stated his/her vision is much worse in the left eye, and he/she had not been getting Latanoprost (an ophthalmic solution used to reduce pressure inside the eye) and he/she ran out of Combigan (a prescription eye drop that lowers pressure inside the eye) the day prior and needs a refill.</p> <p>Review of Resident #31's medical record indicated, but was not limited to, the following:</p> <p>Nurse Practitioner note, dated 9/30/24, stated the Resident's vision remained poor and he/she thought it was getting worse. Assessment and Plan: corneal edema - stable, followed by ancillary eye specialist. He/she has virtually no vision in his/her right eye. He/she is upset that his/her vision seems to be getting worse. Follow up with eye specialist.</p> <p>(continued on next page)</p>		

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<p>F 0840</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/29/25 at 11:39 A.M., Unit Manager (UM) #3 said Resident #31 was admitted to the facility in May 2023 from the eye clinic status post eye surgery. UM #3 reviewed the Resident's medical records and said the last nursing note associated with an eye appointment was on 11/20/23 and stated Resident #31 was scheduled for a specialist eye appointment on 11/21/23 and the ride was booked, but there was no further documentation of the appointment or future appointments. UM #3 said she was unsure of what the plan was for ancillary specialty eye services for Resident #31.</p> <p>During an interview on 4/29/25 at 12:45 P.M., Certified Nursing Assistant (CNA) #2 said she had escorted the Resident to multiple eye appointments and could not recall the date of the last appointment as it was likely over a year ago.</p> <p>Further review of the Resident's medical record indicated, but was not limited to, the following:</p> <p>Nurse Practitioner note, dated 1/3/25, stated Assessment and Plan: Glaucoma stable, followed by eye specialist. Patient with decreased vision in left eye. He/she has virtually no vision in right eye. Continues on multiple eye drops for left eye. Follow up with eye specialist.</p> <p>During an interview on 4/29/25 at 2:45 P.M., the Clinical Coordinator said Resident #31 missed some his/her initial follow-up eye appointments due to emotional struggles regarding his/her vision. The Clinical Coordinator said, other than that, he was unaware of any issues with scheduling or transporting the Resident to ancillary specialty eye care services.</p> <p>During an interview on 4/29/25 at 2:45 P.M., the Director of Nursing (DON) said she expected staff to track residents' ancillary service recommendations, needs, and preferences. She said the UM was responsible for scheduling ancillary appointments and the facility would honor a resident's preference for an escort to assist them to their appointment. The DON said she would expect staff to notify her of any issues scheduling or getting a Resident to ancillary appointments. The DON said Resident #31 should have had a continuation of specialty eye services per recommendation, request, or as needed.</p>		

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

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50740</p> <p>Based on observations and interviews, the facility failed to follow infection control prevention practices. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure effective hand hygiene practices and appropriate PPE (personal protective equipment) were utilized when entering in and exiting out of resident rooms, including residents on transmission-based precautions; and 2. Ensure resident hand hygiene was implemented during meal service. <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's policy titled Isolation - Initiating Transmission-Based Precautions, dated 8/1/23, indicated, but was not limited to, the following: <ul style="list-style-type: none"> -Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents. -Transmission-based precautions may include contact precautions, droplet precautions, or airborne precautions. -When transmission-based precautions are implemented, the infection preventionist (or designee): <ol style="list-style-type: none"> a. clearly identifies the type of precautions, anticipated duration, and the personal protective equipment (PPE) that must be used; b. explains to the resident (or representative) the reason(s) for the precautions; c. provides and/or oversees the education of the resident, representative and/or visitors regarding the precautions and use of PPE; d. determines the appropriate notification on the room entrance door and on the front of the resident's chart so that personnel and visitors are aware of the need for and type of precautions: (1) The signage informs the staff of the type of CDC (Centers for Disease Control and Prevention) precaution(s), instructions for use of PPE, and/or instructions to see a nurse before entering the room. (2) Signs and notifications comply with the resident's right to confidentiality or privacy. e. ensures that protective equipment (i.e. gloves, gowns, masks, etc.) is maintained outside the resident's room so that anyone entering the room can apply the appropriate equipment; <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>f. ensures that protective equipment and supplies needed to maintain precautions during care are in the resident's room; and</p> <p>g. ensures that an appropriate linen barrel/hamper and waste container; with appropriate liner, are placed in or near the resident's room.</p> <p>-Transmission-based precautions remain in effect until the attending physician or infection preventionist discontinues them, which occurs after criteria for discontinuation are met.</p> <p>Review of the CDC Contact Precautions sign indicated the following:</p> <p>-Everyone must: Clean their hands, including before entering and when leaving the room.</p> <p>-Providers and staff must also:</p> <p>Put on gloves before room entry. Discard gloves before room exit.</p> <p>Put on gown before room entry. Discard gown before room exit.</p> <p>Do not wear the same gown and gloves for the care of more than one person.</p> <p>Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.</p> <p>A. Resident #383 was admitted to the facility in April 2025 with diagnoses including Methicillin Resistant Staphylococcus Aureus (MRSA, a type of bacteria that is resistant to many antibiotics).</p> <p>Review of Resident #383's active Physician's Orders indicated, but was not limited to, the following:</p> <p>-Contact Precautions every shift for MRSA in nares (nostrils) + Klebsiella pneumoniae (a type of bacteria that can cause infection and is often resistant to multiple antibiotics) [order date 4/15/25]</p> <p>Review of Resident #383's Care Plans indicated, but was not limited to, the following:</p> <p>-Focus: PRECAUTIONS: [Resident #383] is on contact precautions R/T (related to) MRSA in nares + Klebsiella pneumoniae</p> <p>-Interventions: Institute appropriate precautions as warranted (Contact precautions)</p> <p>Review of Resident #383's MRSA PCR (a laboratory test used to detect the presence of MRSA bacteria) results from a specimen obtained from the Resident's nares on 4/18/25 indicated Resident #383 tested positive for MRSA.</p> <p>Review of the Nurse Practitioner's Progress Note, dated 4/25/25, indicated Resident #383 had tested positive for MRSA of the nares while in the hospital, but it was unclear whether he/she was treated. The Resident was retested at the facility and was again positive for MRSA and was started on Bactroban (a topical antibiotic treatment).</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/24/25 at approximately 10:17 A.M., the surveyor observed Unit Manager #2 and Nurse #2 assessing Resident #383 after he/she had sustained a fall. A yellow CDC Contact Precautions sign was posted on the wall under the room number plaque outside of the Resident's room and PPE was available in a cart below the sign.</p> <p>On 4/24/25 at 10:21 A.M., the surveyor observed Unit Manager #2 and Nurse #2 leave the Resident's room. A housekeeper then entered Resident #383's room without appropriate PPE on.</p> <p>On 4/24/25 at 10:29 A.M., the surveyor observed Unit Manager #2 and the Director of Nursing entered Resident #383's room without donning (putting on) PPE.</p> <p>On 4/28/25 at 11:59 A.M., the surveyor observed a yellow CDC Contact Precautions sign posted on the wall under the room number plaque outside of the Resident's room and PPE was available in a cart below the sign. The surveyor observed a student volunteer enter the Resident's room with a lunch tray. The student volunteer did not don any PPE before entering the room.</p> <p>On 4/29/25 at 12:24 P.M., the surveyor observed a yellow CDC Contact Precautions sign posted on the wall under the room number plaque outside of the Resident's room and PPE was available in a cart below the sign. The surveyor observed Certified Nursing Assistant (CNA) #1 enter Resident #383's room without donning PPE.</p> <p>During an interview on 4/24/25 at 10:21 A.M., Nurse #2 reviewed Resident #383's electronic health record and said that Resident #383 was not on precautions for an active infection, but because he/she had a Foley catheter.</p> <p>During an interview on 4/29/25 at 9:55 A.M., Nurse #1 said that Resident #383 was on Contact Precautions and that staff should don a gown and gloves when entering the Resident's room, even if care was not being provided.</p> <p>During an interview on 4/29/25 at 12:24 P.M., CNA #1 said that a gown and gloves should be worn when going into Resident #383's room.</p> <p>B. Resident #122 was admitted to the facility in February 2025 with diagnoses including urinary tract infection (UTI) and dementia.</p> <p>Review of Resident #122's active Physician's Orders indicated, but was not limited to, the following:</p> <p>-Contact Precautions every shift for VRE (Vancomycin-resistant Enterococcus, a type of bacteria that is resistant to the antibiotic Vancomycin) in urine [order date 3/27/25]</p> <p>Review of Resident #122's Care Plans indicated, but was not limited to, the following:</p> <p>-Focus: PRECAUTIONS: [Resident #122] is on contact precautions r/t (related to) VRE in his/her urine.</p> <p>4-3-25 Continues with contact precautions r/t VRE/urine</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interventions: Institute appropriate precautions as warranted (Contact precautions)</p> <p>-Focus: INFECTION: Resident has infection and is at risk for complication due to UTI, VRE evidenced by >100,000 vancomycin resistant enterococcus</p> <p>Interventions: Keep resident on isolation precaution as ordered</p> <p>Review of Resident #122's urine culture results from a urine sample obtained on 4/17/25 indicated the Resident tested positive for Vancomycin-resistant enterococcus.</p> <p>On 4/24/25 at 10:53 A.M., the surveyor observed a yellow CDC Contact Precautions sign posted on the wall under the room number plaque outside of the Resident's room and PPE was available in a cart below the sign. The surveyor observed the Director of Nursing standing in the Resident's room. The Director of Nursing stated she was waiting for another staff member to come and assist her to transfer the Resident into bed. The Director of Nursing had no PPE on.</p> <p>C. Resident #390 was admitted to the facility in April 2025 with diagnoses including repeated falls and dementia.</p> <p>On 4/28/25 at 11:59 A.M., the surveyor observed a yellow CDC Contact Precautions sign posted on the wall under the room number plaque outside of the Resident's room and PPE was available in a cart below the sign. A CNA entered the Resident's room without donning PPE and exited without performing hand hygiene. The same CNA reentered the Resident's room on 4/28/25 at 12:02 P.M. without donning PPE and exited the Resident's room without performing hand hygiene.</p> <p>During an interview on 4/28/25 at 1:11 P.M., Nurse #1 said Resident #390 was transferred to the Elmwood Unit from another unit in the facility. Nurse #1 said that Contact Precautions had been implemented for Resident #390 while awaiting the results of his/her urine culture. Nurse #1 said that Resident #390 may have been exposed to a multi-drug resistant organism from his/her former roommate.</p> <p>Review of Resident #390's active Physician's Orders indicated an order was obtained for a UA C&S (urinalysis and urine culture and sensitivity) on 4/28/25. Further review indicated an order for Contact Precautions was entered on 4/29/25.</p> <p>Review of Resident #390's Progress Notes indicated, but was not limited to, the following:</p> <p>-4/28/25 at 11:17 A.M.: Resident #390 was moved to a room on the Elmwood Unit to reduce the risk of house acquired infection and a urine culture would be obtained to rule out UTI.</p> <p>-4/28/25 at 10:08 P.M.: Contact precautions maintained.</p> <p>During an interview on 4/29/25 at 12:29 P.M., the Infection Prevention Nurse said that for residents requiring Contact Precautions, all staff should be wearing at least a gown and gloves upon entry to the resident's room. The Infection Prevention Nurse confirmed that Resident #390 had been moved to another unit and Contact Precautions were initiated while the results of the Resident's urine culture were pending as he/she was possibly exposed to a multi-drug resistant organism.</p> <p>49428</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Review of the facility's policy titled Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices, updated 8/1/23, included but was not limited to the following:</p> <ul style="list-style-type: none"> -All employees who handle, prepare, or serve food are trained in the practices of safe food handling and preventing foodborne illness; -Employees must wash their hands after engaging in other activities that contaminate the hands. <p>On 4/23/25 at 8:48 A.M., the surveyor observed, on the Cherrywood Unit, staff serving meals to residents in resident rooms and in the Unit dining room with no hand hygiene performed between residents. The surveyor observed that staff did not offer hand hygiene to the residents prior to the meal.</p> <p>On 4/23/25 at 12:21 P.M., the surveyor observed the following on the Cherrywood Unit:</p> <ul style="list-style-type: none"> -One staff member checking trays prior to distribution, no hand hygiene performed prior to this task; -Unit staff members not performing hand hygiene prior to passing trays to residents or between passing trays to residents; -clothing protectors delivered with trays to resident rooms. <p>On 4/24/25 at 8:15 A.M., the surveyor observed six residents seated in the Driftwood Unit dining room waiting for breakfast. There was no observation of resident hand hygiene being performed.</p> <p>On 4/24/25 at 8:23 A.M., the surveyor observed staff serving meals to the residents in the Driftwood Unit dining room, still with no hand hygiene offered to or performed on the residents. The surveyor observed three of six residents eating food items with their bare hands. One resident in the dining room said he/she was not offered for his/her hands to be cleaned prior to the meal but that would be nice.</p> <p>During an interview on 4/24/25 at 8:34 A.M., the surveyor observed one Resident eating breakfast in his/her room. The Resident said he/she eats meals in his/her room and in the Driftwood Unit dining room. The Resident said staff does not offer to clean the Resident's hands and he/she usually takes his/her own wipes to the dining room to clean his/her hands prior to meals. The Resident said it would be a good idea if staff offered to clean residents' hands prior to meals.</p> <p>On 4/24/25 at 12:23 P.M., the surveyor observed 13 residents seated in the Cherrywood dining room with no observation of hand hygiene being offered to or performed on residents.</p> <p>On 4/24/25 at 12:31 P.M., the surveyor observed staff serving meals to the residents in the Cherrywood dining room. The surveyor observed staff removing food items from trays, cutting food, and donning clothing protectors on the residents. There was no observation of staff performing hand hygiene between these tasks.</p> <p>On 4/24/25 at 11:55 A.M., the surveyor observed, on the Applewood Unit, CNAs serving meals to residents with no observation of the CNAs practicing hand cleaning or sanitizing between residents.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/24/25 at 12:13 P.M., the surveyor observed, on the Cherrywood Unit, staff and CNAs serving meals to Residents in the unit dining room and to resident rooms with no observations of staff cleaning or sanitizing their hands between residents.</p> <p>On 4/24/25 at 12:24 P.M., the surveyor observed 14 residents in the Cherrywood Unit dining room. No hand hygiene had been offered to or performed on residents.</p> <p>On 4/24/25 at 12:33 P.M., the surveyor observed 14 residents in the Cherrywood Unit dining room had received their meals with no observation of staff offering or cleaning the residents' hands.</p> <p>During an interview on 4/24/25 at 12:40 P.M., the Director of Nursing (DON) said staff must sanitize their hands and the Residents' hands prior to meals.</p>		