

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>45429</p> <p>Based on record review, policy review and interview, the facility failed to ensure that Advance Directives (legal documents that provide instructions for medical care and only go into effect if you are unable to communicate your own wishes) were accurate for one Resident (#111) out of a total sample of 24 residents.</p> <p>Specifically, for Resident #111 the facility failed to have the Resident evaluated for the capacity to make medical decisions following a decline/change in their cognitive status.</p> <p>Findings include:</p> <p>Review of the facility policy titled Advanced Directives, last revised January 2024, indicated the following:</p> <ul style="list-style-type: none"> -the interdisciplinary team (IDT) will conduct ongoing review of the resident's decision-making capacity and communicate significant changes as appropriate. -determine the decision-making capacity of the resident and invoke (activate) the decisions of the legal representative as appropriate. <p>1. Resident #111 was admitted to the facility in December 2023, with diagnoses including vascular Dementia (decline in reasoning, planning, memory, judgement, and other thought processes caused by brain damage from impaired blood flow to the brain), Cerebral Infarction (stroke: damage to tissues in the brain caused by blood clots, disrupted blood supply and restricted oxygen supply to the specific area) and Aphasia (language disorder that makes it difficult to understand, speak, read or write resulting from damage to the language center of the brain).</p> <p>Review Resident #111's of the Minimum Data Set (MDS) Assessments indicated the following Brief Interview for Mental Status (BIMS) exam scores on the following dates:</p> <ul style="list-style-type: none"> -1/24/24: 11 out of 15 points, moderate cognitive impairment -3/11/24: 9 out of 15 points, moderate cognitive impairment -6/10/24: 5 out of 15 points, severe cognitive impairment <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-9/9/24: 4 out of 15 points, severe cognitive impairment</p> <p>Review of Resident #111's Psychological Services Progress Note, dated 7/18/24, indicated that the Resident:</p> <ul style="list-style-type: none"> -has functional and behavioral challenges related to memory -cognition and decision-making difficulty -has poor recall <p>Review of the Physician's Progress note, dated 8/23/24, indicated that the Resident:</p> <ul style="list-style-type: none"> -is a poor historian due to Dementia -is unable to provide a review of symptoms as the patient was unable cooperate <p>Review of Resident #111's Care Plan for Impaired Cognition, last revised 9/4/24, indicated:</p> <ul style="list-style-type: none"> -the Resident has a deficit in memory, judgement and short-term memory loss -observe and report changes in cognitive status <p>During an interview on 9/25/24 at 10:16 A.M., Resident #111 said that they were confused and had difficulty answering the surveyors' questions.</p> <p>During an interview on 9/30/24 at 10:37 A.M., the MDS Nurse said that she was the person responsible in the facility to complete the BIMS with the residents and notifies the residents Unit Manager (UM) of any changes in their cognitive status. The MDS Nurse also said that the UM then will notify the Physician to address the Resident decision-making capacity.</p> <p>During an interview on 9/30/24 at 10:53 A.M., the MDS Nurse said that she was unable to provide evidence that the Physician had been informed of Resident #111's change in cognitive status.</p> <p>During an interview on 9/30/24 at 3:23 P.M., UM #2 said that Resident #111 should have had a capacity evaluation completed once the BIMS score started to decline but did not.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>45429</p> <p>Based on interview, record and policy review, the facility failed to notify the Physician/Non-Physician Practitioner (NPP/ Nurse Practitioner [NP]) of a significant change in condition for two Residents (#23 and #111) out of a total sample of 24 residents.</p> <p>Specifically, the facility staff failed to notify the Physician/NPP:</p> <ol style="list-style-type: none"> 1. For Resident #23, when the blood sugar reading was greater than 400 mg/dL (milligrams per deciliter). 2. For Resident #111, when the blood sugar reading was less than 70 mg/dL and greater than 401 mg/dL. <p>Findings include:</p> <p>Review of the facility policy for Diabetes- Clinical Protocol, last revised December 2020 indicated:</p> <ul style="list-style-type: none"> -the Physician will follow-up any acute episodes associated with a change in blood sugars or deterioration of previous glucose control and document resident status at subsequent visits until the acute situation is resolved. -the Physician will order desired parameters for monitoring and reporting information related to diabetes or blood sugar management. -the staff will identify and report complications such as .hypoglycemia (low blood sugar). The Physician will help staff clarify and respond to these episodes. <p>Review of the facility policy for Change in Resident's Condition or Status, last revised July 2024 indicated:</p> <ul style="list-style-type: none"> -the nurse will notify the resident's provider or on call provider when there has been a change in resident condition - .notifications will be made in a reasonable time frame to physician and family. -the nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status. <p>1. Resident #23 was admitted to the facility in September 2023, with a diagnosis of Diabetes Mellitus Type 2 (DM II- a chronic medical condition where the body cannot effectively use insulin [hormone that regulates blood glucose/sugar] or produce enough insulin and has trouble controlling blood sugar levels).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #23's Care Plan for Diabetes last revised 9/4/24, indicated:</p> <ul style="list-style-type: none"> -administer medications as ordered. See Medication Administration Record (MAR). Monitor effectiveness and side effects. -check blood glucose levels per Physician's order. -monitor for signs and symptoms of hyperglycemia (high blood sugar) and hypoglycemia (low blood sugar). <p>Review of the Resident's September 2024 Physician's orders included:</p> <ul style="list-style-type: none"> >Lantus (long-acting insulin) - Subcutaneous Solution- (injection between the skin and muscle for treatment of Diabetes) 100 UNIT/ML (units/milliliter); Inject 15 units subcutaneously at bedtime for Diabetes, start date 6/4/24 >Humalog (fast-acting insulin injection) Subcutaneous Cartridge -100 UNIT/ML; Inject subcutaneously before meals related to Type 2 Diabetes, start date 2/8/24, as per sliding scale: <ul style="list-style-type: none"> -if blood sugar is 150 - 199 mg/dL = give 2 units (u). -200 - 249 mg/dL = give 4u. -250 - 299 mg/dL = give 6u. -300 - 249 mg/dL = give 8u. -350 - 399 mg/dL = give 10u. -400 - 999 mg/dL = give 12u, and then call MD (Doctor of Medicine/ Physician) for further orders. <p>Review of the Resident #23's July 2024 to September 2024 Medication Administration Record (MAR) indicated the following blood sugar levels recorded on the following days:</p> <ul style="list-style-type: none"> -7/31/24 at 11:30 - 450 mg/dL -8/11/24 at 16:30 - 411 mg/dL -8/13/24 at 16:30 - 434 mg/dL -8/24/24 at 11:30 - 408 mg/dL -9/20/24 at 16:30 - 400 mg/dL <p>Review of the Resident's Nursing Progress Notes from 7/31/24 through 9/20/24 did not indicate any Physician notification as required when the Resident's blood sugar levels were greater than 400 mg/dL.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/1/24 at 11:04 A.M., the Nursing Regional Director of Operations said that the facility was unable to provide evidence that the Physician had been notified of the elevated blood sugars. The Nursing Regional Director of Operations also said that the Physician should have been notified when the blood sugars were that elevated, and they had not been.</p> <p>2. Resident #111 was admitted to the facility in December 2023 with a diagnosis of DM II.</p> <p>Review of Resident #111's Care Plan for Diabetes last revised 9/4/24, indicated:</p> <ul style="list-style-type: none"> -administer medications as ordered. See MAR. Monitor effectiveness and side effects. -check blood glucose levels per Physician's order. -monitor for signs and symptoms of hyperglycemia and hypoglycemia. <p>Review of the Resident's September 2024 Physician's orders included:</p> <ul style="list-style-type: none"> >Insulin Glargine (long-acting insulin) - Subcutaneous Solution- 100 UNIT/ML; Inject 15 units subcutaneously at bedtime for Diabetes, with a start date of 9/24/24 >Humalog (fast acting insulin injection) Subcutaneous Cartridge -100 UNIT/ML; Inject subcutaneously before meals related to Type 2 Diabetes, start date 12/31/23, as per sliding scale: <ul style="list-style-type: none"> -if blood sugar is 0 - 60 mg/dL, administer no insulin and follow hypoglycemic protocol and notify MD. -60 - 200 mg/dL = give 0u. -201 - 250 mg/dL = give 4u. -251 - 300 mg/dL = give 6u. -301 - 350 mg/dL = give 8u. -351 - 400 mg/dL = give 10u. -400+ mg/dL = give 12u, and then call MD for further orders. <p>>Glucagen Hypokit (glucagon- a natural substance that raises blood sugar) Solution Reconstituted inject 1 mg (milligram) intramuscularly as need for blood sugar of less than 70 if resident is not responsive or able to swallow. Activate emergency medical services (EMS) and notify Provider, start date 1/22/24</p> <p>Review of the Resident #111's August 2024 to September 2024 MAR indicated the following blood sugar levels recorded on the following days:</p> <ul style="list-style-type: none"> -8/5/24 at 11:30 - 418 mg/dL <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-8/13/24 at 11:30 - 471 mg/dL</p> <p>-8/22/24 at 16:30 - 423mg/dL</p> <p>-9/22/24 at 6:30 - 55 mg/dL</p> <p>-9/22/24 at 16:30 - 56 mg/dL</p> <p>Review of the Resident's Nursing Progress Notes from 8/5/24 through 9/22/24 did not indicate any Physician notification as required when the Resident's blood sugar levels were greater than 400 mg/dL and below 70 mg/dL.</p> <p>During an interview on 10/1/24 at 11:04 A.M., the Nursing Regional Director of Operations said that the facility was unable to provide evidence that the Physician had been notified of the high and low blood sugars. The Nursing Regional Director of Operations also said that the Physician should have been notified when the blood sugars were outside of the acceptable range, and the Physician had not been notified.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42741</p> <p>Based on record review, and interview, the facility failed to ensure that Minimum Data Set (MDS) Assessments were coded accurately for four Residents (#70, #90, #113, and #56) out of a total sample of 24 residents and for one Resident (#124) out of a total sample of three closed records.</p> <p>Specifically, the facility failed to:</p> <ol style="list-style-type: none"> for Residents #70, #90, #113, ensure the Brief Interview of Mental Status (BIMS-cognitive test) and Patient Health Questionnaire-9 (PHQ-9-Depression questionnaire) interviews were attempted when the Residents were identified as at least sometimes being understood on the most recent MDS Assessment, for Resident #124, ensure the Resident's discharge MDS Assessment was coded accurately related to the Resident's discharge for Resident #56, code the use of a medication used for pain management and ensure the BIMS and PHQ-9 interviews were completed. <p>Findings include:</p> <p>1a. Resident #70 was admitted to the facility in May 2024, with diagnoses including Unspecified Dementia with Behavioral Disturbance (a mental disorder that occurs when someone has Dementia but does not have a specific diagnosis, associated with adverse behaviors).</p> <p>Review of the Resident's most recent MDS assessment dated [DATE], indicated he/she was usually understood and usually understands.</p> <p>Review of the MDS Assessment sections titled Cognitive Patterns and Mood indicated that neither a BIMS or PHQ-9 interview had been attempted for Resident #70.</p> <p>1b. Resident #90 was admitted to the facility in May 2023, with diagnoses including Unspecified Dementia with Behavioral Disturbance.</p> <p>Review of the Resident's most recent MDS assessment dated [DATE], indicated he/she had clear speech, was usually understood and usually understands.</p> <p>Review of the MDS Assessment sections titled Cognitive Patterns and Mood indicated neither a BIMS or PHQ-9 interview had been attempted for Resident #90.</p> <p>1c. Resident #113 was admitted to the facility in October 2023, with diagnoses including Unspecified Dementia with Behavioral Disturbance.</p> <p>Review of the Resident's most recent MDS assessment dated [DATE], indicated he/she had clear speech, was understood, and usually understands.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Review of the MDS Assessment sections titled Cognitive Patterns and Mood indicated neither a BIMS or PHQ-9 interviews had been attempted for Resident #113.</p> <p>During an interview on 10/1/24 at 8:58 A.M., the MDS Nurse said BIMS and PHQ-9 interviews should have been attempted for Residents #70, #90, and #113 as the Residents are at least sometimes understood and the interviews had not been attempted.</p> <p>2. Resident #124 was admitted to the facility in June 2024, with diagnoses including Deep Vein Thrombosis (DVT-the formation blood clots within a vein, usually in the lower extremities/ legs).</p> <p>Review of the Resident's Discharge MDS assessment dated [DATE], indicated the Resident was discharged from the facility to an acute care hospital.</p> <p>Review of the Resident's Transfer/Discharge Report dated 6/27/24, indicated the Resident was discharged to his/her home in the community.</p> <p>During an interview on 10/1/24 at 11:48 A.M., the MDS Nurse said Resident #124 was discharged from the facility to his/her home in the community and the MDS assessment dated [DATE], was coded inaccurately and should be modified to reflect the Resident discharged to the community.</p> <p>45429</p> <p>3. Resident #56 was admitted to the facility in January 2024, with diagnoses including Neuralgia (severe, typically intermittent pain or burning sensation that follows the path of a nerve, especially in the head or face), neuritis (inflammation of a peripheral nerve or nerves) and major depressive disorder (symptoms lasting greater than two weeks of a persistently low or depressed mood and a loss of interest in activities that a person used to enjoy).</p> <p>Review of Resident #56's comprehensive Minimum Data Set (MDS) Assessments dated 7/15/24, indicated the following:</p> <ul style="list-style-type: none"> -The Resident had adequate hearing. -The Resident had clear speech. -The Resident could make him/herself understood. -The Resident understood others. -The Resident's preferred language was (not English). -The Resident would like an interpreter to communicate with health care staff. -The Brief Interview for Mental Status (BIMS) should be attempted with all residents. -The BIMS was not conducted with the Resident and the responses were left blank. -The Mood interview was not conducted with the Resident and the responses were left blank. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>-The Resident has not been on a scheduled pain medication regimen.</p> <p>Review of the Resident #56's care plans, last revised 7/23/24, indicated:</p> <ul style="list-style-type: none"> -the Resident required monitoring for pain -the Resident was able to make their needs known -an intervention to monitor the Resident's mood -an intervention to enlist the use of communication devices as needed -an intervention to use an interpreter as needed <p>Review of Resident #56's September 2024 Physician's orders indicated that the Resident was prescribed Pregabalin (Lyrica - anticonvulsant, used to treat nerve pain) 75 milligrams (mg) three times a day related to Neuralgia and neuritis, start date 1/10/24.</p> <p>Review of Resident #56's September 2024 Medication Administration Record (MAR) indicated that the Resident was administered the Pregabalin 75 mg medication three times a day as ordered.</p> <p>During an interview on 9/30/24 at 3:27 P.M., the MDS Nurse said the Cognition and Mood interviews should have been completed with Resident #56 for the 7/15/24 MDS Assessment and they were not.</p> <p>During an interview on 10/1/24 at 9:20 A.M., the MDS Nurse said the Pregabalin medication should have been coded on the 7/15/24 MDS and it was not.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>42741</p> <p>Based on interview, and record review, the facility failed to ensure that a Preadmission and Resident Review Level I (initial PASRR - initial pre-screening completed prior to admission to a Nursing Facility that assess for Serious Mental Illness[SMI] or Developmental Disabilities[DD]) screen was completed prior to admission to the facility for five Residents (#59, #90, #113, #56, and #111) out of a total sample of 24 residents.</p> <p>Findings include:</p> <p>1. Resident #59 was admitted to the facility in August 2024, with diagnoses including Unspecified Dementia with behavioral disturbance (a mental disorder that occurs when someone has Dementia but does not have a specific diagnosis, usually associated with adverse behaviors).</p> <p>Review of the Resident #59's PASRR Level I, dated 9/3/24, indicated the Level I screen was completed after the Resident's admission to the facility.</p> <p>2. Resident #90 was admitted to the facility in May 2023, with diagnoses including Unspecified Dementia with behavioral disturbance, Anxiety Disorder (mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with daily activities), Major Depressive Disorder (symptoms lasting greater than two weeks of a persistently low or depressed mood and a loss of interest in activities that a person used to enjoy), and adjustment disorder (a disorder characterized by a group of symptoms such as stress, anxiety, feeling sad or hopeless, and physical symptoms that can occur after a stressful life event).</p> <p>Review of Resident #90's PASRR Level I, dated 5/15/23, indicated the Level I screen was completed after the Resident's admission to the facility.</p> <p>3. Resident #113 was admitted to the facility in October 2023, with diagnoses including Unspecified Dementia with behavioral disturbance, generalized Anxiety Disorder, and a history of alcohol abuse.</p> <p>Review of Resident #113's PASRR Level I, dated 10/19/23, indicated the Level I screen was completed after the Resident's admission to the facility.</p> <p>During an interview on 9/26/24 at 12:14 A.M., the Social Worker (SW) said every resident being admitted to the facility should have a PASRR Level I completed prior to their admission to the facility. The SW said for Residents #59, #90, and #113, their PASRR Level I's had been completed after the Residents were already admitted to the facility.</p> <p>45429</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. Resident #56 was admitted to the facility in January 2024, with diagnoses including Major Depressive Disorder and Schizoaffective Disorder (mental health condition marked by a mix of schizophrenia symptoms like hallucinations [seeing things or hearing voices] and delusions [believing things that are not real or not true], and mood disorder symptoms such as depression, mania and hypomania), Seizure Disorder (also known as Epilepsy, a brain condition that causes recurring seizures [sudden, uncontrolled burst of electrical activity in the brain that causes changes in behavior, movements, feelings and level of consciousness]).</p> <p>Review of Resident #56's medical record failed to indicate a Level I PASRR had been completed prior to admission to the facility.</p> <p>Further review of the medical record indicated that the PASRR Level I, dated 2/1/24, was completed after the Resident's admission to the facility.</p> <p>During an interview on 9/26/24 at 10:51 A.M., Social Worker (SW) #1 said the facility completed the PASRR late. The SW said that the PASRR should have been completed prior to admission and it was not.</p> <p>5. Resident #111 was admitted to the facility in December 2023, with diagnoses including Major Depressive Disorder and Adjustment Disorder.</p> <p>Review of Resident #111's medical record failed to indicate a Level I PASRR had been completed prior to admission to the facility.</p> <p>Further review of the medical record indicated that the PASRR Level I, dated 2/29/24, was completed after the Resident's admission to the facility.</p> <p>During an interview on 9/26/24 at 10:51 A.M., Social Worker (SW) #1 said the facility completed the PASRR late. The SW said that the PASRR should have been completed prior to admission and it was not.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42741</p> <p>Based on interview, and record review, the facility failed to the facility failed to provide care and services consistent with professional standards of practice for two Residents (#113 and #91) out of a total sample of 24 residents.</p> <p>Specifically, the facility failed to:</p> <ol style="list-style-type: none"> For Resident #113, ensure that Physician orders were obtained for a recommended Hemoglobin A1C (HbA1c - test used to identify Diabetes [disease that affects how the body uses blood sugar]) lab to be drawn as recommended by the Behavioral Health Nurse Practitioner (NP) for the Resident on medications for mental health conditions. For Resident #91, maintain and document fluid restrictions and administer dietary supplements as ordered by the Physician for treatment of End Stage Renal Disease (the final stage of kidney disease where the kidneys can no longer function on their own leading to the need for a regular course of long-term dialysis [a procedure to remove waste products and fluid from the body when the kidneys stop working] or a kidney transplant to maintain life) requiring Hemodialysis (a procedure where a machine with a special filter called a dialyzer is used to remove waste from the blood). <p>Findings include:</p> <ol style="list-style-type: none"> Review of the National Alliance on Mental Illness (NAMI) website article titled, Why Screening for Diabetes is Important (Especially if You Take Psychiatric Medications), dated 3/25/14, at https://www.nami.org/blog-post/why-screening-for-diabetes-is-important-especially-if-you-take-psychiatric-medications-2/ indicated: <ul style="list-style-type: none"> -the American Diabetes Association (ADA) suggests screening regularly for Diabetes for those who use medications to treat mental health conditions. -as medications used to treat mental health conditions pose an additional risk for the increase in Diabetes. <p>Review of the facility policy titled Lab and Diagnostic Test Results-Clinical Protocol, last revised 2/2020, indicated the following:</p> <ul style="list-style-type: none"> -The Physician will identify and order diagnostic and lab testing based on the resident's diagnostic and monitoring needs. <p>Resident #113 was admitted to the facility in October 2023, with diagnoses including Unspecified Dementia with behavioral disturbance (a mental disorder that occurs when someone has Dementia but does not have a specific diagnosis, usually associated with adverse behaviors), generalized Anxiety Disorder (mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with daily activities), and a history of alcohol abuse.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Psychiatric Evaluation and Consultation Notes dated: 6/13/24, 7/18/24, 8/1/24, and 9/11/24, indicated the Psychiatric Nurse Practitioner recommended Resident #113 have a HbA1c lab drawn as he/she was prescribed an antipsychotic medication.</p> <p>Review of Resident #113's September 2024 Physician's orders indicated Resident #113 had an active order for Haloperidol (Haldol - an antipsychotic medication), with a start date of 5/28/24.</p> <p>Review of the August 2024 and September 2024 Medication Administration Records (MARs) indicated Resident #113 was administered Haloperidol daily as prescribed when he/she was in the facility.</p> <p>Further review of Resident #113's medical record indicated no documentation that the recommended HbA1c lab had been drawn.</p> <p>During an interview on 9/26/24 at 3:34 P.M., the Minimum Data Set (MDS) Nurse said the recommended HbA1c lab was never drawn for Resident #113. The MDS Nurse said Behavioral Health notes should be reviewed regularly by the attending Physician and orders should have been put into place for Resident #113 to have the HbA1c lab drawn within a week of the Behavioral Health Nurse Practitioner recommending the lab work.</p> <p>50320</p> <p>2. Review of a 2016 National Institute of Diabetes and Digestive and Kidney Disease Article titled Eating and Nutrition for Hemodialysis at https://www.niddk.nih.gov/health-information/kidney-disease/kidney-failure/hemodialysis/eating-nutrition indicates:</p> <ul style="list-style-type: none"> -Your choices about what to eat and drink while on hemodialysis can make a difference in how you feel and can make your treatments work better. Between dialysis treatment sessions, wastes can build up in your blood and make you sick. -You can reduce waste buildup by controlling what you eat and drink. -You can match what you eat and drink with what your kidney treatments remove. Some foods cause wastes to build up quickly between your dialysis sessions. If your blood contains too much waste, your kidney treatment session may not remove them all. - Hemodialysis removes extra fluid from your body. However, hemodialysis can remove only so much fluid at a time safely. -If you come to your hemodialysis with too much fluid in your body, your treatment may make you feel ill. You may get muscle cramps or have a sudden drop in blood pressure that causes you to feel dizzy or sick to your stomach. <p>Review of a 2017 National Kidney Foundation Journal of Renal Nutrition titled Tips for Dialysis Patients with Fluid Restrictions at https://www.jrnjournal.org/article/S1051-2276(17)30143-7/fulltext indicates:</p> <ul style="list-style-type: none"> -There are many components to the renal diet that are important when educating end-stage renal disease (ESRD) patients requiring hemodialysis. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Intake of the correct amount of fluids on a daily basis is crucial to stabilizing your kidney patient and reducing potential symptoms associated with fluid overload including shortness of breath, headaches, abdominal bloating, hypertension, heart failure, and edema.</p> <p>-Limiting fluid consumption is a complex part of the renal diet as there are many factors that play into patient acceptance of this restriction.</p> <p>-Recommended weight gain between dialysis sessions is individualized and fluctuations above ideal are often indicators of noncompliance with fluid and diet nutritional goals.</p> <p>-Long-term research has demonstrated that greater and undesired fluid gain between dialysis sessions with ESRD patients increases risk of all-cause and cardiovascular death.</p> <p>Resident #91 was admitted to the facility in August 2024, with diagnoses including End Stage Renal Disease (ESRD), Dependence on Renal Dialysis and Atherosclerotic Heart Disease (a condition in which fatty material collects along the walls of arteries and causes narrowing. The fatty material thickens, hardens, and may eventually block the arteries).</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #91 was cognitively intact as evidenced by a Brief interview for Mental Status (BIMS) score of 13 out of 15.</p> <p>Review of Resident #91's medical record indicated that the Resident had dialysis and nutrition care plans with interventions to monitor/provide intake of diet and fluids as ordered.</p> <p>Review of Resident 91's Physician's orders indicated:</p> <p>-8/9/24: on a renal diet, regular texture with thin liquids consistency, for diet 1200 milliliter (ml) fluid restriction, double proteins with all meals.</p> <p>-8/10/24: has Dialysis every Tuesday, Thursday and Saturday at 11:00 A.M.</p> <p>Review of the Nurse Practitioner NP) Progress Note, dated 8/13/24 under assessment and plan indicated:</p> <p>-Diastolic Heart Failure (condition in which the left ventricle [the heart's main pumping chamber] becomes stiff and unable to relax between heartbeats to fill properly with blood) EF (ejection fraction - measurement of the percentage of blood leaving the heart each time it contracts) 50%.</p> <p>-Continue to monitor fluid status and compliance with Dialysis.</p> <p>-End Stage Renal Disease on Hemodialysis. Continue dialysis, monitor I's and O's (intake and output).</p> <p>Review of the Physician's order dated 8/16/24, indicated:</p> <p>-Nepro shake with carb steady (a nutritionally complete liquid formula with a vitamin and mineral profile specifically designed for people with chronic or acute kidney failure requiring dialysis) in the afternoon give 8 oz (ounces) daily at 2 P.M.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the August 2024 Medication Administration Record (MAR) indicated that the Nepro shake was not administered due to the Resident being out of the facility on the following days:</p> <p>-8/17</p> <p>-8/22</p> <p>-8/24</p> <p>-8/27</p> <p>-8/29</p> <p>Review of the September 2024 MAR indicated the Nepro shake was not administered due to the Resident being out of the facility on the following days:</p> <p>-9/3</p> <p>-9/5</p> <p>-9/7</p> <p>-9/10</p> <p>-9/12</p> <p>-9/14</p> <p>-9/19</p> <p>-9/24</p> <p>-9/26</p> <p>Further review of Resident #91's clinical record indicated on 9/2/24 the Physician ordered the following:</p> <p>-Maintain Fluid Restriction as ordered:</p> <p>>Nursing 480 ml (milliliters) total: 150 ml (5oz) fluid per shift for medication passes, additional 30 ml (fluid) if needed.</p> <p>>Meals 720 ml total: Breakfast 240 ml, Lunch 120 ml, 2 P.M.- Nepro shake 240 ml, Dinner 120 ml.</p> <p>Review of the September 2024 MAR indicated that the Resident was over his/her 1200 ml fluid restriction amount on the following dates:</p> <p>-9/4 intake of 1347 ml</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-9/6 intake 1320 ml</p> <p>-9/7 intake 1260 ml</p> <p>-9/8 intake 1800 ml</p> <p>-9/9 intake 1560 ml</p> <p>-9/16 intake 1500 ml</p> <p>-9/20 intake 1440 ml</p> <p>-9/21 intake 1440 ml</p> <p>-9/24 intake 1240 ml</p> <p>-9/25 intake 1300 ml</p> <p>During an interview on 9/26/24 at 2:41 P.M., the Dietitian said there is no policy on fluid restriction, that the Dietitian puts individual Residents' fluid restrictions on the unit in the Certified Nurses Aides (CNA) room and in the chart. The Dietitian said she puts the fluid restriction orders in to the kitchen to go on the meal ticket and enters the fluid restriction orders in the care plan. The Dietitian said the Nurses are educated on the fluid restriction and the Dietitian brings the fluid restriction to the Resident and educates them if they are able to understand. The Dietitian said she thought that Resident #91 was offered the Nepro shakes at dialysis which would account for the days on the MAR the Resident was not receiving the shakes due to being out of the building. The Dietitian said if the dialysis center does not communicate with the facility about whether Resident #91 drank the shake or not, the facility does not know if the Resident was given the shake and how much the Resident drank, so the facility would be unable to add that to the fluid intake for the day.</p> <p>During an interview on 9/30/24 at 8:43 A.M., Nurse #5 said every shift he monitors fluid restriction and document how much fluid he had given the Resident over his shift. If the Resident is over his/her fluid restriction, the Nurse should let the Provider (Physician) and the Dietitian know. Nurse #5 said if a Resident is on a fluid restriction and on dialysis the dialysis Provider should be informed of the fluid restriction. Nurse #5 said the fluid restriction should be written on the dialysis communication sheet that goes with the Resident to dialysis and the Nurse on duty is responsible for filling out the dialysis communication sheet.</p> <p>During an interview on 9/30/24 at 9:14 A.M., the Director of Nursing (DON) said she thought the Nepro shake was given to the Resident at dialysis. The DON said if the shake was not written on the dialysis communication sheet there was no way to know if the Resident had been given the shake or know how much fluid the Resident had taken in.</p> <p>During an interview on 9/30/24 at 11:45 A.M., Resident #91 said he/she does not drink or eat anything at dialysis. Resident #91 said that sometimes at the end (of dialysis) the dialysis staff give him/her something called a vitamin drink. The Resident was unable to say how often he/she was given the vitamin drink or the specific name of the drink.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44222</p> <p>Based on observation, interview, and record review, the facility failed to implement a resident-centered, meaningful, and engaging activity program for one Resident (#11) out of a total sample of 24 residents.</p> <p>Specifically, the facility failed to ensure that staff offered and encouraged engagement in activities identified as being preferences for Resident #11.</p> <p>Findings include:</p> <p>Resident #11 was admitted to the facility in May 2021, with diagnoses including Unspecified Schizophrenia (a mental disorder characterized by hallucinations, delusions, disorganized thinking and behavior), Unspecified Dementia (a mental disorder that occurs when someone has Dementia but does not have a specific diagnosis), Major Depressive Disorder (symptoms lasting greater than two weeks of a persistently low or depressed mood and a loss of interest or pleasure in activities that a person used to enjoy), and Anxiety Disorder (mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with daily activities).</p> <p>Review of the comprehensive Minimum Data Set (MDS) assessment dated [DATE], indicated that it was very important to the Resident to:</p> <ul style="list-style-type: none"> -have books, newspapers, and magazines to read -listen to music you like -do favorite activities -participate in religious activities -to go outside to get fresh air when the weather is good <p>Review of the Resident's Activity Care Plan, last revised 8/3/24, listed interventions including but not limited to:</p> <ul style="list-style-type: none"> -prefers to attend all rosary groups and weekly catholic mass, receives weekly communion -staff is to provide materials as needed for independent leisure time, staff will assess the need regularly -prefers to spend time in (their) room watching TV (television) and socializing with staff and peers <p>No evidence was found in the Activity Care Plan to include interventions for musical activities, or to go outside when the weather was good.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the most recent MDS dated [DATE], included a Brief Interview of Mental Status (BIMS) score of 3 out of 15 possible points indicating the Resident was severely cognitively impaired.</p> <p>Review of the Resident's Activity Participation Log indicated the following:</p> <p>>August 2024:</p> <ul style="list-style-type: none"> -19 days of a 1:1 interaction with the Resident Active in a Greeting Time visit -11 days of a 1:1 interaction where the Resident Verbalized in a Greeting Time visit -1 day independent active TV activity <p>>September 2024:</p> <ul style="list-style-type: none"> -17 days of a 1:1 interaction with the Resident Active in a Greeting Time visit -11 days of a 1:1 interaction where the Resident Verbalized in a Greeting Time visit -3 days of independent active TV activity -4 days of a 1:1 interaction with a Brief Verbalization in a Greeting Time visit -3 days of a 1:1 interaction with active reminiscing -2 days with no activity recorded -2 days of the Resident refusing offer to join the book/drama club or exercise <p>Further review of the August 2024 and September 2024 Activity Participation Logs showed no evidence that the Resident had been offered or refused any religious activities, reading materials, musical activities, going outside, or more than 4 days of independent active TV activity.</p> <p>On 9/25/24 at 11:33 A.M., the surveyor observed Resident #11 sitting in a chair facing the middle of the bed and the wall beyond the bed. The surveyor observed that there was nothing on the walls and no personal items. The surveyor further observed the bedside table was out of the Resident's reach at the foot of the bed and the television (TV) was turned off. The surveyor observed the Resident had no activity in place and was rocking back and forth in the chair.</p> <p>On 9/25/24 at 3:54 P.M., the surveyor observed Resident #11 sitting in a chair facing the middle of the bed and the wall beyond the bed. The surveyor observed that the Resident was not participating in any activity. During an interview at the time, the Resident said he/she would like to watch TV. The surveyor observed a staff member responded to the request and tried to turn the TV on with the remote control. The staff member told the surveyor that the TV does not turn on. The Activity Director (AD) arrived in the Resident's room and said that the cord from the TV was partially out of the electrical outlet. The staff worked on getting the TV turned on, but were not successful when the surveyor exited the room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/26/24 at 1:07 P.M., and 9/30/24 at 1:09 P.M., the surveyor observed Resident #11 lying in bed with eyes open. The surveyor observed the TV was located on the bedside table and was not turned on. The surveyor observed the Resident was not participating in any activity.</p> <p>On 10/1/24 at 10:00 A.M., the surveyor observed Resident #11 sitting in the chair beside the bed facing across the bed towards the wall. The surveyor observed the overbed table had 2 TV remotes on it and was located at the bottom of the bed, out of the reach of the Resident. The surveyor observed there was a daily chronological paper which listed the activities for the day on the foot of the bed, out of the reach of the Resident. The surveyor observed there were no pictures, or personal items visible in the Resident's space, no reading materials available, the TV was not turned on, and the Resident was not participating in any activity.</p> <p>On 10/1/24 at 10:10 A.M., during an observation and interview with the AD, Resident #11 was observed sitting in the chair beside the bed facing the wall. The surveyor observed the TV was off and there were no activity materials available for the Resident. The surveyor observed that the overbed table was located at the bottom of the bed and there were 2 TV remotes on the overbed table that was out of the reach of the Resident. When the surveyor asked the AD what activities were provided for the Resident, the AD said that someone would come around later and visit. When the surveyor asked if the TV should be on, the AD said it probably should have been and she turned on the TV and put the remote back on the overbed table out of the reach of the Resident. When the surveyor asked if there were any individual activities for the Resident to do independently in the room per the plan of care, the AD said that there should have been. The surveyor observed the AD go through the Resident's bedside table to look for activity materials but was not able to locate any. The AD said there used to be reading materials here. The AD said that the Resident did attend a religious program on Saturdays and liked to go outside. The AD said that the Resident also liked to join some programs in the activity room.</p> <p>During an interview on 10/1/24 at 11:44 A.M., the surveyor and the AD reviewed the Resident's Activity Care Plan and Activity Participation Logs for August 2024 and September 2024. The AD said that there were religious programs on Wednesdays and Sundays and she thought the Resident was attending some but maybe the Resident had not come in a while. The AD also said that staff do invite the Resident to musical programs but maybe the Resident did not want to come. The AD said that maybe the activity staff carry a radio with them, and the Resident could listen to music while they visited the Resident. The AD was not sure why the Resident did not have any reading materials but maybe the Resident did not ask for reading materials. The AD said that refusals of activities should be recorded on the Activity Participation Log, but was unable to provide any evidence that the Resident had been offered or refused any religious programs, musical activities, going outside, or reading materials during August 2024 and September 2024. When the surveyor said that over the last 4 days of survey the Resident was not observed participating in any activities, the AD did not respond to the surveyor.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45429</p> <p>Based on observation, record and policy review, and interview, the facility failed to provide care and services as required for an indwelling urinary/Foley catheter (a flexible tube that passes through the urethra and into the bladder to drain urine outside the body) for one Resident (#23) out of a total sample of 24 residents.</p> <p>Specifically, for Resident #23, the facility staff failed to:</p> <ol style="list-style-type: none"> 1. verify the correct size indwelling urinary catheter as ordered by the Physician and ensure the verified size urinary catheter was in place. 2. to obtain an appointment with a Urologist as requested by the Nurse Practitioner (NP) to prevent catheter related complications. <p>Findings include:</p> <p>Review of the facility policy for Indwelling Foley Catheter Insertion, last revised December 2020, indicated:</p> <ul style="list-style-type: none"> -to verify that there is a Physician's order for this procedure. -review the resident's care plan to assess for any special needs of the resident. -the following information should be recorded in the resident's medical record: the size of the Foley catheter and the amount of fluid used to inflate the balloon. <p>Resident #23 was admitted to the facility in September 2023, with diagnoses including benign prostatic hyperplasia (BPH- enlarged prostate gland, which blocks the flow of urine) and urinary retention (inability to completely empty the bladder of urine).</p> <p>Review of Resident #23's clinical record indicated a NP Progress Note dated 1/6/24, that indicated:</p> <ul style="list-style-type: none"> -the Assessment and Plan was to have the Resident be seen by Urology secondary to the diagnosis of obstructive uropathy (blockage of urinary flow). -the administration of Flomax (medication that relaxes the muscles in the prostate gland and bladder). <p>Review of Resident #23's Care Plan for indwelling urinary catheter, last revised 9/4/24, indicated:</p> <ul style="list-style-type: none"> -the Resident will not develop any complications associated with catheter usage. -an intervention to change the catheter per policy and MD (Doctor of Medicine/Physician) orders. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-an intervention to review for possible removal of catheter as indicated.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated that Resident #23 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15.</p> <p>Further review of the MDS assessment indicated that the Resident had an indwelling urinary catheter and was dependent for activities of daily living (ADL's- basic skills such as bathing, dressing, eating, etc.).</p> <p>Review of Resident #23's September 2024 Physician's orders indicated:</p> <p>-Change Foley catheter as needed for blockage/leakage, start date 5/27/24</p> <p>-Change Foley catheter every day shift starting on the 2nd and ending on the 2nd of every month, start date 6/2/24</p> <p>-Foley catheter 16 Fr (French scale or system used to size catheters), 10 ml (milliliter) balloon (retention balloon- a tiny balloon at the end of the indwelling urinary catheter that is inflated with water to prevent the indwelling urinary catheter from sliding out of the body), start date 9/15/23.</p> <p>Review of Resident #23's Treatment Administration Record (TAR) for September 2024 indicated that the Foley catheter had been changed on 9/13/24 as needed for blockage or leakage.</p> <p>Review of the clinical record indicated a progress note dated 9/13/24, that indicated Resident #23 received Tramadol (opiate analgesic medication) 50 mg as needed (PRN) for moderate to severe pain.</p> <p>On 9/26/24 at 9:01 A.M., the surveyor observed Resident #23's Foley catheter which was a size 18 Fr Foley catheter.</p> <p>During an interview on 9/26/24 at 9:02 A.M., Unit Manager (UM) #2 said that Resident #23 should have a size 16 Fr Foley catheter in place according to the Physician's orders. UM #2 declined to observe the Resident's urinary catheter with the surveyor and said that she believed the information conveyed to her by the surveyor was true. UM #2 also said that increasing the urinary catheter size can cause trauma to the Resident and that he/she have not been seen by a Urologist.</p> <p>During an interview on 9/26/24 at 10:11 A.M., the Director of Nursing (DON) said that the Physician's orders related to Resident #23's urinary catheter size were not being followed. The DON also said that the Resident had not been seen by Urology but should have been seen after the NP had requested it (the Urology visit).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>50563</p> <p>Based on observation, interview, and record review, the facility failed to maintain proper nutrition and hydration care and services for one Resident (#64) out of a total sample of 24 residents.</p> <p>Specifically, for Resident #64, the facility failed to appropriately monitor daily fluid intake and follow the care plan to ensure that the Resident maintained fluid restriction amounts as ordered by the Physician.</p> <p>Findings include:</p> <p>Resident #64 was admitted to the facility in December 2022, with diagnoses including Chronic Kidney Disease Stage 4 (CKD - a condition where the kidneys have become severely damaged and have a decreased ability to filter toxins and excess fluid from the blood), and Heart Failure (HF: when the heart is unable to pump blood as it should resulting in fluid buildup in the feet, arms, lungs and other organs).</p> <p>Review of Resident #64's Minimum Data Set (MDS) Assessment, dated 9/3/24, indicated the Resident had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 9 out of a possible 15.</p> <p>Review of Resident #64's September 2024 Physician's orders indicated:</p> <p>-CCHO/NAS (Consistent Carbohydrate/No Added Salt), regular texture, thin liquid consistency, 1500 ml (milliliter) fluid restriction, initiated on 12/14/22</p> <p>-Maintain fluid restriction as ordered:</p> <p>-Nursing 660 ml total, 220 ml per shift (3 shifts) for medication passes, and additional 40 ml as needed.</p> <p>-Meals 840 ml total, breakfast 360 ml, Lunch 240 ml, Dinner 240 ml, initiated 9/2/24.</p> <p>Review of Resident #64's Potential for Alteration in Nutrition and Hydration Care Plan indicated following:</p> <p>-Fluid restriction as per MD (medical doctor) orders.</p> <p>Review of Resident #64's September Medication Administration Record (MAR) indicated the following:</p> <p>-9/13/24 total fluid intake = 1800 ml</p> <p>-9/16/24 total fluid intake = 1520 ml</p> <p>-9/18/24 total fluid intake = 1680 ml</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-9/24/24 total fluid intake = 2160 ml</p> <p>Review of Resident #64's medical record indicated no evidence of communication with the Provider (MD) regarding the Resident exceeding the prescribed fluid restriction amounts.</p> <p>During an interview on 9/26/24 at 2:50 P.M., the Dietitian said the facility had no written policy for intake and output or for fluid restrictions.</p> <p>During an interview on 9/30/24 at 8:43 A.M., Nurse #5 said every shift the Nurse monitor fluid restriction and document how much fluid the Resident has received over the shift. Nurse #5 further said that if the Resident has consumed more than his/her prescribed fluid restriction the Provider should be notified, and the Nurse should let the facility Dietitian know.</p> <p>During a follow-up interview on 10/1/24 at 9:11 A.M., the Dietitian said that Resident #64's fluid restriction was overseen by herself in conjunction with nursing staff. The Dietician said during her reviews she does take the daily documentation of fluids and add up each shift for totals. The surveyor and the Dietitian reviewed documentation of fluid intake on the September 2024 MAR. The Dietitian said she was not aware of the Resident having exceeded his/her fluid restriction. The Dietician said relative to the dates where intake exceeded the prescribed fluid restriction amount of 1500 ml, that staff may have provided the Resident extra fluids if he/she was thirsty but staff should not exceed the fluid restriction without notifying a Provider. The Dietitian further said she was unsure if documentation of communication with the Provider existed, but she would look.</p> <p>The facility did not provide any additional evidence relative to Resident #64's fluid restriction to the survey team at the time of survey exit.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>50563</p> <p>Based on observation, interview, record and policy review, the facility failed to provide necessary respiratory care and services in accordance with professional standards of practice for one Resident (#64) out of a total sample of 24 residents.</p> <p>Specifically, for Resident #64, the facility failed to:</p> <ul style="list-style-type: none"> -ensure that the Resident who had a chronic pulmonary diagnosis was administered the appropriate liter per minute (LPM - flow rate) of supplemental Oxygen [O2] as ordered by the Physician. -routinely assess and monitor that the Resident's oxygen delivery device was set at the prescribed liter flow rate. <p>Findings include:</p> <p>Review of the AARC (American Association for Respiratory Care) Clinical Practice Guideline, updated 2014: https://www.aarc.org/wp-content/uploads/2014/08/08.07.1063.pdf indicates:</p> <ul style="list-style-type: none"> -All oxygen must be prescribed and dispensed in accordance with federal, state, and local laws and regulations. -Oxygen is a medical gas and should only be dispensed in accordance with all federal, state, and local laws and regulations. - Oxygen therapy should be administered in accordance with the Physician prescription. -Undesirable results or events may result from noncompliance with Physicians' orders or inadequate instruction for oxygen therapy. -There is a potential in some spontaneously breathing hypoxemic patients with hypercapnia [high carbon dioxide levels in the blood] and chronic obstructive pulmonary disease that oxygen administration may lead to an increase in PaCO2. <p>-Equipment maintenance and supervision:</p> <ul style="list-style-type: none"> >All oxygen delivery equipment should be checked at least once daily >Facets to be assessed include proper function of the equipment, prescribed flowrates, remaining liquid or compressed gas content, and backup supply. <p>Review of the facility policy titled Oxygen Administration, revised January 2024, indicated the following:</p> <ul style="list-style-type: none"> -Verify there is a physician's order in place. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Review the physician's orders or facility protocol for oxygen administration.</p> <p>-Turn on oxygen as ordered, start the flow of oxygen.</p> <p>-After completing oxygen setup or adjustment, the following information should be recorded in the resident's medical record as warranted:</p> <p>>the name and title of the individual who [administered it]</p> <p>>the rate of oxygen flow, route</p> <p>Resident #64 was admitted to the facility in December 2022, with diagnoses including Chronic Respiratory Failure (CRF-a condition that decreases the ability of the lungs to provide enough oxygen to the body or remove enough carbon dioxide from the body, identified with symptoms of trouble breathing and fatigue), and Heart Failure (HF: when the heart is unable to pump blood as it should resulting in fluid buildup in the feet, arms, lungs and other organs).</p> <p>Review of the Minimum Data Set (MDS) Assessment, dated 9/3/24, indicated Resident #64:</p> <p>-had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 9 out of total possible score of 15.</p> <p>-is non-ambulatory and dependent for transfers.</p> <p>Review of Resident #64's medical record indicated the Resident retained capacity (cognitive ability) to make his/her own medical decisions.</p> <p>Review of Resident #64's ADL (Activities of Daily Living) care plan, initiated 12/22/22 and revised 6/26/24 indicated:</p> <p>-often refuses to get out of bed.</p> <p>Review of the September 2024 Physician's orders indicated the following:</p> <p>-Administer Oxygen at 2 L/min (liters per minute) via N/C (nasal cannula: flexible tubing that delivers supplemental Oxygen through the nostrils via nasal prongs), initiated on 4/21/23.</p> <p>On 9/25/24 at 8:47 A.M., the surveyor observed Resident #64 lying in bed with nasal cannula in his/her nose. The surveyor observed that the oxygen concentrator (medical device that that uses air in the atmosphere, filters it, and delivers air that is 90 - 95% oxygen concentrated to the lungs) was located at the head of the bed behind the Resident, and the liter flow was set at 3 L/min.</p> <p>On 9/25/24 at 3:40 P.M., the surveyor observed Resident #64 lying in bed with N/C in his/her nose and the oxygen concentrator located at the head of bed behind the Resident was observed to be set at 3.5 L/min.</p> <p>On 9/26/24 at 7:48 A.M., the surveyor observed Resident #64 lying in bed with N/C in his/her nose and the oxygen concentrator at head of bed behind the Resident was set at 3.5 L/min.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/26/24 at 12:40 P.M., the surveyor observed Resident #64 lying in bed with N/C in his/her nose. The surveyor observed the oxygen concentrator at the head of bed behind the Resident was set at 3.5 L/min. During an interview at the time, Resident #64 said he/she cannot reach the oxygen concentrator and does not adjust the settings.</p> <p>During an interview immediately following the observation, Unit Manager (UM) #2 said Resident #64's oxygen order was for 2 L/min. The surveyor shared the liter flow observation findings with UM #2 who said she would check the settings and return.</p> <p>During a follow-up interview on 9/26/24 at 12:45 P.M., UM #2 said the oxygen concentrator was not set at 2 L/min as ordered. UM #2 further said Resident #64 would ask others including his/her spouse to adjust the liter flow. UM #2 said she believed she had written notes on this (issue) in the past and would look for the notes to provide to the surveyor.</p> <p>During a follow-up interview on 9/26/24 at 1:00 P.M., UM #2 said that staff who were unfamiliar with Resident #64 would not be aware of a history of non-compliance. UM #2 said that staff unfamiliar with the Resident would not know to check oxygen flow settings more frequently because checking the flow rate frequently was not ordered by the Physician, or included in the care plan or progress notes.</p> <p>The facility did not provide any additional information relative to Resident #64's oxygen administration to the survey team at the time of survey exit.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>50320</p> <p>Based on record and policy review, and interview, the facility failed to complete ongoing communication with the contracted dialysis center related to dialysis care and services for one Resident (#91) out of one applicable resident, out of a total sample of 24 residents.</p> <p>Specifically, for Resident #91, the facility failed to:</p> <ul style="list-style-type: none"> -ensure that dialysis communication forms included updated information on the Resident's dialysis care and services. -maintain communication with the dialysis center related to an elevated laboratory result for the Resident. <p>Findings include:</p> <p>Review of the facility's End Stage Renal Disease and Dialysis Policy, initiated 11/2017 and revised 9/2023, indicated:</p> <ul style="list-style-type: none"> -Agreements between this facility and the ESRD (End Stage Renal Disease) facility include aspects of how the residents care will be managed. -Ongoing communication and collaborations with the dialysis facility regarding dialysis care and services. <p>Resident #91 was admitted to the facility in August 2024, with diagnoses including End Stage Renal Disease (ESRD - a medical condition where the kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis [a procedure to remove waste products and fluid from the body when the kidneys stop working] or a kidney transplant to maintain life), Dependence on Renal Dialysis and Atherosclerotic Heart Disease (a condition in which fatty material collects along the walls of arteries and causes narrowing, that may eventually block the arteries).</p> <p>Review of the Physician's orders dated 8/10/24, indicated Resident # 91 receives Hemodialysis every Tuesday, Thursday and Saturday at 11:00 A.M.</p> <p>Review of the Resident's care plan indicated:</p> <ul style="list-style-type: none"> -the Resident needs dialysis related to ESRD. -interventions on the care plan include coordination of the Resident's care in collaboration with the dialysis center. <p>Review of the Resident's dialysis communication book indicated there was no information pertaining to the Resident's care sent back from the dialysis center to the facility on the following days:</p> <ul style="list-style-type: none"> -8/15/24 <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-8/22/24</p> <p>-9/7/24</p> <p>-9/19/24</p> <p>Review of Resident #91's medical record indicated:</p> <p>-No evidence that the dialysis center had been contacted to get an update of the Resident's status at dialysis on 8/15/24.</p> <p>-no evidence of follow-up communication from the facility for the dialysis dates of 9/7/24 and 9/19/24.</p> <p>Review of the Nursing Progress Note dated 8/21/24, indicated:</p> <p>-the Resident had an elevated alkaline phosphatase (ALK PHOS- high levels in hemodialysis patients are associated with higher risk of hospitalization and death) level for labs completed on 8/21/24.</p> <p>-that a copy of the lab had been flagged in the dialysis communication book for the Dietitian review.</p> <p>Further review of the medical record showed no evidence there was any return communication from the dialysis center related to the elevated ALK PHOS level. There was also no evidence of follow-up from the facility regarding the ALK PHOS lab result after the Resident's dialysis treatment on 8/22/24.</p> <p>During an interview on 9/26/24 at 10:50 A.M., Nurse #4 said she did not know what to do if the Resident returned from dialysis with no information in the dialysis communication book. Nurse #4 said sometimes the dialysis unit will call the facility and communicate the Resident's treatment information directly. Nurse #4 said she does not know the procedure if there was no communication from the dialysis center.</p> <p>During an interview on 9/30/24 at 9:14 A.M., the Director of Nursing (DON) said dialysis communication forms should have communication from the dialysis center on the forms upon the Resident return from dialysis treatment. The DON said if the dialysis communication form is completely blank, the Nurse should call the dialysis center and at the least get a weight and document the weight in the progress notes.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>42741</p> <p>Based on interview and record review, the facility failed to ensure that Physician orders were in place for lab work for one Resident (#120) out of a total of two residents reviewed for infection control.</p> <p>Specifically, for Resident #120, the facility failed to obtain Physician orders prior to completing Vancomycin (an antibiotic) trough laboratory (labs that measure the amount of Vancomycin in the blood stream to ensure it is at a therapeutic level) draws.</p> <p>Findings include:</p> <p>Review of the facility policy titled Lab and Diagnostic Test Results-Clinical Protocol, last revised 2/2020, indicated the following:</p> <p>-The Physician will identify and order diagnostic and lab testing based on the resident's diagnostic and monitoring needs.</p> <p>Resident #120 was admitted to the facility in September 2024, with a diagnosis of left kidney contusion (bruising to the left kidney) and Methicillin Resistant Staphylococcus Aureus (MRSA-strain of gram-positive bacteria resistant to several antibiotics, making it difficult to treat, which spreads through contact with infected individuals) in the blood stream.</p> <p>Review of Resident #120's September 2024 Physician's orders indicated the following:</p> <p>-Vancomycin Intravenous (IV- directly into the vein) Solution 1000 milligram/200 milliliters, use 1 gram intravenously every 24 hours .with a start date of 9/5/24 and end date of 10/1/24.</p> <p>Review of the September 2024 Medication Administration Record (MAR) indicated Resident #120 received the Vancomycin IV medication daily as ordered in September 2024.</p> <p>Review of Resident #120's Hospital Discharge Summary dated 9/4/24, indicated:</p> <p>-the Resident should have Vancomycin troughs drawn twice weekly while he/she continued to be administered Vancomycin.</p> <p>Review of the Vancomycin Trough lab reports indicated Resident #120 had Vancomycin trough labs drawn on the following days:</p> <p>-9/12/24</p> <p>-9/18/24</p> <p>-9/21/24</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	

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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-9/27/24</p> <p>Further review of the Resident's September 2024 Physician's orders indicated no documentation that a Physician order had been obtained prior to or at the time the Resident had the labs drawn on:</p> <p>-9/12/24</p> <p>-9/18/24</p> <p>-9/21/24</p> <p>-9/27/24</p> <p>During an interview on 10/1/24 at 9:36 A.M., Unit Manager (UM) #3 said when a Resident needed to have labs drawn Physician orders needed to be in place to have the labs drawn. The surveyor and UM #3 reviewed Resident #120's medical record and UM #3 said she was unable to find Physician orders for the Vancomycin trough labs drawn on: 9/12/24, 9/18/24, 9/21/24, and 9/27/24.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>42741</p> <p>Based on record and policy review, and interview, the facility failed to ensure that specialized rehabilitation services were provided to one Resident (#21) out of a total sample of 24 residents.</p> <p>Specifically, for Resident #21, the facility failed to ensure that a speech and language therapy evaluation was completed timely, when it was identified the Resident was having difficulty swallowing.</p> <p>Findings include:</p> <p>Review of the facility policy titled Evaluations, updated 9/5/17, indicated the following:</p> <ul style="list-style-type: none"> -Evaluations will be initiated within a reasonable amount of time of receipt of Physician's order or authorization, or according to facility policy. <p>Resident #21 was admitted to the facility in February 2015, with a diagnosis of dysphagia (difficulty swallowing).</p> <p>Review of the Nursing Progress Note dated 9/6/24 at 10:57 A.M., indicated:</p> <ul style="list-style-type: none"> -the Resident was having trouble with his/her mechanical soft meals (meal provided is chopped into small pieces and of soft texture). -meal texture was down graded to puree (smooth consistency with uniform texture). -the Nurse Practitioner was made aware, and a speech language therapy evaluation was recommended. <p>Review of the Nursing Progress Note dated 9/6/24 at 12:44 P.M., indicated:</p> <ul style="list-style-type: none"> -the Resident had increased difficulty swallowing. -meals were downgraded to puree. -and a speech language evaluation was requested. <p>Review of the Nursing Referral to Therapy Form, dated 9/6/24, indicated:</p> <ul style="list-style-type: none"> -the Resident was having trouble swallowing his/her mechanical soft diet. -was pocketing (holding food in the cheek) food. -and he/she was downgraded to a pureed diet. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Resident's medical record indicated no documentation that the Resident had been seen by the Speech Language Pathologist (SLP) as requested by the Nurse Practitioner or Nursing as of 9/26/24.</p> <p>During an interview on 9/26/24 at 4:42 P.M., the SLP said he had just been made aware on 9/23/24 that Resident #21 was in need of a swallow evaluation and that his/her diet had been downgraded to puree. The SLP said he would expect that as soon as a Resident needs an evaluation the therapy department would be made aware and the evaluation should be completed within a week of the evaluation request. The SLP said he should have been made aware of the of the 9/6/24 request sooner than 9/23/24.</p> <p>During an interview on 9/30/24 at 12:44 P.M., Rehabilitation Services Regional Director of Operations said a Resident should not have waited as long as Resident #21 did to be evaluated by the SLP. The Rehabilitation Services Regional Director of Operations said she would expect when an evaluation is requested that a Resident would be seen within a couple days of the request.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42741</p> <p>Based on interview, record and policy review, the facility failed to ensure that administration of Pneumococcal Vaccination was provided timely to one Resident (#113) out of a total sample of five residents.</p> <p>Specifically, for Resident #113, the facility failed to ensure a Pneumococcal Vaccination was administered timely after the Resident and/or Resident Representative consented to receive the Pneumococcal Vaccination.</p> <p>Findings include:</p> <p>Review of the Centers for Disease Control and Prevention (CDC) information sheet titled Pneumococcal Timing Vaccine Timing for Adults, dated 9/12/24, indicated the following recommendation:</p> <p>-If a patient has had the Pneumococcal Conjugate Vaccine-13 (PCV-13 at type of pneumococcal vaccination) at any age and Pneumococcal Polysaccharide Vaccine-23 (PPSV23 a type of pneumococcal vaccination) at or after the age of 65 after 5 years PCV-20 or PCV-21 should be offered.</p> <p>-Together, with the patient, vaccine providers may choose to administer PCV-20 or PCV-21 to adults = [AGE] years old who have already received PCV-13 (but not PCV-15, PCV-20, or PCV-21) at any age and PPSV23 at or after the age of [AGE] years old.</p> <p>Review of the facility policy titled Pneumococcal Vaccine, last revised 7/2023, indicated the following:</p> <p>-Upon admission, residents should be assessed for eligibility to receive the Pneumococcal Vaccine series, and when indicated, will be offered the vaccine .</p> <p>-Administration of the Pneumococcal Vaccines or re-vaccinations will be made in accordance with current CDC recommendations at the time of the vaccination.</p> <p>Resident #113 was admitted to the facility in October 2023, and was over the age of 65.</p> <p>Review of Resident #113's Immunization sheet, undated, provided to the surveyor by the Infection Preventionist (IP), indicated the Resident had the following vaccinations:</p> <p>-PCV-13, dated administered 7/6/16</p> <p>-PPSV23, date administered 11/14/17 (received after the age of [AGE] years old)</p> <p>Review of the Immunization Consent form, dated 10/18/23, signed by the Resident and/or Resident Representative indicated the Resident and/or Resident Representative consented to the annual administration of Pneumococcal Vaccination.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fitchburg Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 John Fitch Hwy Fitchburg, MA 01420	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of the Resident's medical record indicated no documentation that the Resident had been offered the PCV-20 as recommended for those over [AGE] years of age who had the PCV-13 at any age and the PPSV23 at or after the age of [AGE] years old.</p> <p>During an interview on 9/26/24 at 3:45 P.M., the IP said Pneumococcal Vaccination is offered at the time of admission and as needed after admission. The IP said Resident #113 signed the consent to receive any recommended Pneumococcal Vaccinations at the time of his/her admission and when a Resident consents to vaccination it should be administered within a week of admission. The IP further said she was unable to find any documentation the Resident had been offered the PCV-20 which he/she was eligible for.</p>		