STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225219	A. Building B. Wing	11/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bear Mountain at Worcester	59 Acton Street Worcester, MA 01604

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 37086 Based on records reviewed and interviews, for three of three sampled residents, (Resident #1, Resident #2 and Resident #3), the Facility failed to ensure they maintained complete and accurate medical records, when 1) physician's orders were not obtained related to isolation precautions when each resident was Covid-19 positive, and 2) nursing and respiratory therapy documentation for Resident #1 related to the administration of a medication was incomplete. Findings include: Review of the Facility's Policy, undated and titled Medical Record, indicated the following: -A resident chart is a legal document that contains a resident's health and well-being information and record of a resident's care. It includes important information such as .treatments, medications, and documentation regarding services provided to the residents. -All records shall be kept complete and accurate. -Any care pertaining to the resident must be documented in the resident records, timely and accurately. 1) Review of the Facility's Policy, titled Covid-19 Facility Plan, dated 09/11/24, indicated the following under Use of Personal Protective Equipment (PPE) during Covid-19 Pandemic: -The Facility recognizes the greatest mitigation strategy for the prevention of Covid-19 spread is the proper use of PPE. The Facility will follow Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS) and state guidance for the use of PPE. -For Covid-19 positive residents: an Isolation sign (outside of the resident's room to indicate the required PPE) and Full PPE upon room entry to include fit-tested N95 respirator or alternative, face shield/goggles. Gown and gloves if there is any contact with potentially infectious material. Gowns and gloves must be changed between residents. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Facility's Policy, titled Enhanced Barrier Precautions (EBP), dated 04/2024, indicated that EBP is indicated for residents with indwelling medical devices even if the resident is not known to be infected or colonized (presence of bacteria without an active infection) with a multi-drug resistant organism (MDRO). -The PPE required when following EBP is a gown and gloves are to be donned prior to high contact resident care activity. a) Resident #1 was admitted to the Facility in July 2024, diagnoses included acute and chronic respiratory failure with hypoxia (low oxygen), cognitive communication deficit, and tracheostomy (a surgical opening in the neck to allow for breathing). Review of the Covid-19 Testing Log provided by the Facility, indicated Resident #1 tested positive for Covid-19 on 09/27/24. Review of Resident #1's Physician's Orders, indicated there was no documentation to support that nursing obtained a Physician's order to implement Isolation Precautions when Resident #1 tested positive for Covid-19. Review of Resident #1's Treatment Administration Records (TAR) for the months of September 2024 and October 2024, indicated Enhanced Barrier Precautions continued to be in place from 09/27/24 through 10/02/24 (during his/her active infection with Covid-19). b) Resident #2 was admitted to the Facility in September 2023, diagnoses included acute respiratory failure with hypoxia, dependence on respirator (ventilator), and tracheostomy. Review of the Covid-19 Testing Log provided by the Facility, indicated Resident #2 tested positive for Covid-19 on 09/25/24. Review of Resident #2's Physician's Orders, indicated there was no documentation to support that nursing obtained a Physician's order to implement Isolation Precautions when Resident #2 tested positive for Covid-19. Review of Resident #2's TAR for the month of September 2024, indicated Enhanced Barrier Precautions continued to be in place from 09/25/24 through 09/30/24 (during his/her active infection with Covid-19). c) Resident #3 was admitted to the Facility in January 2023, diagnoses included chronic respiratory failure with hypoxia, dependence on respirator (ventilator), and tracheostomy. Review of the Covid-19 Testing Log provided by the Facility, indicated Resident #3 tested positive for Covid-19 on 09/29/24. Review of Resident #3's Physician's Orders, indicated there was no documentation to support that nursing obtained a Physician's order to implement Isolation Precautions when Resident #3 tested positive for Covid-19. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #3's TAR for the months of September 2024 and October 2024, indicated Enhanced Barrier Precautions continued to be in place from 09/29/24 through 10/04/24 (during his/her active infection with Covid-19). During a telephone interview on 11/05/24 at 1:07 P.M., Nurse #1 said that Isolation Precautions were required for all Covid-19 positive residents. Nurse #1 said Isolation precautions included eye protection, N95 mask, and gowns and gloves. During an interview on 11/05/24 at 3:27 P.M., the Infection Preventionist (IP) said Isolation Precautions were required for all Covid-19 positive residents. The IP said Isolation Precautions included eye protection, N95 mask, gowns and gloves. The IP said the difference between Isolation Precautions and EBP was the PPE required for Isolation Precautions must be put on prior to entering the resident's room, whereas a staff member needed to wear the required PPE for a resident on EBP only when they provided high contact resident care (bathing, dressing, etc.), not upon room entry. The IP said nursing staff should have obtained a Physician's order for Isolation Precautions when a resident tested positive for Covid-19 and the order should have been placed on the Treatment Administration Record. The IP reviewed the TARs for Resident #1, Resident #2, and Resident #3 and said none of them included a Physician's Order for Isolation Precautions when they had active Covid-19 infections. 2) Review of the Facility's Policy, undated and titled Charting and Documentation, indicated observations, medications administered, services performed, etc., will be documented in the resident's clinical record. Review of Resident #1's Respiratory Medication Administration Record (RMAR) for the month of September 2024, indicated a physician's order to administer Levalbuterol HCl Inhalation Nebulization Solution (medication in the form of a fine mist) 1.25 milligrams (mg)/3 milliliters (ml) - administer 1.25 mg via tracheostomy twice daily (10:00 A.M. and 10:00 P.M.). Further review of the RMAR indicated the 10:00 P.M. dose was not signed as administered for 19 out of 28 scheduled doses; the 10:00 A.M. dose was not signed as administered for four out of 28 scheduled doses. During an interview on 11/05/24 at 1:41 P.M., the Respiratory Therapist (RT) said that when a RT was on duty, they usually administered the medications on the RMAR but nursing sometimes did as well. During a telephone interview on 11/06/24 at 10:07 A.M., Nurse #2 said the medications listed on a RMAR would not show for nursing to administer because the RMAR was for Respiratory Therapists only, therefore would not automatically alert nursing that there was a scheduled medication to be administered. During an interview on 11/05/24 at 3:02 P.M., the Director of Nurses (DON) reviewed the TARs for Resident #1, Resident #2, and Resident #3 and said all of them should have been placed on Isolation Precautions when they were Covid-19 positive and the documentation did not reflect that. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The DON reviewed Resident #1's Respiratory Medication Administration Record (RMAR) for the month of September 2024 and said that all of the scheduled nebulizer treatments should have been administered as ordered, by either a Respiratory Therapist or nursing, and the documentation did not reflect that.