

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Adviniacare Newton Wellesley		STREET ADDRESS, CITY, STATE, ZIP CODE 694 Worcester Road Wellesley, MA 02181	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>44095</p> <p>Based on observations, interviews, and record reviews the facility failed to provide a dignified experience for two Residents (#57 and #11) and six non-sampled Residents, out of a total sample of 18. Specifically:</p> <p>1.) For Resident #57 and six non-sampled Residents, the facility failed to ensure a dignified private space in their rooms when a Certified Nursing Assistant (CNA) was using his/her personal cell phone during care.</p> <p>2.) For Resident #11, the facility failed to ensure his/her dignity was maintained when his/her privacy curtain was not closed during care exposing him/her to his/her roommate.</p> <p>Findings include:</p> <p>1.) Review of the facility policy titled 'Quality of Life - Dignity', dated 10/22, indicated that each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect, and individuality.</p> <p>8. Residents' private space and property shall be respected at all times.</p> <p>Review of the Facility Personnel Manual, dated as revised November 16, 2022, indicated that employees may not make or receive personal phone calls or text messages while on duty at the facility except for emergencies. This includes the use of cellular phones. Employees may only use cell phones while on break and in designated break areas. Please refer to the company cell phone policy for further details.</p> <p>Resident #57 was admitted to the facility in April 2024 with diagnoses including dementia and osteoporosis.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 10/18/24, indicated that Resident #57 had a severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of three out of 15.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/11/24 between 6:57 A.M. and 7:03 A.M., the surveyor observed Certified Nursing Assistant (CNA) #1 in Resident #57's room talking on her personal cell phone on speaker in a foreign language. There were three roommates present in the bedroom. The surveyor continued make the observation and observed CNA #1 go from Resident #57's room through the adjoining bathroom into the adjacent Resident room where there were three Residents present. The surveyor entered the room and interrupted the CNA while she was chatting on her phone and making a Resident bed with a Resident next to her.</p> <p>During an interview on 12/11/24 at 7:03 A.M., CNA #1 said she should not use her phone while providing care.</p> <p>During an interview on 12/12/24 at 9:22 A.M., Nurse #2 said that no cell phones should be in use while providing care.</p> <p>During an interview on 12/9/24 at 5:11 P.M., the Ombudsman said that she receives calls from Resident's family that staff are frequently on their personal cell phones in Resident areas.</p> <p>During an interview on 12/12/24 at 11:00 A.M., the Director of Nursing said that no cell phones should be in use while providing care.</p> <p>2.) Review of the facility policy titled 'Quality of Life - Dignity', dated as 10/22, indicated that each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality.</p> <p>12. Staff shall promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures and use of telemedicine when applicable.</p> <p>Resident #11 was admitted to the facility in February 2024 with diagnoses including dementia, anxiety, and depression.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 9/13/24, indicated that Resident #11 had a severe cognitive impairment.</p> <p>On 12/11/24 at 7:14 A.M., the surveyor observed Resident #57 calling out during care, Resident #57 was naked, and his/her breasts and groin area were exposed, there was no privacy curtain pulled to maintain his/her dignity and his/her roommate was in bed next to him/her.</p> <p>On 12/11/24 at 7:16 A.M., the surveyor observed Nurse #1 enter the room and perform a dressing change to Resident #57's spine and Nurse #1 does not close the privacy curtain continuing to expose Resident #11 to his/her roommate.</p> <p>During an interview on 12/12/24 at 11:02 A.M., the Director of Nursing said nursing should close the curtain during care.</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>48990</p> <p>Based on observations, interviews, and record review, the facility failed to identify and assess the use of pillows placed underneath a fitted sheet as a potential restraint for one Resident (#31) out of a total sample of 18 residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled Restraint Use, revised 1/2023, indicated:</p> <ul style="list-style-type: none"> - Physical restraints are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement. - The use of restraint shall be based on a comprehensive resident assessment that includes a physical assessment to identify medical conditions that may be causing behavior changes in the resident. The assessment will also be performed to determine the safety and protective needs of the resident prior to the application of restraint. <p>Resident #31 was admitted to the facility in October 2020 with diagnoses including Alzheimer's dementia and repeated falls.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 11/22/24, indicated Resident #31 was rarely/never understood and had severe cognitive impairment as evidenced by a staff assessment of mental status. This MDS also indicated Resident #31 did not utilize any restraints.</p> <p>Review of Resident #31's medical record failed to indicate a restraint assessment had ever been completed to determine whether the pillows placed underneath a fitted sheet would be a potential restraint.</p> <p>Review of Resident #31's medical record failed to indicate a physician's order for the use of pillows underneath a fitted sheet.</p> <p>Review of Resident #31's care plan failed to indicate the use of pillows underneath a fitted sheet.</p> <p>On 12/11/24 at 6:52 A.M., the surveyor observed Resident #31 in bed with pillows underneath a fitted sheet bilaterally at hip/thigh level. The foot of the bed was elevated. Resident #31 was rolling in bed and attempting to repeatedly kick his/her legs over the side of the bed where there was a pillow underneath the fitted sheet.</p> <p>On 12/11/24 at 3:35 P.M., the surveyor observed Resident #31 in bed with pillows underneath a fitted sheet bilaterally at hip/thigh level. Resident #31 was awake and independently moving from lying to sitting multiple times.</p> <p>(continued on next page)</p>

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/12/24 at 6:34 A.M., the surveyor observed Resident #31 in bed with pillows underneath a fitted sheet bilaterally at hip/thigh level. The foot of the bed was elevated.</p> <p>During an interview on 12/12/24 at 6:35 A.M., Certified Nurse Assistant (CNA) #3 observed Resident #31 in bed with the surveyor. CNA #3 said Resident #31 can roll without assistance and sit himself/herself up in bed. CNA #3 said the staff put pillows underneath the fitted sheet to stop him/her from moving. CNA #3 said they do this because they don't want him/her to try to roll out of bed or try to stand because he/she could fall. CNA #3 also said staff elevate the legs of his/her bed so he/she cannot sit up in bed for the same reason.</p> <p>During an interview on 12/12/24 at 6:45 A.M., Nurse #3 observed Resident #31 in bed with the surveyor. Nurse #3 said the pillows were underneath the fitted sheet because Resident #31 is unpredictable and rolls in bed, but cognitively it's not safe for him/her to try to get out of bed because he/she could fall.</p> <p>During an interview on 12/12/24 at 10:49 A.M., the Director of Nursing (DON) said if staff put interventions in place that could restrict a resident's ability to move in/out of bed then a restraint assessment should be completed to assess if the intervention is a restraint. The DON said a restraint assessment should have been completed to assess the use of pillows underneath a fitted sheet since it was a potential restraint.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>44095</p> <p>Based on record review, and interviews, for one Resident (#33), out of 18 sampled residents, the facility failed to ensure nursing provided services in accordance with the comprehensive care plan that met professional standards of quality. Specifically, for Resident #33, the facility failed to ensure nursing implemented a physician's ordered parameter and administered scheduled lisinopril (a medication that lowers blood pressure) when a blood pressure was outside of the parameters range.</p> <p>Finding include:</p> <p>Review of the facility policy titled 'Medication Administration', dated as revised 10/22, indicated that medications shall be administered only upon the order of physicians who are members of the medical staff.</p> <p>7. The following information must be check/verified for each resident prior to administering medications:</p> <p>b. Vital signs, if necessary related to parameters.</p> <p>Resident #33 was admitted to the facility in March 2024 with diagnoses including dementia and hypertension.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 9/27/24, indicated that Resident #33 had a severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 6 out of 15.</p> <p>Review of Resident #33's physician's order, dated 8/9/24, indicated:</p> <p>- Lisinopril Tablet 20 milligrams, give 1 tablet by mouth one time a day for hypertension *** Hold for systolic blood pressure (SBP) less than (<) 120 or heart rate (HR) < 60.</p> <p>Review of Resident #33's plan of care related to alteration in cardiovascular status related to hypertension, dated as revised 10/3/24, indicated:</p> <p>- Monitor VITAL SIGNS. Notify physician (MD) of significant abnormalities.</p> <p>Review of Resident #33's Medication Administration Record (MAR), dated October 2024, November 2024, and December 2024, indicated nursing administered Resident #33 his/her lisinopril even though his/her blood pressure was outside of the physician ordered parameters on the following dates:</p> <p>- 10/2/24 blood pressure 115/73, administered.</p> <p>- 10/6/24 blood pressure 116/60, administered.</p> <p>- 10/9/24 blood pressure 110/71, administered.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - 10/12/24 blood pressure 101/66, administered. - 10/19/24 blood pressure 105/69, administered. - 10/20/24 blood pressure 105/69, administered. - 10/23/24 blood pressure 115/64, administered. - 10/25/24 blood pressure 103/63, administered. - 10/26/24 blood pressure 112/72, administered. - 10/27/24 blood pressure 112/72, administered. - 11/6/24 blood pressure 115/73, administered. - 11/11/24 blood pressure 107/74, administered. - 11/13/24 blood pressure 116/62, administered. - 11/24/24 blood pressure 114/68, administered. - 11/29/24 blood pressure 119/73, administered. - 12/2/24 blood pressure 119/77, administered. - 12/7/24 blood pressure 117/74, administered. - 12/8/24 blood pressure 112/69, administered. - 12/10/24 blood pressure 114/64, administered. <p>During an interview on 12/12/24 at 9:18 A.M., Nurse #2 said that nursing should hold Resident #33's lisinopril for a systolic blood pressure less than 120.</p> <p>During an interview on 12/12/24 at 11:01 A.M., the Director of Nursing said that nursing should hold the lisinopril for a systolic blood pressure less than 120.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>44095</p> <p>Based on observation, interview and record review, the facility failed to provide assistance with activities of daily living (ADLs) for one dependent Resident (#57) out of a total sample of 18 residents. Specifically, for Resident #57, the facility failed to remove unwanted chin hair.</p> <p>Findings include:</p> <p>Review of the facility policy titled 'Activities of Daily Living (ADL) Support', dated as revised 10/22, indicated that Residents will provide with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs).</p> <p>Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.</p> <p>2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with:</p> <p>a. Hygiene (bathing, dressing, grooming, and oral care).</p> <p>Resident #57 was admitted to the facility in April 2024 with diagnoses including dementia and osteoporosis.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 10/18/24, indicated that Resident #57 had a severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 3 out of 15. This MDS indicated Resident #57 required substantial/maximum assistance with personal hygiene including shaving. This MDS indicated Resident #57 did not reject care.</p> <p>On 12/10/24 at 7:48 A.M., and 12/10/24 at 8:30 A.M., the surveyor observed Resident #57 with white chin hairs measuring approximately one centimeter.</p> <p>On 12/11/24 at 7:04 A.M., and 12/11/24 at 8:26 A.M., the surveyor observed Resident #57 with approximately 40 white chin hairs measuring approximately one centimeter in length. Resident #57 said he/she would like someone to shave his/her beard.</p> <p>On 12/12/24 at 6:54 A.M., the surveyor observed Certified Nurse Assistant (CNA) #1 bring Resident #57 into the bathroom for morning care.</p> <p>On 12/12/24 at 8:30 A.M., the surveyor observed Resident #57 with chin hair.</p> <p>Review of Resident #57's plan of care related to activities of daily living, dated 4/3/24, indicated:</p> <p>- personal hygiene, maximum assist.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/12/24 at 9:14 A.M., CNA #1 said that facial hair removal should be completed during care.</p> <p>On 12/12/24 at 9:16 A.M., the surveyor and Nurse #2 went into Resident #57's room. Resident #57 said to Nurse #2 will you shave my beard? Resident #57 had over 40 one-centimeter-long chin hairs. Nurse #2 said that CNAs should shave facial hair during care and that Resident #57 does not refuse care.</p> <p>During an interview on 12/12/24 at 10:58 A.M. the Director of Nursing said that Resident #57's facial hair should be removed during care.</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41019</p> <p>Based on record review and interview, the facility failed to develop a trauma informed care plan for one Resident (#59) with a diagnosis of post traumatic stress disorder (PTSD) out of a total sample of 18 residents.</p> <p>Findings include:</p> <p>Resident #59 was admitted in February 2023 with diagnoses including post traumatic stress disorder.</p> <p>Review of the Minimum Data Set, dated [DATE], indicated Resident #59 was unable to participate in the Brief Interview for Mental Status exam due to severe cognitive impairment.</p> <p>Review of the care plans for Resident #59 failed to indicate a trauma informed plan was developed.</p> <p>During an interview on 12/12/24 at 9:39 A.M., the Social Worker said that she is covering the building right now, but if there was a diagnosis of PTSD then she would have expected an individual care plan to be developed.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>44095</p> <p>Based on record review, interview, and observation for one Resident (#11), the facility failed to ensure they maintained complete and accurate documentation in the medical record. Specifically, the facility failed to document Resident #11's wound on a weekly skin check.</p> <p>Findings include:</p> <p>Review of the facility policy, Risk and Skin Assessments, dated as revised 1/23, indicated prevention of pressure ulcers requires early identification and the implementation of prevention strategies.</p> <p>5. Weekly skin checks should be done by a licensed nurse weekly and as needed.</p> <p>a. When completing skin checks licensed nurses should identify and current skin concerns as well as any new concerns.</p> <p>Resident #11 was admitted to the facility in February 2024 with diagnoses including dementia, hypertension, depression, and anxiety.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 9/13/24, indicated that Resident #11 had a severe cognitive impairment and did not have a pressure ulcer.</p> <p>On 12/11/24 at 7:16 A.M., the surveyor observed Nurse #1 perform a dressing change to Resident #57's spine.</p> <p>Review of Resident #11's physician's order, dated 11/14/24, indicated:</p> <p>- Skin integrity check reminder-complete NSG: Weekly Skin Check Evaluation, every night shift every Friday for prophylaxis. You MUST document skin check in the NSG: Weekly Skin Check Evaluation.</p> <p>Review of Resident #11's physician's order, dated 11/26/24 and discontinued on 12/10/24, indicated:</p> <p>- To the open area on the mid spine area: wash with normal saline, apply bacitracin followed by dry protective dressing daily, every night shift.</p> <p>Review of Resident #11's physician's order, dated 12/10/24, indicated:</p> <p>- To the open area on the mid spine area: wash with normal saline, apply medihoney followed by dry protective dressing daily, every night shift.</p> <p>Review of Resident #11's hospice note, dated 11/24/24, indicated visited with ADON, saw new open area on lumbar spine, continue bacitracin and pillow propping. No other changes to plan of care.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41019</p> <p>Based on record review and interview, the facility failed to 1.) follow the water management plan for Legionella prevention and 2.) failed to implement the infection prevention and control program. Specifically,</p> <p>2a.) The facility failed to implement enhanced barrier precautions for a Resident (#11) with a wound.</p> <p>2b.) The facility failed to ensure Nurse #1 performed a dressing change according to acceptable standards of practice.</p> <p>Findings include:</p> <p>1.) Review of the facility Water Management Program For Building Water Systems: Site Management Plan, dated May 1, 2018, indicated the following:</p> <p>- 2.4. Monitoring and Verification Plan: This section defines the site-specific monitoring and verification plan.</p> <p>- 2.4.1 Cold Water Services</p> <p>* Task: Legionella Culture Test. Sample at the source or nearest outlet. Method: Lab culture test. Frequency: Annually.</p> <p>During an interview on 12/12/24 at 9:30 A.M., the Maintenance Director said that he does not test the water in the facility for Legionella because he was told the town is responsible for monitoring the water in the facility. The Maintenance Director said the facility has not tested the water for Legionella since he has been here. The Maintenance Director said that he had been working in the facility since December 2023.</p> <p>Review of the town report provided to the surveyor indicated the town report monitors minerals of the water and other contaminants, but failed to indicate the monitoring of Legionella in the facility.</p> <p>44095</p> <p>2a.) Review of the facility policy, Enhanced Barrier Precautions, dated 4/1/24, indicated Enhanced Barrier Precautions (EBP) will be initiated for residents as applicable in accordance with CMS and/or state regulations and/or in accordance with CDC guidance to reduce the risks of transmission of Multiple Drug Resistant Organisms (MDROs).</p> <p>DEFINITIONS:</p> <p>Enhanced Barrier Precautions is applicable for residents with any of the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Adviniacare Newton Wellesley		STREET ADDRESS, CITY, STATE, ZIP CODE 694 Worcester Road Wellesley, MA 02181	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status.</p> <p>Review of Resident #11's physician's order, dated 11/26/24 and discontinued on 12/10/24, indicated:</p> <p>- To the open area on the mid spine area: wash with normal saline, apply bacitracin followed by dry protective dressing daily, every night shift.</p> <p>Review of Resident #11's physician's order, dated 12/10/24, indicated:</p> <p>-To the open area on the mid spine area: wash with normal saline, apply medihoney followed by dry protective dressing daily, every night shift.</p> <p>On 12/10/24 at 7:36 A.M., 12/11/24 at 7:13 A.M., and on 12/12/24 at 7:00 A.M., the was no signage or evidence that staff should utilize enhanced barrier precautions for Resident #11.</p> <p>On 12/11/24 at 7:16 A.M., the surveyor observed Nurse #1 perform a dressing treatment without the use of EBP.</p> <p>During an interview on 12/12/24 at 7:01 A.M., Nurse #1 said that Resident #11's treatment for his/her open wound is scheduled on the night shift and she routinely completes the treatment. Nurse #1 said Resident #11's wound does not require enhanced barrier precautions. Nurse #1 said that there would be a sign posted as to when enhanced barrier precautions is indicated. Nurse #1 said she would have to gown and glove to provide wound care.</p> <p>During an interview on 12/12/24 at 11:03 A.M., the Assistant Director of Nursing (Infection Control Nurse) said that nursing should utilize EH during wound care.</p> <p>2b.) Review of the facility policy, Non-Sterile Dressing, dated as revised 1/23, indicated that designated staff member will use non-sterile dressing technique for all dressing changes unless otherwise indicated by physician or manufacturer guidelines. Clean aseptic should be used. In the event of multiple wounds, each wound is considered a separate treatment.</p> <p>PROCEDURE:</p> <ol style="list-style-type: none"> 3. Prepare a clean, dry work area at bedside. Use disinfectant solution to prepare work surface. 4. Place trash bag at end of bed or within easy reach of working area. 5. Wash hands, apply gloves. 6. Prepare/open dressing items on table. If dressings need to be cut to size, use clean or sterile scissors. 8. Remove soiled dressing; place it in the trash bag. Note date on old bandage prior to removal. 9. Remove gloves, wash hands, apply new gloves. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Adviniacare Newton Wellesley		STREET ADDRESS, CITY, STATE, ZIP CODE 694 Worcester Road Wellesley, MA 02181	

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<ol style="list-style-type: none"> 11. Clean wound with normal saline or prescribed cleanser. 12. Pat the tissue surrounding the wound dry with a 4x4. 13. Remove gloves, wash hands, apply new gloves. 15. Apply prescribed topical agent to wound. 16. Apply wound dressing. Wound dressing should cover the entire wound. 19. Discard gloves and all used supplies in trash bag. Remove equipment. 20. Wash hands <p>On 12/11/24 at 7:16 A.M., the surveyor observed Nurse #1 enter Resident #11's room. Nurse #1 placed dressing supplies onto an unclean nightstand. Nurse #1 applied gloves without performing hand hygiene. Nurse #1 then picked up oxygen tubing from the floor and she applied the oxygen tubing directly off the ground to the Resident's nares. Nurse #1 with the same gloves removes the old dressing from Resident #11's spine and places it directly on the night stand next to the new dressing supplies. Nurse #1 does not change her gloves that she removed the dirty dressing with. Nurse #1 then begins to clean the wound with premoistened gauze from the nightstand. Nurse #1 with the same gloves applied a dressing that she has already applied the medihoney to prior to entering the room. Nurse #1 then gathers up all the supplies and throws them in the trash in the bathroom. Nurse #1 removes her gloves and immediately begins to adjust her glasses without performing hand hygiene.</p> <p>During an interview on 12/12/24 at 11:06 A.M., the Assistant Director of Nursing said that nursing should change gloves during dressing changes and perform hand hygiene before and after glove removal. The ADON said that nursing should have changed the oxygen tubing.</p>