

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Care One at Lowell		STREET ADDRESS, CITY, STATE, ZIP CODE 19 Varnum Street Lowell, MA 01850	

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 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>36797</p> <p>Based on observation, record review and interview, the facility failed to monitor and assess the use of equipment being used as a potential restraint for one Resident (#57) out of a total sample of 31 residents.</p> <p>Specifically, the facility staff failed to: For Resident #57, conduct individualized monitoring and ongoing assessments for the use of thigh bands (used to secure the body in a wheelchair to prevent sliding down in the chair and designed to relieve pressure on certain body areas) while lying flat.</p> <p>Findings include:</p> <p>Review of the facility policy titled Restraints: Physical, dated revised 10/13/2017, indicated that the purpose of the policy is to ensure that if a restraint is indicated to treat medical symptoms that it is the least restrictive device possible, used for the least amount of time possible in order to treat the medical symptoms.</p> <p>Resident #57 was admitted to the facility in October 2018 with diagnoses including Huntington's disease, psychosis and depression.</p> <p>Review of the Minimum Data Set assessment, dated 4/9/24, indicated that Resident #57 was not able to complete the Brief Interview for Mental Status exam and is severely cognitively impaired. Further review indicated that Resident #57 is totally dependent for all activities of daily living. Further review failed to indicate that Resident #57 used a restraint.</p> <p>On 6/25/24 at 9:49 A.M., the surveyor observed Resident #57 lying flat in a Broda chair (a type of wheelchair that allows a resident to lay flat) in the Residents room with bilateral padded straps originating from the center of the seat, going up and over each thigh, across the hips and ending in a buckle behind the back of the chair, preventing the Resident from exiting the chair.</p> <p>On 6/25/24 at 1:27 P.M., the surveyor observed Resident #57 sitting in a Broda chair in the hallway with bilateral padded straps originating from the center of the seat, up going up and over each thigh, across the hips and ending in a buckle behind the back of the chair, preventing the Resident from exiting the chair.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Care One at Lowell		STREET ADDRESS, CITY, STATE, ZIP CODE 19 Varnum Street Lowell, MA 01850	
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/25/24 at 3:42 P.M., the surveyor observed Resident #57 sitting in a Broda chair in the hallway with bilateral padded straps originating from the center of the seat, up going up and over each thigh, across the hips and ending in a buckle behind the back of the chair, preventing the Resident from exiting the chair.</p> <p>On 6/26/24 at 7:40 A.M., the surveyor and Unit Manager #1 observed Resident #57 lying in a Broda chair in the Residents room with bilateral padded straps originating from the center of the seat, going up and over each thigh, across the hips and ending in a buckle behind the back of the chair, preventing the Resident from exiting the chair.</p> <p>Review of the medical record failed to indicate that Resident #57 used a restraint.</p> <p>Review of the doctor's orders failed to indicate an order for the use of a restraint or the use of thigh bands.</p> <p>Review of the care plan, dated and reviewed 3/25/24, failed to indicate a care plan for the use of a restraint. Further review failed to indicate the use of thigh bands. Further review indicated a behavior care plan related to Resident #57's behavior of purposefully sitting/placing self on the floor as a means of resistance to redirection when having behaviors.</p> <p>Review of the facility document titled Occupational Therapy Discharge Summary, dated 12/01/22, indicated that thigh bands are used to prevent forward sacral sliding, to promote skin integrity when in the Broda chair. Further review indicated that the thigh bands were placed to promote optimal positioning to promote safe swallowing and intake of high calorie nutritional beverage to help Resident maintain weight. Further review failed to indicate that the Broda chair with thigh bands was to be used while the Resident was lying flat.</p> <p>Review of the facility document titled Pre-Restraining Evaluation, dated 3/1/21, indicated that use of both thigh bands and a chest band in Broda chair provides positional support to maximize proper sitting without preventing any volitional movements. Further review indicated that the facility did not consider the thigh bands a restraint however, the document failed to indicate if the use of the thigh bands were appropriate while the Resident is lying flat in the Broda chair and whether their use while lying flat would act as a restraint.</p> <p>Review of the facility document titled Physical Restraint Elimination Review, dated as reviewed quarterly on 4/11/23, 7/11/23, 10/10/23 and 1/9/24 and 4/9/24, failed to indicate that the Resident was evaluated for the use of the thigh bands (a potential restraint) for purposes other than those recommended by Occupational Therapy.</p> <p>During an interview on 6/26/24 at 7:40 A.M. Unit Manager #1 said that the straps are used to prevent Resident #57 from exiting the chair. Unit Manager #1 said that Resident #57 sleeps in the Broda chair with the straps in place because he/she has a history of getting out of bed and then falls to the floor. Unit Manager #1 said that Resident #57 has been sleeping in the Broda chair with the straps in place for a long time.</p> <p>During an interview on 6/27/24 at 11:12 A.M., the Director of Nursing said that the use of the thigh bands while the Resident is lying flat in the Broda chair should have been evaluated, care planned and a doctor's order written.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Care One at Lowell		STREET ADDRESS, CITY, STATE, ZIP CODE 19 Varnum Street Lowell, MA 01850	
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** 45984</p> <p>Based on observation, interview, and record review, the facility failed to accurately code the Minimum Data Set (MDS) assessment for one Resident (#71) out of a total sample of 31 residents. Specifically, the facility coded Resident #71 as using a trunk restraint when he/she did not use one.</p> <p>Findings include:</p> <p>Resident #71 was admitted to the facility in January 2019 with diagnoses including traumatic subarachnoid hemorrhage and unspecified dementia.</p> <p>Review of Resident #71's most recent Minimum Data Set Assessment (MDS), dated [DATE], indicated that the Resident had a Brief Interview for Mental Status score of 13 out of 15 indicating that he/she is cognitively intact. Further review of section P of Resident #71's MDS indicated that the Resident used a trunk restraint less than daily. Review of section GG of Resident #71's MDS indicated he/she does not use any mobility devices and can ambulate independently.</p> <p>On 6/25/24, 6/26/24 and 6/27/24, the surveyor observed Resident #71 walking around the second-floor unit without assistance, no restraint was present.</p> <p>Review of Resident #71's medical record failed to indicate physician's orders, care plans or a restraint assessment were present to indicate the usage of a restraint.</p> <p>During an interview on 6/26/24 at 9:13 A.M., Unit Manager #1 said she has no memory of Resident #71 using a restraint and it was likely coded as an error.</p> <p>During an interview on 6/26/24 at 10:03 A.M., the MDS Nurse said she checks residents' charts, progress notes, discharge notes and speaks with the interdisciplinary team when inputting MDS information. She further said that no residents in the facility use restraints and Resident #71 was coded in error as using a restraint.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Care One at Lowell		STREET ADDRESS, CITY, STATE, ZIP CODE 19 Varnum Street Lowell, MA 01850	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45984</p> <p>Based on observation, record review and interview, the facility failed to develop a comprehensive plan of care for one Resident (#132) out of a total sample of 31 residents. Specifically, the facility failed to develop an individualized plan of care for Resident #132 related to migraine headaches.</p> <p>Findings include:</p> <p>Review of the facility policy titled Care Plans, Comprehensive Person-Centered, dated and revised 4/25/22, indicated the following:</p> <ul style="list-style-type: none"> - A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. - The Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. - The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. <p>Resident #132 was admitted to the facility in January 2024 with diagnoses including focal traumatic brain injury, major depressive disorder and epilepsy.</p> <p>Review of Resident #132's most recent Minimum Data Set Assessment (MDS), dated [DATE], indicated that the Resident had a Brief Interview of Mental Status score of 15 out of a possible 15 indicating that he/she is cognitively intact.</p> <p>During an interview on 6/25/24 at 8:35 A.M., Resident #132 said he/she gets migraines daily and he/she wears his/her sunglasses all the time as it helps.</p> <p>Review of Resident #132's pre-admission paperwork, dated 11/7/23, prior to entering the facility indicated the following written by a Nurse Practitioner:</p> <ul style="list-style-type: none"> - During interview with this writer patient reports that he/she suffers migraine headaches. <p>Review of Resident #132's physician's order, dated 1/3/24, indicated the following:</p> <ul style="list-style-type: none"> - Excedrin Migraine Oral Tablet (a medication used to temporarily treat migraine headache pain) 250-250-65 MG (milligrams): Give 1 tablet by mouth every 12 hours as needed for pain related to unspecified focal traumatic brain injury. <p>Review of Resident #132's medical diagnoses, care plans, and progress notes failed to mention that the Resident has migraine headaches.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Care One at Lowell		STREET ADDRESS, CITY, STATE, ZIP CODE 19 Varnum Street Lowell, MA 01850	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/26/24 at 12:41 P.M., Resident #132's Family member said he/she has migraine headaches, and he/she says wearing the sunglasses helps them.</p> <p>During an interview on 6/27/24 at 7:25 A.M., Certified Nursing Assistant #1 said she is familiar with Resident #132 and said she was not sure why he/she wears sunglasses and did not know that the Resident gets migraine headaches.</p> <p>During an interview on 6/27/24 at 7:56 A.M., Unit Manager #1 said she was not sure why Resident #132 always wears sunglasses. She continued to say that she did not know Resident #132 has a history of migraine headaches and still has them. Unit Manager #1 said if a resident has migraine headaches, then a care plan should be developed so interventions can be implemented.</p> <p>During an interview on 6/27/24 at 8:41 A.M., the Director of Nurses (DON) said she did know Resident #132 has migraine headaches or has a history of them. She said if it was mentioned in the pre-admission paperwork then a care plan should have been implemented. The DON and surveyor reviewed Resident #132's preadmission paperwork and she said a care plan and medical diagnosis should have been developed for Resident #132's migraine headaches.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Care One at Lowell		STREET ADDRESS, CITY, STATE, ZIP CODE 19 Varnum Street Lowell, MA 01850	
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>36797</p> <p>Based on record review and interview, the facility failed to follow professional standards of practice for two Residents (#150 and #151) out of two closed records reviewed. Specifically, 1. For Resident #150, the facility failed to obtain a doctor's order for a transfer to the hospital and 2. For Resident #151, the facility failed to obtain a doctor's order for a transfer home.</p> <p>Findings include:</p> <p>The facility policy titled Transfer or Discharge, Facility-Initiated, dated 2001, failed to indicate that a doctor's order would be obtained for resident discharges.</p> <p>1. For Resident #150 the facility failed to obtain a doctor's order for a transfer to the hospital.</p> <p>Resident #150 was admitted to the facility in June 2023 with diagnoses including Huntington's disease, schizophrenia and depression.</p> <p>Review of the progress note, dated 4/4/24, indicated that Resident #150 was transferred to the hospital on 4/4/24 via ambulance.</p> <p>Review of the doctor's orders, dated April 2024, failed to indicate an order to transfer Resident #150 to the hospital.</p> <p>During an interview on 6/25/24 at 4:05 P.M., the Director of Nursing said that a doctor's order should be obtained for a transfer to the hospital.</p> <p>2. For Resident #151 the facility failed to obtain a doctor's order for a transfer home.</p> <p>Resident #151 was admitted to the facility in January 2024 with diagnoses including alcohol dependence, alcoholic cirrhosis of the liver and psychosis.</p> <p>Review of the progress note, dated 5/11/24, indicated that Resident #151 was discharged home.</p> <p>Review of the doctor's orders dated May 2024 failed to indicate an order to discharge Resident #151 home.</p> <p>During an interview on 6/25/24 at 4:05 P.M., the Director of Nursing said she would expect a doctor's order would be obtained for a transfer home.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Care One at Lowell		STREET ADDRESS, CITY, STATE, ZIP CODE 19 Varnum Street Lowell, MA 01850	
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 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** 36797</p> <p>Based on record review and interview the facility failed to ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident. Specifically, the facility failed to conduct an assessment for trauma per the facility policy, and develop an individualized comprehensive plan of care for Post Traumatic Stress Disorder (PTSD) including triggers for re-traumatization for two Residents (#146 and #123) who had an active diagnosis of PTSD out of a total sample of 31 Residents.</p> <p>Findings include:</p> <p>1. For Resident #146 the facility failed to conduct an assessment for trauma per the facility policy, and develop a comprehensive plan of care for Post Traumatic Stress Disorder (PTSD) including triggers for re-traumatization.</p> <p>Resident #146 was admitted to the facility in March 2024 with diagnoses including PTSD, traumatic brain injury and depression.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 3/21/24, indicated Resident #146 had a diagnosis of PTSD. Further review indicated Resident #146 scored a 15 out of 15 on the Brief Interview for Mental Status exam indicating intact cognition.</p> <p>Review of the doctor's orders, dated June 2024, indicated Resident #146 had a diagnosis of PTSD.</p> <p>Review of Resident #146's care plan, with a focus of PTSD, indicated a goal to avoid re-traumatization triggers, however, the care plan failed to indicate what the triggers for re-traumatization are, how Resident #146 exhibits an activation of PTSD when it occurs and what interventions are needed to help reduce the impact to the Resident during the triggered event.</p> <p>43807</p> <p>2. Resident #123 was admitted to the facility in November 2022 with diagnoses including Post Traumatic Stress Disorder (PTSD).</p> <p>A review of the most recent Minimum Data Set (MDS), dated [DATE], indicated a Brief Interview for Mental Status (BIMS) score of 10 out of a possible 15 indicating moderate cognitive impairment. Further review of the MDS indicated a PTSD diagnosis.</p> <p>A review of the social services admission assessment, dated 11/4/22, indicated the following:</p> <p>-Primary care PTSD screen with a list of traumatic events, a serious accident or fire, a physical or sexual assault or abuse, an earthquake or flood, a war, seeing someone killed or seriously injured, and having a loved one die through homicide and suicide.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Care One at Lowell		STREET ADDRESS, CITY, STATE, ZIP CODE 19 Varnum Street Lowell, MA 01850	
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident #123 answered yes to experiencing one of the traumatic events.</p> <p>A review of the social services admission notes, dated 11/4/22, indicated the following:</p> <p>-Daughter reported that the Resident has a history of childhood trauma as well as a history of physical and verbal abuse by male partners.</p> <p>A review of Resident #123's trauma care plan, initiated 11/4/22, indicated the following:</p> <p>-Resident has had a previous traumatic event in his/her past that put him/her at risk for mood lability including depression and anxiety related to his/her trauma.</p> <p>During an interview on 6/27/24 at 7:37 A.M., the Social Worker said trauma is only assessed at admission for all residents, she said trauma is assessed again if a traumatic event occurs in the facility during the Resident's stay. The Social Worker said Resident #123 answered yes to experiencing one of the traumatic events listed in the trauma assessments, she said Resident #123's family member provided more specific details of the trauma the Resident experienced as indicated in the social service admission note. She said a personalized care plan should have been developed with the specific traumatic events Resident #123 experienced. The Social Worker said triggers should also have been identified and personalized in the care plan to prevent re-traumatization.</p> <p>During an interview on 6/27/24 at 9:50 A.M., the Director of Nurses said all trauma care plans should be personalized with the specific traumatic event, she said triggers should be identified and care planned as well.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Care One at Lowell		STREET ADDRESS, CITY, STATE, ZIP CODE 19 Varnum Street Lowell, MA 01850	

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 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>45984</p> <p>Based on observations, record review and interview, the facility failed to provide dental services for one Resident (#132) out of a total sample of 31 residents. Specifically:</p> <p>For Resident #132, the facility failed to ensure dental services were provided after it was reported that Resident #132 had dental pain.</p> <p>Findings include:</p> <p>Review of the facility policy titled Dental Services, revised and dated December 2016, indicated the following:</p> <ul style="list-style-type: none"> - Routine and emergency dental services are available to meet the resident's oral health services in accordance with the resident's assessment and plan of care. - Routine and 24-emergency dental services are provided to our residents through a contract agreement with a licensed dentist comes to the facility monthly. - Social services representatives will assist residents with appointments, transportation arrangements, and for reimbursement of dental services under the state plan, if eligible. <p>Resident #132 was admitted to the facility in January 2024 with diagnoses including focal traumatic brain injury, major depressive disorder and epilepsy.</p> <p>Review of Resident #132's Minimum Data Set (MDS) assessment, dated 1/10/24, indicated the following under Section L - Oral Dental Status:</p> <ul style="list-style-type: none"> - Obvious or likely cavity or broken natural teeth <p>Review of Resident #132's most recent MDS assessment, dated 4/2/24, indicated that the Resident had a Brief Interview of Mental Status score of 15 out of a possible 15 indicating that he/she is cognitively intact.</p> <p>During an observation and interview on 6/25/24 at 8:35 A.M., the surveyor observed a tube of Orajel (an over-the-counter medication used to temporarily treat dental pain) on Resident #132's bed side table. Resident #132 said his/her teeth hurt and it hurts to chew food and that his/her family member brought in the Orajel for his/her dental pain. Resident #132 was observed to have many black, dark spots on the visible teeth.</p> <p>Review of Resident #132's Care Conference Notes, dated 1/3/24, indicated the following:</p> <ul style="list-style-type: none"> - He/she needs to see a dentist, he/she has some rotting teeth in the back of his/her mouth that is causing him/her discomfort. <p>Review of Resident #132's physician's order dated 1/4/24 indicated the following:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Care One at Lowell		STREET ADDRESS, CITY, STATE, ZIP CODE 19 Varnum Street Lowell, MA 01850	

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 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Consults: Dental care as needed</p> <p>During an interview on 6/26/24 at 12:41 P.M., Resident #132's Health Care Representative's family member said Resident #132 really needs to see a dentist as his/her teeth are in bad shape and if a dentist could come into the facility that would be great as Resident #132 does not always want to get out of bed. The Health Care Representatives continued to say that Resident #132 has not been seen by a dentist since his/her admission and they would like one to see him/her. They continued to say that they brought in the Orajel for Resident #132's teeth pain.</p> <p>During an interview on 6/27/24 at 7:56 A.M., Unit Manager #1 said if it is known that a resident has dental pain then the facility would have a dentist see the resident as soon as possible. Unit Manager #1 said a dentist should have seen Resident #132 months ago since it was documented in January 2024 of his/her dental discomfort.</p> <p>During an interview on 6/27/24 at 7:33 A.M., the Director of Nurses (DON) said all residents have care conferences which is for their individualized care plans and if something appropriate is discussed then interventions will be implemented. The DON said if dental pain was discussed in a care conference, then the facility would have the resident see a dentist as soon as possible. The DON said she was not aware that Resident #132 was having dental pain since January, had dental issues or that the Resident's Health Care Representatives brought in Orajel for his/his teeth pain. The DON continued to say that a dentist and dental hygienist comes to the building every few months and they have been in the building since January. She continued to say if she knew about Resident #132's dental pain she would have made sure the dentist or dental hygienist saw the resident as Resident #132's representatives consented for dental care to be provided while in the facility.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Care One at Lowell		STREET ADDRESS, CITY, STATE, ZIP CODE 19 Varnum Street Lowell, MA 01850	
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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49880</p> <p>Based on observations, interviews and policy review, the facility failed to ensure that housekeeping staff maintained proper hand hygiene practices on one of four nursing units.</p> <p>Findings include:</p> <p>Review of facility policy titled Handwashing/Hand Hygiene, dated as revised 3/18/24, indicated the following:</p> <ul style="list-style-type: none"> - The facility considers hand hygiene the primary means to prevent the spread of healthcare- associated infections. - 2. All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents and visitors. - Indications for Hand Hygiene. <ul style="list-style-type: none"> 1. Hand hygiene is indicated. <ul style="list-style-type: none"> c. after contact with blood, body fluids or contaminated surfaces. e. after touching a resident's environment. g. immediately after glove removal. 5. The use of gloves does not replace hand hygiene/ hand washing. <p>Review of facility policy titled Personal Protective Equipment- Gloves, dated July 2009, indicated the following:</p> <ul style="list-style-type: none"> 2. Gloves shall be used only once and discarded into the appropriate receptacle located in the room in which the procedure is being performed. 8. Wash your hands after removing gloves. <p>On 6/26/24 at 7:01 A.M., the surveyor observed Housekeeper #2, wearing gloves, emptying trash from a resident room on the [NAME] Park Unit. Housekeeper #2 exited the resident room, put the trash into a larger bag, and without doffing (removing) her gloves or performing any hand hygiene, she entered a second resident room with the same contaminated gloves on her hands. Housekeeper #2 continued this routine through five resident rooms, entering and exiting the rooms to empty trash wearing the same pair of contaminated gloves and without any hand hygiene in between rooms.</p> <p>During an interview on 6/26/24 at 11:22 A.M., the Housekeeping Manager said that staff should be removing gloves before exiting a room and sanitizing hands in between tasks or between moving on to another resident's room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Care One at Lowell		STREET ADDRESS, CITY, STATE, ZIP CODE 19 Varnum Street Lowell, MA 01850	
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 - Few</p>	<p>During an interview on 6/26/24 at 2:32 P.M., the Infection Control Nurse said staff should not be wearing gloves in the hallway. He said gloves should be removed before exiting a room and hands should be sanitized upon exiting and before entering another resident room.</p> <p>During an interview on 6/27/24 at 6:55 A.M., the Director of Nurses said staff should not exit a resident room and go into the hallway with gloves on. The expectation is that no staff wear gloves in the hallway and gloves are changed and hand hygiene is performed between tasks or between resident rooms.</p>		