

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Brandon Woods of Dartmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  567 Dartmouth Street South Dartmouth, MA 02748	

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 - 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37183</p> <p>Based on records reviewed and interviews, for two of three sampled residents (Resident #1 and Resident #2), whose Plans of Care indicated that they required the physical assistance of two staff members with transfers and/or bed mobility, the Facility failed to ensure nursing staff consistently implemented and followed interventions identified in their Plans of Care while meeting his/her care needs.</p> <p>1) On 08/05/24, Certified Nurse Aide (CNA) #2 provided care to Resident #2, who was in bed, without getting assistance from another staff member, CNA #2 left Resident #2 lying on his/her right side in bed, walked to the bathroom, heard a loud bang and found Resident #2 lying on the floor beside his/her bed on his/her left side. Resident #2 was transferred to the Hospital Emergency Department (ED) for evaluation and was diagnosed with a fractured left hip which required surgical intervention to repair.</p> <p>2) On 08/03/24, CNA #1 transferred Resident #1 from his/her wheelchair into bed, without getting assistance from another staff member. Resident #1 complained of left ankle pain after the transfer, and was diagnosed by an orthopedic physician with a second or third degree (partial to complete tear of the ankle ligament) left ankle lateral sprain which required a brace for comfort.</p> <p>Findings include:</p> <p>Review of the Facility's Policy, titled Care Plans Policy, dated as revised May 2017, indicated the following:</p> <ul style="list-style-type: none"> <li>-an individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychosocial needs is developed for each resident;</li> <li>-the Facility's Care Planning/Interdisciplinary Team (IDT) in coordination with the resident, his/her family or representative, develops and maintains a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to maintain;</li> <li>-each resident comprehensive care plan incorporates identified problem areas, incorporates risk factors, builds on resident's strengths, identify the professional services that are responsible for each element of care, aid in preventing or reducing declines in the resident's functional status, enhance the optimal functioning of the resident, reflect currently recognized standards of practice;</li> </ul> <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:  225233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Brandon Woods of Dartmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  567 Dartmouth Street South Dartmouth, MA 02748	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>-care plan interventions are designed after careful consideration of the relationship between the resident's problem areas and their causes;</p> <p>-assessment of residents are ongoing and care plans are revised as information about the resident and the resident's condition changes;</p> <p>-the Care Planning/IDT team is responsible for the review and updating of care plans when there has been a significant change in the resident's conditions, when the desired outcome is not met, when the resident has been readmitted to the facility from a hospital stay and at least quarterly.</p> <p>Review of the Facility's Policy, titled Resident ADL Guide/Kardex, dated as reviewed December 2023, indicated the following:</p> <p>-CNA's are provided with a complete and updated reference source for resident care needs upon admission and throughout length of stay;</p> <p>-upon admission, the Resident ADL Guide Kardex is to be completed by the Admitting Nurse to enter into Point of Care (POC) in Net Solutions (Electronic Medical Record);</p> <p>-ADL Kardex are to be assigned in POC for designated CNA assignments;</p> <p>-CNA's are to check their residents Kardex in POC prior to starting their assignment and refer to Kardex in POC periodically throughout their assigned shift;</p> <p>-ADL Kardex's are to be reviewed and updated at Case Management/Care Plan meetings.</p> <p>1) Resident #2 was admitted to the Facility in April 2023, diagnoses included: cerebral infarction, bilateral carotid arteries occlusion and stenosis, pneumonitis due to inhalation of food, major depressive disorder, weakness, epilepsy, respiratory failure with hypoxia and dementia.</p> <p>Review of the Quarterly Minimum Data Set Assessment (MDS), dated [DATE], indicated Resident #2 had moderate cognitive impairment and was totally dependent on staff with rolling from side to side in bed.</p> <p>Review of Resident #2's Care Plan related to Mobility, renewed and reviewed with his/her June 2024 MDS, indicated that he/she was dependent on the physical assistance of two staff members with repositioning in bed.</p> <p>Review of Resident #2's Resident Care Card/(Kardex, (used as a reference guide by CNA's), (reviewed and updated in conjunction with his/her plan of care), indicated that he/she was dependent on the physical assistance of two staff members with bed mobility, which included turning and repositioning in bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Brandon Woods of Dartmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  567 Dartmouth Street South Dartmouth, MA 02748	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Facility's Internal Investigation Report, dated 08/06/24, indicated that on 08/05/24 at 9:10 P.M., a CNA was providing care to Resident #2, turned him/her over onto his/her right side in bed and proceeded to go into the bathroom to get water [leaving him/her unattended] to wash Resident #2. The Report indicated that when the CNA walked into the bathroom, she heard a bang and when she went to check on Resident #2, Resident #2 was lying on the floor beside his/her bed on his/her left side.</p> <p>The Report indicated that Resident #2 was observed to have a bump to the left side of his/her forehead and a bruise to his/her left ankle and left ear. The Report indicated that Resident #2 required the assistance of two staff members with care. The Report indicated that Resident #2 was transferred to the Hospital Emergency Department (ED) for evaluation and was diagnosed with a left hip fracture.</p> <p>Review of a Nurse Progress Note, dated 08/05/24 (written by Nurse #3) indicated that a CNA (later identified as CNA #2) called her into Resident #2's room, he/she (Resident #2) was observed on the floor and had hit his/her head on the night stand. The Note indicated that Resident #2 had a large bruise to his/her left ankle, left ear and continued to cry out. The Note indicated that 911 (Emergency Medical Services) was called and Resident #2 was transferred to the Hospital.</p> <p>During a telephone interview on 08/28/24 at 12:22 P.M., (which included review of her written witness statement), Nurse #3 said that on 08/05/24, another nurse notified her that Resident #2 was on the floor. Nurse #3 said she immediately ran into Resident #2's room and found him/her lying on the floor with his/her head on the foot of the bedside table, yelling out in pain. Nurse #3 said that the bed was in the high position when she walked into Resident #2's room.</p> <p>Nurse #3 said she asked CNA #2 what happened and said that CNA #2 told her that she was providing care to Resident #2, turned him/her on his/her right side, walked away from him/her to go get clean water in the bathroom, and he/she fell out of bed. Nurse #3 said that Resident #2 was yelling out in pain, had an abrasion to his/her left ear and a bruise to his/her left ankle. Nurse #3 said that Resident #2 required the physical assistance of two staff members with bed mobility and said CNA #2 did not follow Resident #2's plan of care.</p> <p>Review of CNA #2's Written Witness Statement, dated 08/05/24, indicated that she was providing care to Resident #2 in bed, turned him/her on the right side, went into the bathroom to change the water and heard a loud bang when she walked out of the bathroom and saw Resident #2 lying on the floor on his/her left side.</p> <p>During a telephone interview on 8/28/24 at 12:40 P.M., CNA #2 said that she was providing care to Resident #2 in bed and turned him/her on his/her right side in bed. CNA #2 said that she walked into the bathroom to get clean water and just as she was coming out of the bathroom, she heard a loud bang noise and saw Resident #2 lying on the floor on his/her left side.</p> <p>CNA #2 said she had taken care of Resident #2 prior to this incident, and that she knew that Resident #2 required physical assistance of two staff members with bed mobility including turning and repositioning in bed. CNA #2 said that she thought she could provide care to Resident #2, in bed, by herself. CNA #2 said she did not have another staff member with her when she provided care to Resident #2 care and said she did not follow Resident #2's plan of care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Brandon Woods of Dartmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  567 Dartmouth Street South Dartmouth, MA 02748	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 8/29/24 at 1:20 P.M., the Unit Manager said that Resident #2 required physical assistance of two staff members with bed mobility, turning and positioning. The Unit Manager said CNA #2 provided care to Resident #2 in bed without the assistance of another staff member and did not follow Resident #2's plan of care.</p> <p>Review of a Hospital Discharge Summary, dated 08/09/24, indicated that Resident #2 fell out of bed at the nursing facility and sustained an acute left intertrochanteric femoral fracture (hip). The Summary indicated that Resident #2 underwent an Open Reduction Internal Fixation (ORIF) surgical repair of his/her left hip.</p> <p>During an interview on 08/27/24 at 2:25 P.M., the interim Director of Nurses (DON) said that Resident #2 was totally dependent on the physical assistance of two staff members with bed mobility, turning and repositioning. The DON said that CNA #2 provided care to Resident #1 in bed without the assistance of another staff member, and Resident #2 fell out of bed and sustained a left hip fracture. The DON said that CNA #2 did not follow Resident #2's plan of care and said that it was her expectation that staff follow the plan of care.</p> <p>2) Resident #1 was admitted to the Facility in August 2023 diagnoses included: sepsis, osteoarthritis of knee, acute on chronic respiratory failure, dizziness, abnormalities of gait and mobility and muscle weakness.</p> <p>Review of Resident #1's Annual Minimum Data Set Assessment (MDS), dated [DATE], indicated Resident #1 was totally dependent on staff with transfers.</p> <p>Review of Resident #1's Care Plans related to Self-Care Deficit and Fall Risk, reviewed and renewed in conjunction with his/her July 2024 MDS, indicated that he/she was dependent on the physical assistance of two staff members with transfers.</p> <p>Review of Resident #1's Resident Care Card/Kardex, (reviewed and updated in conjunction with his/her plan of care), indicated that he/she was dependent on the physical assistance of two staff members with transfers.</p> <p>Review of the Facility's Internal Investigation Report, dated 08/09/24, indicated that on 08/03/24 at approximately 7:00 P.M., a CNA was transferring Resident #1 from wheelchair to bed when Resident #1 pivoted incorrectly while transferring and twisted his/her left ankle. The Report indicated that on 08/04/24, Resident #1 complained of left ankle pain, upon assessment the left ankle was noted to be swollen and bruised, the physician was notified, and an x-ray was obtained. The Report indicated that the results of the x-ray were negative for any fracture.</p> <p>The Report further indicated that on 08/08/24, Resident #1 was transferred to the hospital for complaints of stomach and head pain, and that on 08/09/24, the Administrator received a report from the hospital that indicated that Resident #1 complained of left ankle pain, an x-ray was obtained and revealed a fracture to his/her left ankle. The Report indicated that on 8/16/24, Resident #1 was seen by an orthopedic surgeon, an x-ray was obtained of his/her left ankle and was negative for a fracture. The Report indicated that Resident #1 had a second or third degree left ankle lateral sprain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Brandon Woods of Dartmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  567 Dartmouth Street South Dartmouth, MA 02748	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Nurse Progress Note, dated 8/06/24 as a late entry for 08/04/24, (written by Nurse #2) indicated that Resident #1 complained of pain and screamed out in pain when left ankle was touched by nurse during assessment. The Note indicated that Resident #1's left ankle was noted to be bruised, discolored and swollen. The Note indicated that the physician was notified, ordered an x-ray of Resident #1's left ankle and ice to the left ankle.</p> <p>During a telephone interview on 08/28/24 at 12:54 P.M., Nurse #2 said that on 08/04/24 Resident #1 complained of left ankle pain and upon assessment his/her left ankle was bruised and swollen. Nurse #2 said she notified the physician and obtained an order for an x-ray and ice pack.</p> <p>Nurse #2 said that Resident #1 told her that a male CNA (later identified as CNA #1) transferred him/her to bed by himself the night before (08/03/24) and that he/she (Resident #1) twisted his/her left ankle during the transfer. Nurse #2 said that she asked CNA #1 if he had transferred Resident #1 alone and if during the transfer Resident #1 complained of pain and said CNA #1 told her that Resident #1 said Ow during the transfer. Nurse #2 said that Resident #1 requires physical assistance of two staff members with transfers and said CNA #1 did not follow his/her plan of care. Nurse #2 said that Resident #1 sustained a bad left ankle sprain during the transfer.</p> <p>During a telephone interview on 8/28/24 at 11:49 A.M., (which included review of his written witness statement), CNA #1 said that on 08/03/24 he transferred Resident #1 alone from his/her wheelchair into bed and that Resident #1 hit his/her left ankle on the wheelchair. CNA #1 said Resident #1 complained of left ankle pain during and after the transfer and said he reported it to the nurse. CNA #1 said that he was aware that Resident #1 required the assistance of two staff members with transfers and said he thought he could transfer Resident #1 back into bed alone without the assistance of another staff member. CNA #1 said that he did not follow Resident #1's plan of care.</p> <p>During a telephone interview on 08/27/24 at 12:15 P.M., (which included review of her written witness statement), Nurse #1 said that on 08/03/24, CNA #1 had reported to her that Resident #1 complained of leg pain and wanted Tylenol. but said that CNA #1 did not report to her that Resident #1 had hit his/her left ankle on the wheelchair during the transfer. Nurse #1 said that Resident #1 requires physical assistance of two staff members with all transfers.</p> <p>During a telephone interview on 8/29/24 at 1:20 P.M., the Unit Manager said that Resident #1 required physical assistance of two staff members with transfers. The Unit Manager said CNA #1 transferred Resident #1 without the assistance of another staff member and did not follow Resident #1's plan of care.</p> <p>Review of an Orthopedic Consult Report, dated 08/16/24, indicated that Resident #1 had a second or third degree left ankle lateral sprain. The Report indicated that Resident #1 was to wear a stirrup (used to increase comfort and limit movement after an injury) brace for comfort.</p> <p>During an interview on 08/27/24 at 2:25 P.M., the interim Director of Nurses (DON) said that Resident #1 required the physical assistance of two staff members with transfers. The DON said that CNA #1 transferred Resident #1 without the assistance of another staff member and said Resident #1 sustained a sprained left ankle during the transfer. The DON said that CNA #1 did not follow Resident #1's plan of care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Brandon Woods of Dartmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  567 Dartmouth Street South Dartmouth, MA 02748	
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 0656  Level of Harm - Actual harm  Residents Affected - Few	<p>On 08/27/24, the Facility was found to be in Past Non-Compliance and presented the Surveyor with a plan of correction which addressed the area(s) of concern as evidenced by:</p> <p>A. On 08/03/24, Resident #1 was given Tylenol for complaints of leg pain.</p> <p>B. On 08/04/24, Resident #1 was assessed by the nurse, physician was notified of bruising and swelling to left ankle, an x-ray was obtained, ice and Tylenol were implemented.</p> <p>C. On 08/05/24, Resident #2 was assessed, first aid was initiated, 911 was called and he/she was transferred to the ED for evaluation of his/her injuries.</p> <p>D. On 08/09/24, a full house audit was conducted by the Unit Managers of all Resident ADL/Kardex's and Care Plans to ensure accuracy, and that the correct level of assistance required by staff for ADL's was indicated.</p> <p>E. On 08/09/24, Resident #2 was readmitted to the Facility from the hospital and his/her Plan of Care was updated.</p> <p>F. On 08/09/24, the Staff Development Coordinator educated Licensed Nursing Staff and CNA's on the Use of the Resident ADL Guide and Care Kardex.</p> <p>G. On 8/12/24, staff nurses began observing CNA staff daily on transfers and positioning of residents per interventions identified in their plans of care.</p> <p>H. On 08/13/24, the Staff Development Coordinator educated Licensed Nursing Staff and CNA's on safe lifting and movement of residents.</p> <p>I. On 08/16/24, Resident #1's was seen by an Orthopedic Surgeon and was found to have a second or third degree left ankle sprain and new orders for a stirrup brace was implemented.</p> <p>J. On 08/16/24, the Facility implemented a readmission policy to ensure all paperwork is reviewed and accurate on all new admissions and readmissions. Unit Managers are responsible to complete the checklist daily at morning meeting.</p> <p>K. Unit Managers and/or their Designee will conduct daily audits x 90 days, then weekly thereafter on Resident Care Plans and ADL Guide/Kardex's to ensure accuracy.</p> <p>L. The results of the audits will be forwarded to the Corporate Director of Clinical Services weekly.</p> <p>M. The results of the audits will be brought to QAPI meeting quarterly x 3 or until the committee determines compliance.</p> <p>N. The Director of Nursing and/or Designee are responsible for overall compliance.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Brandon Woods of Dartmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  567 Dartmouth Street South Dartmouth, MA 02748	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37183</p> <p>Based on records reviewed and interviews, for two of three sampled residents (Resident #1 and Resident #2), who required the physical assistance of two staff members with transfers and/or bed mobility, the Facility failed to ensure they were provided with the required level of staff assistance in an effort to prevent an accident resulting in an injury.</p> <p>1) On 08/05/24, Certified Nurse Aide (CNA) #2 provided care to Resident #2 who was in bed, without getting assistance from another staff member, CNA #2 left Resident #2 lying on his/her right side in bed, walked to the bathroom, heard a loud bang and found Resident #2 lying on the floor beside his/her bed on his/her left side. Resident #2 was transferred to the Hospital Emergency Department (ED) for evaluation and was diagnosed with a fractured left hip which required surgical intervention to repair.</p> <p>2) On 08/03/24, CNA #1 transferred Resident #1 from his/her wheelchair into bed, without getting assistance from another staff member, Resident #1 complained of left ankle pain after the transfer and was diagnosed by an orthopedic physician with a second or third degree (partial to complete tear of the ankle ligament) left ankle lateral sprain which required a brace for comfort.</p> <p>Findings include:</p> <p>Review of the Facility's Policy, titled Falls Policy and Procedure, dated as reviewed December 2023, indicated the following:</p> <ul style="list-style-type: none"> <li>-fall assessment will be completed upon admission/readmission, after each fall, with any change in medical condition, quarterly and annually; a score of 10 or greater indicates high risk for fall;</li> <li>-licensed nurse must implement interventions to promote resident safety based on the residents risk factors;</li> <li>-if identified as high risk, resident may be placed on the falling star program;</li> <li>-interventions will be added to the resident's care plan and ADL card;</li> <li>-any resident fall is to be reported to the nurse immediately;</li> <li>-resident is to be left as found, not moved until the nurse has completed the assessment;</li> <li>-nursing supervisor on duty shall be notified;</li> <li>-vital signs are to be taken for 48 hours and observations recorded in the nurses' notes;</li> <li>-charge nurse will notify the resident's guardian or responsible party of the fall;</li> <li>-the physician must be notified;</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Brandon Woods of Dartmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  567 Dartmouth Street South Dartmouth, MA 02748	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-the nurse shall complete the following documentation: fall and initial assessment findings in the nurses notes, the fall in the shift report log book, conduct re-assessment of the resident's fall risk by completing a Fall Assessment, complete the Quality Assessment and Assurance Incident Report, update the care plan and ADL card to include additional falls prevention interventions implemented;</p> <p>- the Quality Assessment and Assurance Incident Report and Post Falls Investigation Report will be forwarded to the Director of Nursing.</p> <p>Review of the Facility's Policy, titled Resident Accident Reporting Procedure, dated as reviewed January 2024, indicated the following:</p> <p>-an accident is defined as any episode which results in visible signs of injury, any resident on the floor, witnessed falls or one in which follow-up treatment or evaluation is necessary;</p> <p>-Licensed Nurses complete the Quality Assessment and Assurance Incident Report;</p> <p>-Report only factual data as seen by yourself or the individual reporting to you;</p> <p>-complete pertinent resident information;</p> <p>-record date and time of accident;</p> <p>-assess resident's condition, identify any potential contributing factors to the accident;</p> <p>-describe in detail and to the extent known, the act and circumstances regarding the accident;</p> <p>-identify any witnesses, and request witness write a statement;</p> <p>-nurse will conduct resident assessment and document symptoms and predisposing factors;</p> <p>-nurse will notify the physician, responsible party and supervisor;</p> <p>-write a nurses note, document change of shift report, monitor and observations recorded in nurses notes for 48 hours;</p> <p>-address in care plan and ADL card;</p> <p>-document all communication with physician;</p> <p>-nurse will modify the care plan as necessary to include measures and interventions initiated to prevent similar accidents.</p> <p>1) Resident #2 was admitted to the Facility in April 2023, diagnoses included: cerebral infarction, bilateral carotid arteries occlusion and stenosis, pneumonitis due to inhalation of food, major depressive disorder, weakness, epilepsy, respiratory failure with hypoxia and dementia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Brandon Woods of Dartmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  567 Dartmouth Street South Dartmouth, MA 02748	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Quarterly Minimum Data Set Assessment (MDS), dated [DATE], indicated Resident #2 had moderate cognitive impairment and was totally dependent on staff with rolling from side to side in bed.</p> <p>Review of Resident #2's Care Plan related to Mobility, renewed and reviewed with his/her June 2024 MDS, indicated that he/she was dependent on the physical assistance of two staff members with repositioning in bed.</p> <p>Review of Resident #2's Resident Care Card/Kardex, (used as a reference guide by CNA's), (reviewed and updated in conjunction with his/her plan of care), indicated that he/she was dependent on the physical assistance of two staff members with bed mobility, which included turning and repositioning in bed.</p> <p>Review of the Facility's Internal Investigation Report, dated 08/06/24, indicated that on 08/05/24 at 9:10 P.M., a CNA was providing care to Resident #2, turned him/her over onto his/her right side in bed and proceeded to go into the bathroom [leaving him/her unattended] to get water to wash Resident #2. The Report indicated that when the CNA walked into the bathroom, she heard a bang and when she went to check on Resident #2, Resident #2 was lying on the floor beside his/her bed on his/her left side.</p> <p>The Report indicated that Resident #2 was observed to have a bump to the left side of his/her forehead and a bruise to his/her left ankle and left ear. The Report indicated that Resident #2 required the assistance of two staff members with care. The Report indicated that Resident #2 was transferred to the Hospital ED for evaluation and was diagnosed with a left hip fracture.</p> <p>Review of a Nurse Progress Note, dated 08/05/24 (written by Nurse #3) indicated that a CNA (later identified as CNA #2) called her into Resident #2's room, and he/she (Resident #2) was observed on the floor and had hit his/her head on the night stand. The Note indicated that Resident #2 had a large bruise to his/her left ankle, left ear and continued to cry out. The Note indicated that 911 (Emergency Medical Services) was called and Resident #2 was transferred to the Hospital ED.</p> <p>During a telephone interview on 08/28/24 at 12:22 P.M., (which included review of her written witness statement), Nurse #3 said that on 08/05/24, another nurse notified her that Resident #2 was on the floor. Nurse #3 said she immediately ran into Resident #2's room and found him/her lying on the floor with his/her head on the foot of the bedside table, yelling out in pain. Nurse #3 said that the bed was in the high position when she walked into Resident #2's room.</p> <p>Nurse #3 said she asked CNA #2 what happened and said that CNA #2 told her, she was providing care to Resident #2, turned him/her on his/her right side, walked away from him/her to go get clean water in the bathroom, heard a loud noise when she came out of the bathroom, that Resident #2 was on the floor and had fallen out of bed.</p> <p>Nurse #3 said that Resident #2 was yelling out in pain, had an abrasion to his/her left ear and a bruise to his/her left ankle. Nurse #3 said that Resident #2 required physical assistance of two staff members with bed mobility and said CNA #2 should have had another staff member present to assist her with Resident #2's care. Nurse #3 said that 911 was called and Resident #2 was transferred to the Hospital for evaluation of his/her injuries and returned to the Facility several days later with a new diagnosis of a fractured left hip.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Brandon Woods of Dartmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  567 Dartmouth Street South Dartmouth, MA 02748	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of CNA #2's Written Witness Statement, dated 08/05/24, indicated that she was providing care to Resident #2 in bed, turned him/her on the right side, went into the bathroom to change the water and heard a loud bang noise when she was in the bathroom. The Statement indicated that when she (CNA #2) walked out of the bathroom she saw Resident #2 lying on the floor on his/her left side.</p> <p>During a telephone interview on 8/28/24 at 12:40 P.M., CNA #2 said that she was providing care to Resident #2 in bed and turned him/her on his/her right side in bed. CNA #2 said that she walked into the bathroom to get clean water and just as she was coming out of the bathroom, she heard a loud bang noise and saw Resident #2 lying on the floor on his/her left side.</p> <p>CNA #2 said that she knew that Resident #2 required physical assistance of two staff members with bed mobility which included turning and repositioning in bed. CNA #2 said that she had taken care of Resident #2 prior to the incident and said she thought she could provide care to Resident #2 in bed by herself. CNA #2 said she did not have another staff member with her when she provided care to Resident #2.</p> <p>During a telephone interview on 8/29/24 at 1:20 P.M., the Unit Manager said that Resident #2 required physical assistance of two staff members with bed mobility, turning and positioning and said CNA #2 provided care to him/her without the assistance of another staff member and should not have.</p> <p>Review of a Hospital Discharge Summary, dated 08/09/24, indicated that Resident #2 fell out of bed at the nursing facility and sustained an acute left intertrochanteric femoral fracture (hip). The Summary indicated that Resident #2 underwent an Open Reduction Internal Fixation (ORIF) surgical repair of his/her left hip.</p> <p>During an interview on 08/27/24 at 2:25 P.M., the interim Director of Nurses (DON) said that Resident #2 was totally dependent on the physical assistance of two staff members with bed mobility, turning and repositioning. The DON said that CNA #2 provided care to Resident #2 in bed without the assistance of another staff member and Resident #2 fell out of bed and sustained a left hip fracture.</p> <p>2) Resident #1 was admitted to the Facility in August 2023 diagnoses included: sepsis, osteoarthritis of knee, acute on chronic respiratory failure, dizziness, abnormalities of gait and mobility and muscle weakness.</p> <p>Review of Resident #1's Fall Assessment, dated 07/02/24, indicated that he/she was at high risk for falls.</p> <p>Review of Resident #1's Annual Minimum Data Set Assessment (MDS), dated [DATE], indicated Resident #1 was totally dependent on staff with transfers.</p> <p>Review of Resident #1's Care Plans related to Self-Care Deficit and Fall Risk, reviewed and renewed with the completion of his/her July 2024 MS, indicated that he/she was dependent on the physical assistance of two staff members with transfers.</p> <p>Review of Resident #1's Resident Care Card/Kardex, (used as a reference guide by CNA's), indicated that he/she was dependent on the physical assistance of two staff members with transfers.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Brandon Woods of Dartmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  567 Dartmouth Street South Dartmouth, MA 02748	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Facility's Internal Investigation Report, dated 08/09/24, indicated that on 08/03/24 at approximately 7:00 P.M., a CNA was transferring Resident #1 from wheelchair to bed when Resident #1 pivoted incorrectly while transferring and twisted his/her left ankle. The Report indicated that on 08/04/24, Resident #1 complained of left ankle pain, upon assessment the left ankle was noted to be swollen and bruised, the physician was notified, and an x-ray was obtained. The Report indicated that the results of the x-ray were negative for any fracture.</p> <p>The Report indicated that on 08/08/24, Resident #1 was transferred to the hospital for complaints of stomach and head pain and on 08/09/24, the Administrator received a report from the hospital that indicated that Resident #1 complained of left ankle pain, an x-ray was obtained and revealed a fracture to his/her left ankle. The Report indicated that on 8/16/24, Resident #1 was seen by an orthopedic surgeon, an x-ray was obtained of his/her left ankle and was negative for a fracture. The Report indicated that Resident #1 had a second or third degree left ankle lateral sprain.</p> <p>Review of Nurse Progress Note, dated 8/06/24 as a late entry for 08/04/24, (written by Nurse #2) indicated that Resident #1 complained of pain and screamed out in pain when his/her left ankle was touched by nurse during assessment. The Note indicated that Resident #1's left ankle was noted to be bruised, discolored and swollen. The Note indicated that the physician was notified, ordered an x-ray of Resident #1's left ankle and ice to the left ankle.</p> <p>During a telephone interview on 08/28/24 at 12:54 P.M., Nurse #2 said that on 08/04/24 Resident #1 complained of left ankle pain and upon assessment, his/her left ankle was bruised and swollen. Nurse #2 said she notified the physician and obtained an order for an x-ray and ice pack.</p> <p>Nurse #2 said that Resident #1 told her that a male CNA (later identified as CNA #1) transferred him/her to bed by himself the night before (08/03/24) and that he/she (Resident #1) twisted his/her left ankle during the transfer. Nurse #2 said that she asked CNA #1 if he transferred Resident #1 alone and if during the transfer Resident #1 complained of pain and said CNA #1 told her that Resident #1 said Ow during the transfer. Nurse #2 said that Resident #1 requires the physical assistance of two staff members for transfers.</p> <p>During a telephone interview on 8/28/24 at 11:49 A.M., (which included review of his written witness statement), CNA #1 said that on 08/03/24 he transferred Resident #1 alone from his/her wheelchair into bed and that Resident #1 hit his/her left ankle on the wheelchair. CNA #1 said Resident #1 complained of left ankle pain during and after the transfer and said he reported it to the nurse. CNA #1 said that he was aware that Resident #1 required the assistance of two staff members with transfers and said he thought he could transfer Resident #1 back into bed alone without the assistance of another staff member.</p> <p>During a telephone interview on 08/27/24 at 12:15 P.M., (which included review of her written witness statement), Nurse #1 said that on 08/03/24, CNA #1 had reported to her that Resident #1 complained of leg pain and wanted Tylenol, but said that CNA #1 did not report to her that Resident #1 had hit his/her left ankle on the wheelchair during the transfer. Nurse #1 said that Resident #1 requires physical assistance of two staff members with all transfers.</p> <p>During a telephone interview on 8/29/24 at 1:20 P.M., the Unit Manager said that Resident #1 required physical assistance of two staff members with transfers. The Unit Manager said CNA #1 transferred Resident #1 without assistance from another staff member and should not have.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Brandon Woods of Dartmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  567 Dartmouth Street South Dartmouth, MA 02748	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of an Orthopedic Consult Report, dated 08/16/24, indicated that Resident #1 had a second or third degree left ankle lateral sprain. The Report indicated that Resident #1 was to wear a stirrup (used to increase comfort and limit movement after an injury) brace for comfort.</p> <p>During an interview on 08/27/24 at 2:25 P.M., the interim Director of Nurses (DON) said that Resident #1 required the physical assistance of two staff members with transfers. The DON said that CNA #1 transferred Resident #1 without assistance from another staff member and said Resident #1 sustained a sprained left ankle during the transfer.</p> <p>On 08/27/24, the Facility was found to be in Past Non-Compliance and presented the Surveyor with a plan of correction which addressed the area(s) of concern as evidenced by:</p> <p>A. On 08/03/24, Resident #1 was given Tylenol for complaints of leg pain.</p> <p>B. On 08/04/24, Resident #1 was assessed by the nurse, physician was notified of bruising and swelling to left ankle, an x-ray was obtained, ice and Tylenol were implemented.</p> <p>C. On 08/05/24, Resident #2 was assessed, first aid was initiated, 911 was called and he/she was transferred to the ED for evaluation of his/her injuries.</p> <p>D. On 08/09/24, a full house audit was conducted by the Unit Managers of all Resident ADL/Kardex's and Care Plans to ensure accuracy, and that the correct level of assistance required by staff for ADL's was indicated.</p> <p>E. On 08/09/24, Resident #2 was readmitted to the Facility from the hospital and his/her Plan of Care was updated.</p> <p>F. On 08/09/24, the Staff Development Coordinator educated Licensed Nursing Staff and CNA's on the Use of the Resident ADL Guide and Care Kardex.</p> <p>G. On 8/12/24, staff nurses began observing CNA staff daily on transfers and positioning of residents per interventions identified in their plans of care.</p> <p>H. On 08/13/24, the Staff Development Coordinator educated Licensed Nursing Staff and CNA's on safe lifting and movement of residents.</p> <p>I. On 08/16/24, Resident #1's was seen by the Orthopedic Surgeon and was found to have a second or third degree left ankle sprain and new orders for a stirrup brace was implemented.</p> <p>J. On 08/16/24, the Facility implemented a readmission policy to ensure all paperwork is reviewed and accurate on all new admissions and readmissions. Unit Managers are responsible to complete the checklist daily at morning meeting.</p> <p>K. Unit Managers and/or their Designee will conduct daily audits x 90 days, then weekly thereafter on Resident Care Plans and ADL Guide/Kardex's to ensure accuracy.</p> <p>L. The results of the audits will be forwarded to the Corporate Director of Clinical Services weekly.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Brandon Woods of Dartmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  567 Dartmouth Street South Dartmouth, MA 02748	
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 0689  Level of Harm - Actual harm  Residents Affected - Few	M. The results of the audits will be brought to QAPI meeting quarterly x 3 or until the committee determines compliance.  N. The Director of Nursing and/or Designee are responsible for overall compliance.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Brandon Woods of Dartmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  567 Dartmouth Street South Dartmouth, MA 02748	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>37183</p> <p>Based on observations, records reviewed and interviews, the facility failed to ensure there was a Registered Nurse (RN) to serve as the Director of Nurses (DON) on a full-time basis.</p> <p>Findings include:</p> <p>During the entrance conference on 8/27/24 at 9:45 A.M., the Interim DON said they do not currently have a DON and that she has been the Interim DON since 8/11/24. The Interim DON said that she was the Staff Development Coordinator for the Facility. The Interim DON said that she was a Licensed Practical Nurse (LPN) and did not have a Registered Nurse license.</p> <p>Review of the Key Personnel List - Emergency Telephone Numbers for Administration, provided to the Surveyor on the day of the survey, the information specific to the Director of Nursing was left blank.</p> <p>During an interview on 8/27/24 at 2:00 P.M., the Administrator said that he did not request a DON waiver. The Administrator said the Facility did not have a full time RN DON currently and that the Staff Development Coordinator was the interim DON. The Administrator said he was aware that the Interim DON was an LPN and said he was aware that the DON should be an RN. The Administrator said the Facility is currently interviewing for a DON and hoped to have a DON hired soon.</p>