

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225242	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Westborough Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Colonial Drive Westborough, MA 01581	

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 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>48138</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), the Facility failed to ensure they maintained a complete and accurate medical record related to his/her Advanced Directives, when after Resident #1 was found unresponsive, without a pulse, nursing was unable to readily locate and identify his/her code status.</p> <p>Findings include:</p> <p>Review of the Facility's Policy, titled Advance Directives, dated 01/2024, indicated:</p> <p>- information about whether the resident has executed an advance directive shall be displayed in the medical record.</p> <p>Resident #1 was admitted to the Facility in August 2024, diagnoses included Cerebrovascular Accident (stroke) with Hemiplegia (paralysis on one side of the body), Chronic Atrial Fibrillation, Diabetes Mellitus and Dysphagia (difficulty swallowing).</p> <p>Review of Resident #1's Physician's Orders, dated March 2025, indicated his/her Advanced Directives/Code status, was not identified or documented.</p> <p>Review of the Nurse Practitioner Progress Note, dated 03/26/25, indicated Resident #1 was a Full Code.</p> <p>During a telephone interview on 04/10/25 at 10:56 A.M., Nurse #1 said after Resident #1 was found on 03/31/25, unresponsive and not breathing, she went to check his/her medical record for his/her code status. Nurse #1 said Resident #1 did not have a completed Medical Orders for Life-Sustaining Treatment (MOLST) form and when she checked his/her Physician's Orders and Medical Record, she could not find his/her code status and because he/she had been very sick, thought he/she was a Do Not Resuscitate (DNR). Nurse #1 said she obtains the information she needs to care for the residents assigned to her from their Physician's Orders.</p> <p>During an interview on 04/10/25 at 10:12 A.M., the Director of Social Services said Resident #1 entered their facility from the hospital without a MOLST and until one was completed, that he/she was considered a Full Code. The Director of Social Services said the facility was working on Resident #1's MOLST form and were waiting for his/her Health Care Agent's signature.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>.</p> <p>During an interview on 04/10/25 at 12:51 P.M., the Assistant Director of Nursing (ADON) said Resident #1 entered the facility without a MOLST and that residents are considered a Full code until their MOLST form is completed. The ADON said the Physician's Orders should have identified Resident #1's code status and in this case it did not.</p> <p>During an interview on 04/10/25 at 1:14 P.M., the Director of Nursing (DON) said the facility discovered during their investigation into the events on 03/31/25, and determined that the Resident's Code status was not prominently displayed in Resident #1's Medical Record and were also not identified in the Physician's Orders.</p> <p>On 04/10/25, the Facility presented the Surveyor with a Plan of Correction that addressed the areas of concern identified in this survey; the Plan of Correction provided is as follows:</p> <p>A. Resident #1 no longer resides at the facility.</p> <p>B. On 3/31/25, a Facility wide audit was initiated by the Nursing Administration on all residents' Electronic Medical Records (EMR) to ensure a code status order was present and any records found without a code status order were corrected immediately.</p> <p>C. Audits, related to Code Status/Advanced Directives, will be conducted by the DON or designee weekly for four weeks, to ensure compliance with code status and physician orders.</p> <p>D. On 03/31/25, a Facility-wide audit was initiated by the Nursing Administration to ensure that residents with a MOLST and Code status orders in the EMR matched Social Service Records and any discrepancies discovered were corrected immediately.</p> <p>E. The Director of Nursing or designee will review all new admission orders the next day to ensure a Physician's Order for Code status has been entered in the EMR, and reviews will be conducted for four weeks.</p> <p>F. On 3/31/25, education of licensed Nursing and Certified Nurse Aides (CNA) staff was initiated by the ADON on the Code Blue Policy, which included location of MOLST form and/or Code Status in EMR.</p> <p>G. Code Blue drills were conducted by the ADON daily on various shifts for reinforcement of the education provided for seven days and were continued at unannounced intervals on all shifts for four weeks and results will be reported at the next QAPI meeting.</p> <p>H. On 04/01/25, a Quality Assurance Performance Improvement (QAPI) meeting was conducted, concern areas discussed included immediate response and ongoing monitoring plan to sustain compliance with MOLST and MD orders for Advanced Directives, and results of the Audits.</p> <p>I. On 04/04/25, the Facility completed the Education of all licensed nursing staff on the correct process for Advanced Directive Order Entry in Point Click Care (PCC) to ensure data entry/code status shows on Resident's header in PCC.</p> <p>J. The Director of Nursing and/or Designee are responsible for overall compliance.</p>		