STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225248	A. Building B. Wing	07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adviniacare at Northbridge	85 Beaumont Drive Northbridge, MA 01534

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 44337 Based on observation, interview and policy review, the facility failed to ensure its staff provided a dignified dining experience for one Resident (#103) out of total sample of 21 residents. Specifically, the facility staff remained standing and stood over Resident #103 while assisting the Resident during a breakfast meal. Findings include: Review of the facility policy titled Dining, last revised April 2023, indicated the following: -Meals are served to residents in various locations in accordance with resident preference and or needs: Main Dining Room, Resident's Own Room, Unit Dayroom, and other areas designated for family/visitor dining. -Sit next to residents while assisting them to eat rather than standing over them. On 7/30/24 at 8:40 A.M., the surveyor observed Resident #103 reclining in bed with the head of the bed elevated. The surveyor observed Certified Nurses Aide (CNA) #3 standing over the Resident and his/her bed while assisting him/her with the breakfast meal. During an interview on 7/30/24 at 8:50 A.M., CNA #3 said that Resident #103 needs help eating most of the time. CNA #3 said she does not like to sit next to the bed when assisting Resident #103 with meals and she prefers to stand and be positioned higher than the Resident. During an interview on 7/30/24 at 8:53 A.M., Unit Manager (UM) #1 said staff are supposed to be at eye level with residents when assisting with meals and that CNA #3 should not have been standing over Resident #103 while assisting the Resident with breakfast. During an interview on 7/30/24 at 10:58 A.M., the Assistant Director of Nurses (ADON) said that CNA #3 should not have stood over Resident #103 while assisting him/her with breakfast and should have been seated next to the Resident.

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: 225248	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Adviniacare at Northbridge		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Beaumont Drive Northbridge, MA 01534	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 45429 Based on interview, policy and record review, the facility failed to ensure that Skilled Nursing Facility Advanced Beneficiary Notices of Non-coverage (SNF ABN- notice issued to a resident when a facility determines the beneficiary no longer qualifies for Medicare Part A skilled services and the resident has not used all his/her Medicare benefit days) were issued for two Residents (#213 and #215) out of a total applicable sample of three residents, so that the Residents could decide if they wished to continue receiving skilled services that may not be paid for by Medicare, and were aware of the financial responsibility they may have to assume. Specifically, the facility failed to: 1. For Resident #213, issue a SNF ABN when the Resident no longer qualified for Medicare Part A skilled services and chose to remain in the facility. 2. For Resident #215, issue a SNF ABN when the Resident no longer qualified for Medicare Part A skilled services and chose to remain in the facility. Findings include: Review of the facility policy for SNF ABN dated June 2022, indicated that the facility follows the SNF ABN standards as instructed by the Centers for Medicare and Medicaid Services (CMS). Review of the CMS website for SNF ABN last modified 9/6/23, indicated: -Skilled Nursing Facilities (SNFs) must issue a notice to Original Medicare (fee for service - FFS) beneficiaries in order to transfer potential financial liability before the SNF provides: >an item or service that is usually paid for by Medicare, but may not be paid for in this particular instance because it is not medically reasonable and necessary, or >custodial care (non-medical assistance with daily tasks and basic living needs for those who are not sick or disabled). 1. Resident #213 was admitted to the facility in April 2024. Review of the medical record indicated that Resident #213 came off (Medicare benefits ended) his/her Medicare benefit on 6/13/24. The facility was unable to provide any SNF ABN notice corresponding with the Resident ending his/her Medicare benefit on 6/13/24, for the surveyor to review. 2. Resident #215 was admitted to the facility in February 2024. Review of the medical record indicated Resident #215 came off his/her Medicare benefit on 2/24/24. (continued on next page)

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility was unable to provide any SNF ABN notice corresponding with the Resident ending his/her Medicare benefit on 2/24/24, for the surveyor to review. During an interview on 7/30/24 at 11:56 A.M., the Social Worker (SW) said that the SNF ABN forms should have been issued to Resident's #213 and #215 and/or their Representatives and the SNF ABN forms had not been issued as required.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42761 Based on record review and interview, the facility failed to accurately code two Minimum Data Set (MDS) Assessments for one Resident (#82) out of a total sample of 21 residents. Specifically, the facility staff coded Section N (Medications) to indicate Resident #82 had received Insulin (medication used to regulate blood sugar levels) injections (given by use of a needle) one time during the observations periods (period of look-back used for data collection) for each of the two (February 2024 and May 2024) MDS Assessments completed when the Resident did not receive Insulin injections. Findings include: Resident #82 was admitted to the facility in February 2024 with a diagnosis of Type Two Diabetes Mellitus (DM II - condition in which the body does not produce enough insulin hormone and has trouble controlling blood sugar levels). Review of Resident #82's Physician's orders dated 2/27/24, with no stop date, indicated: -Trulicity (medication used to treat Diabetes and reduce blood sugar levels, that is not classified as Insulin) Subcutaneous (under the skin) Solution Pen-Injector 0.75 mg (milligrams)/ 0.5 ml (milliliter) . Inject 0.5 ml subcutaneously one time a day every Tuesday for Type 2 Diabetes Mellitus Review of Resident #82's MDS assessment dated [DATE], indicated the Resident received an Insulin injection one time during the observation period (2/22/24 - 2/27/24) for the Assessment. Review of Resident #82's February 2024 Medication Administration Record (MAR) indicated the following: -The Resident received one dose of Trulicity during the observation period for the MDS assessment dated [DATE]. -The Resident did not receive any Insulin injections during the observation period for the MDS assessment dated [DATE]. Review of Resident #82's MDS Assessment, dated 5/24/24, indicated the Resident received an Insulin injection one time during the observation period (5/18/24 - 5/24/24) for the Assessment. Review of Resident #82's May 2024 MAR indicated the following: -The Resident received one Trulicity injection during the observation period for the MDS assessment dated [DATE]. -The Resident did not receive any Insulin injections during the observation period for the MDS assessment dated [DATE]. (continued on next page)

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F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	During an interview on 7/25/24 at 4:22 P.M., the MDS Nurse said Resident #82's MDS Assessments dated 2/27/24 and 5/24/24 were coded inaccurately. The MDS Nurse said that Resident #82 had received one injection of Trulicity during the observation periods for each of the MDS Assessments and that Trulicity was not Insulin. The MDS Nurse further said that Resident #82 received no Insulin injections during the observation periods for either of the MDS Assessments dated 2/27/24 and 5/24/24.

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F 0657

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 45429

Based on interview, record and policy review, the facility failed to ensure that the Resident and/or Resident Representative was provided the right to participate in the care planning process for one Resident (#8) out of a total sample of 21 residents.

Specifically, the facility failed to ensure that:

-quarterly care plan meetings (for March 2024 and June 2024) were conducted as required for Resident #8.

-the Resident/Resident Representative participated in the care planning process.

-the Interdisciplinary Team (IDT) met quarterly in 2024 to review the plan of care as required.

Findings include:

Review of the facility policy titled Care Plans, last revised 1/2023, included the following:

-Each Resident of this facility shall be involved in the development and review of his/her plan of care along with her/her family member.

-Interdisciplinary Team (IDT - two or more disciplines i.e. nursing, medicine, sociology, etc.) conferences shall be held for each resident at 90-day intervals and more often if needed.

-Dates of each interdisciplinary care conference and the participants in each conference shall be documented in the resident's medical record.

Resident #8 was admitted to the facility in June 2023, with a diagnosis of Bipolar Disorder (a mental health condition that causes extreme mood swings that include emotional highs (mania or hypomania) and lows (Depression).

Review of the MDS (Minimum Data Set) assessment dated [DATE], indicated that Resident #8 was cognitively intact as evidenced by a Brief Interview of Mental Status (BIMS) score of 12 out of 15.

During an interview on 7/25/24 at 9:29 A.M., Resident #8 said that he/she had never heard of care plan meetings occurring at the facility.

Review of the MDS Schedule for Resident #8 indicated that the Resident had care plan meetings scheduled for March 2024 and June 2024.

Review of Resident #8's clinical record indicated no documented evidence that the Resident/Resident Representative participated in the care planning process or that the IDT met quarterly as required for 2024, to review the plan of care.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further review of the clinical record indicated there were no meetings or refusals to participate in the meetings by the Resident/Resident Representative documented for 2024. During an interview on 7/30/24 at 7:45 A.M., the Social Worker (SW) said that he was unable to find progress notes or sign-in sheets that the care plan meetings had been held and that the Resident and/or Resident Representative had participated in the care plans meetings according to the facility policy.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42761 Based on observation, interview, record and policy review, the facility failed to provide care according to professional standards of practice for one Resident (#76) out of a total sample of 21 residents. Specifically, the facility staff failed to: -adequately assess Resident #76 for bruising (when a part of the body is injured and blood from the damaged capillaries [small blood vessels] leaks out and pools under the skin). -provide interventions to reduce the risk for bruising when the Resident was prescribed antiplatelet (prevents platelets from sticking together and decreasing the body's ability to form blood clots) medication and developed bruises on his/her upper extremities, increasing the Resident's risk for bleeding complications. Findings include: Review of the facility's policy titled, Risk and Skin Assessments, dated July 2018 and revised January 2023, indicated the following: -Implement appropriate strategies /plans to: attain/maintain intact skin, prevent complications, promptly identify or manage complications . -Weekly skin checks should be done by a Licensed Nurse weekly and PRN (pro re [NAME]: as the need arises). -When completing skin checks, licensed nurses should identify any current skin concerns as well as any new skin concerns. Review of the Cleveland Clinic's Health Library for Antiplatelet Drugs (https://my.clevelandclinic.org/health/drugs/22955-antiplatelet-drugs), dated 5/5/22, indicated: -Antiplatelet drugs prevent platelets from sticking together and decrease your body's ability to form blood clots. -Aspirin is the most commonly used antiplatelet drug. -The main risk associated with antiplatelet therapy is excessive bleeding. -A side effect of Aspirin use is bruising. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #76 was admitted to the facility in February 2024, with diagnoses including Peripheral Vascular Disease (PVD: a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs), Traumatic Subdural Hemorrhage (bleeding that occurs between the brain and the skull caused by a head injury) without loss of consciousness, Chronic Kidney Disease (CKD: damage that occurs over time that reduces the kidney's abilities to filter waste and fluids from the blood and can increase one's risk for heart disease and stroke), and Dementia (group of symptoms affecting memory, thinking, and daily life activities). Review of Resident #76's Minimum Data Set Assessment, dated 5/17/24, indicated the following: -The Resident was severely cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of three out of 15 total points. -The Resident was receiving antiplatelet medication. Review of Resident #76's July 2024 Physician's orders indicated the following order with a start date of 2/17/24 and no end date: -Aspirin (antiplatelet medication) 81 Oral Tablet Chewable; give 81 mg (milligrams) by mouth one time a day related to PVD. Review of Resident #76's Skin Only Evaluation dated 7/23/24, indicated the Resident's skin color was normal and no skin issues were identified. On 7/25/24 at 11:33 A.M., the surveyor observed Resident #76 sitting in a wheelchair in his/her room. The surveyor observed a large, deep purple bruise on the back of the Resident's left forearm, just above the Resident's wrist. During an interview at the time, Resident #76 said he/she was unsure where the bruise came from and that he/she thought he/she just banged it a while ago. On 7/30/24 at 8:56 A.M., the surveyor observed Resident #76 sitting in a wheelchair in the hallway near the nurses station. The surveyor further observed that the large bruise was still present on the back of the Resident's left forearm, just above his/her wrist. The surveyor also observed one round-shaped deep purple bruise on the backs of each of the Resident's hands. During an interview at the time, Resident #76 said he/she had no bruises and there was nothing there. Review of Resident #76's Skin Only Evaluation dated 7/30/24, with a completion time of 11:16 A.M. indicated the Resident's skin color was normal and that no skin issues were identified. Review of Resident #76's clinical record included no documentation relative to the bruises the surveyor observed (on 7/25/24 and 7/30/24) on the back of the Resident's left forearm and the backs of both of the Resident's hands. Further review of the clinical record indicated no instructions to monitor the Resident for bruising and no interventions implemented to reduce the Resident's risk for bruising. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/30/24 at 1:46 P.M. with Nurse #3 and Unit Manager (UM) #2, Nurse #3 said that when she completed weekly skin checks for residents, she documented all new skin issues identified, as well as previously identified skin issues on the Skin Only Evaluation until the skin issues were resolved. Nurse #3 also said if a new skin issue was identified between the weekly skin checks, another Skin Only Evaluation would be completed. Nurse #3 said all residents who received antiplatelet medications, including Aspirin, were to be monitored for bruising and abnormal bleeding and that Resident #76 received a daily dose of 81 mg of Aspirin. Nurse #3 said she completed a scheduled weekly Skin Only Evaluation for Resident #76 on 7/30/24, and no skin issues were identified. When the surveyor asked about the bruises on the Resident's hands and left forearm that were observed by the surveyor, Nurse #3 said she did not indicate the Resident's bruises on the Skin Only Evaluation because the Resident bruised often and the bruises usually improved over a few days time. Nurse #3 said the Resident frequently packed his/her belongings in large bags and positioned them over his/her arms while moving through the hallway in his/her wheelchair. Nurse #3 said she had not seen the Resident bruise when he/she performed this activity, but she thought this may have been what contributed to his/her frequent upper extremity bruising. Nurse #3 then said if she thought the bruises looked like they required treatment, she would document them on the Skin Only Evaluation and notify the Resident's Physician and Healthcare Proxy (HCP: individual identified to make healthcare decisions for someone who cannot make healthcare decisions for him/herself). Nurse #3 said if the bruising did not look like it needed treatment, she would just observe the Resident to ensure the bruising did not worsen. Nurse #3 said she was not sure how other staff at the facility would monitor the Resident's bruises for improvement or worsening when the bruising had not been assessed as the other staff would have no baseline comparison of the bruising. During an interview at the time, UM #2 said she was not sure if 81 mg of Aspirin daily triggered staff to monitor for side effects of bruising or bleeding as 81 mg was a low dose, but whenever a bruise was identified on a resident, the bruise would be documented on the Skin Only Evaluation. UM #2 further said any resident identified with bruising should have monitoring for bruising and bleeding in place and a care plan with interventions to reduce the risk for bruising and bleeding implemented. UM #2 said the bruises observed by the surveyor on Resident #76's left forearm and hands should have been indicated on the Skin Only Evaluation, dated 7/30/24. UM #2 also said nursing staff should have completed Skin Only Evaluations when the Resident's bruises initially occurred and were identified, and that measurements of the bruises should have been obtained for monitoring purposes to ensure the bruises improved and did not worsen. UM #2 said Resident #76's Physician and HCP should have been notified of the bruising and interventions should have been identified and implemented to reduce the Resident's risk for bruising and abnormal bleeding. During an interview on 7/30/24 at 2:01 P.M., the Assistant Director of Nursing (ADON) said she was not made aware that Resident #76 bruised frequently and she had received no communication that Resident #76 had sustained bruises to his/her left forearm and backs of hands. The ADON said a daily dose of 81 mg of Aspirin would not trigger monitoring for bruising or bleeding, but all residents were to be assessed and monitored if they developed bruising. The ADON further said the bruising observed on Resident #76's upper extremities should have been assessed adequately and timely, and should have been monitored for worsening and/or improvement. The ADON said Resident #76 should have had instructions in place to monitor for bruising and bleeding, and should have had a care plan developed with individualized interventions in attempt to reduce the Resident's risk for bruising, but no monitoring instructions were in place and no interventions had been implemented to reduce the Resident's risk for bruising and abnormal bleeding.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 45429 Based on record and policy review, and interview, the facility staff failed to ensure that one Resident (#112) out of two closed records reviewed, was free from significant medication errors. Specifically, the facility failed to accurately reconcile (the formal process of obtaining a complete and accurate list of a patient's current medications) Resident #112's medication when the Resident was admitted to the facility, resulting in routine daily medication not being administered to the Resident as required and increasing the risk for adverse reactions related to the missed doses of the medications. Findings include: The Facility Policy, titled Medication Errors, last revised 8/2019, indicated: -a medication error is any preventable event that may cause or lead to inappropriate medication use or resident harm -significant medication errors are those which require medical intervention and or result in possible or confirmed morbidity or mortality -type of medication errors include: .unordered dose Resident #112 was admitted to the facility in April 2024, with diagnoses including Heart Failure (HF: when the heart is unable to pump blood as it should resulting in fluid buildup in the feet, arms, lungs and other organs), hyperlipidemia (above normal fat levels in the blood), Atrial Fibrillation (A-fib: irregular, rapid heartbeat that can lead to blood clots and other heart related complications) and Hypertension (HTN: high blood pressure). Review of a Nursing Progress Note dated 5/2/24, in Resident #112's medical record indicated: -that the Resident had chosen to leave the facility against medical advice (AMA) -that the Resident's Healthcare Proxy (HCP: the person chosen as the healthcare decision maker when the individual is unable to do so for themself) brought to the Nurse's attention that four of the Resident's medications had been missing from the Resident's medication list: >Eliquis (blood thinner medication) >Buspirone (anti-anxiety medication) >Atorvastatin (anti-hyperlipidemic medication) >Metoprolol (anti-hypertensive medication) (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-that the Physician had been notified of the medication error and the facility offered to keep the Resident in the facility to start the missed medications and to monitor for adverse effects, which the Resident and HCP declined. Review of Resident #112's Hospital History and Physical Report dated 4/25/24, documented the following active medications with no stop date: -Apixaban (Eliquis) 5 milligrams (mg), give twice daily -Atorvastatin Calcium 40 mg, give at bedtime -Buspirone 5 mg, give twice daily -Metoprolol Tartrate 25 mg, give twice daily Review of Resident #112's Physician's orders did not indicate that the medications listed on the Hospital History and Physical Report dated 4/25/24, had been ordered for the Resident upon admission to the facility through to his/her discharge on 5/2/24. During an interview on 7/30/24 at 3:26 P.M., the Assistant Director of Nurses (ADON) said that Resident #112 should have been provided the listed medications (on the Hospital History and Physical Report, dated 4/25/24) during their stay in the facility and had not been.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44337 Based on observation, interview and policy review, the facility failed to follow safe sanitation and food handling practices to prevent the risk of foodborne illness in accordance with professional standards for food service safety by two staff members (Nurse #2 and Unit Manager {UM} #1) on one unit ([NAME] Unit). Specifically, Nurse #2 and UM #1 failed to appropriately use a plastic scoop from a multi-use container of powdered thickening agent (a substance used to thicken liquids for individuals who have difficulty swallowing) in a sanitary manner for three occurrences pertaining to three residents during a meal tray pass on the [NAME] Nursing Unit. Findings include: Review of the facility policy titled Hand Hygiene, last reviewed 2/1/22, indicated that hand hygiene should be performed after contact with medical supplies and equipment in resident areas. Review of the facility policy titled Dining, last revised 4/2023, indicated that Infection Control practices must be followed during the meal pass process. On 7/30/24 at 8:14 A.M., the surveyor observed UM #1 and Nurse #2 at the breakfast meal cart preparing food trays for residents on the [NAME] Nursing Unit. The surveyor observed UM #1 remove the lid from a multi-use container of powdered thickening agent, reach into the container with a bare hand, retrieve a plastic scoop containing powdered thickening agent from inside the container and add the powder to a liquid container on a resident's meal tray. The surveyor observed UM #1 replace the same plastic scoop back into the multi-use container of powdered thickening agent and secure the plastic lid to the container. On 7/30/24 at 8:22 A.M., the surveyor observed UM #1 remove the lid from a multi-use container of powdered thickening agent, reach into the container with a bare hand, retrieve the plastic scoop containing powdered thickening agent from inside the container and add the powder to a liquid container on a resident's meal tray. The surveyor observed UM #1 replace the same plastic scoop back into the multi-use container of powdered thickening agent and secure the plastic lid to the container. On 7/30/24 at 8:25 A.M., the surveyor observed Nurse #2 remove the lid from a multi-use container of powdered thickening agent, reach into the container with a bare hand, retrieve the plastic scoop containing powdered thickening agent from inside the container and add the powder to a liquid on a resident's meal tray. The surveyor observed Nurse #2 replace the same plastic scoop back into the multi-use container of powdered thickening agent. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225248	A. Building B. Wing	07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adviniacare at Northbridge	85 Beaumont Drive Northbridge, MA 01534

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/30/24 at 8:43 A.M., UM #1 said that she used the plastic scoop from inside the canister (container) to add the powdered thickening agent to the drinks on resident's meal trays. UM #1 said that she performed hand hygiene prior to beginning the meal tray pass but did not perform hand hygiene at any time during the meal tray pass. UM #1 also said that she did not perform hand hygiene prior to or after retrieving the plastic scoop from the canister of powdered thickening agent. UM #1 said that she should have performed hand hygiene when she retrieved the plastic scoop from inside the canister.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50138 Based on observation, interview, policy and record review the facility failed to ensure that Transmission-Based Precautions (TBP: infection control measures used in addition to standard precautions [infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status] for patients who may be infected with certain infectious agents) were implemented for one Resident (#36) out of a total sample of 21 residents. Specifically, the facility staff failed to follow Contact Precautions (refers to measures that are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident's environment) for Resident #36 whose urine was infected with extended-spectrum beta-lactamase (ESBL: an enzyme found in some bacteria that is resistant to many antibiotic treatments, and associated with poor outcomes) producing bacteria, resulting in risk for transmission of infection to others. Findings include: Review of the facility policy titled Isolation Precautions, dated 7/2018 with revision date 2/2023, indicated: -It is the facility's policy to foster compliance with Federal and State Regulations, CDC (Centers for Disease Control and Prevention) .to provide guidelines for general infection control while caring for residents. -Transmission Based Precautions shall be used when caring for residents who are documented or suspected to have communicable diseases or infections that can be transmitted to others. -Contact transmission occurs through direct contact with the organism and then contact with another person or surface (examples: infected wounds, urine, or feces). Resident #36 was admitted to the facility in February 2024, with diagnoses including Urinary Tract Infection (UTI: bacterial infection in any part of the urinary system/organs) and Diabetes (disease in which the body's ability to produce or respond to the hormone insulin is impaired resulting in elevated blood glucose [sugar] levels in the blood). Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated that Resident #36: -was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of a total score of 15. -was always incontinent (having no or insufficient voluntary control) of urine. Review of the Comprehensive resident-specific Care Plan for Resident #36, dated 7/13/24 with revision on 7/16/24 indicated the following: -Resident treated for urine infection (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Maintain Contact Precautions Review of the July 2024 Physician's orders for Resident #36 indicated the following: -Nitrofurantoin (antibiotic used to treat UTI) 100 mg (milligram) by mouth every 12 hours for urinary tract infection (UTI) for 5 days, initiated on 7/13/24 -Maintain Contact Precautions Q (every) Shift for urine, initiated on 7/16/24 -Levaquin (antibiotic used to treat bacterial infection) 500 mg by mouth one time a day for urinary tract infection for 10 days, initiated on 7/29/24 On 7/25/24 at 10:00 A.M. the surveyor observed a sign hanging on the doorway of Resident #36's room that indicated: -CONTACT PRECAUTIONS EVERYONE MUST: >Clean their hands, including before entering and when leaving the room. -PROVIDERS AND STAFF MUST ALSO >Put on gloves before room entry. Discard gloves before room exit. >Put on a gown before room entry and discard gown before room exit. On 7/25/24 at 10:29 A.M., the surveyor observed CNA #1 enter Resident #36's room without performing hand hygiene and donning (putting on) a pair of gloves. The surveyor observed CNA #1 was observed by the surveyor, touching surfaces in the room including the bathroom doorknob, bedside table, and privacy curtains. The surveyor observed CNA #1 doff (remove) her gloves and exit the room without performing hand hygiene and proceeded to access two separate clean linen carts in the hallway and retrieve towels. The surveyor observed CNA #1 return to Resident #36's room and enter the room without performing hand hygiene and donning gloves. During an interview on 7/25/24 at 10:40 A.M., CNA #1 said that she did not think that a gown and gloves were needed because she did not touch Resident #36. CNA #1 further said it is important to remove gloves and clean hands before leaving the room because it could spread germs. On 7/29/24 at 10:45 A.M., the surveyor observed CNA #2 enter Resident #36's room without performing hand hygiene or donning gown and gloves. The surveyor observed CNA #2 touching Resident #36's wheelchair, privacy curtain and bedside table, before exiting the room. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Adviniacare at Northbridge		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Beaumont Drive Northbridge, MA 01534	

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/29/24 at 10:50 A.M., CNA #2 said Resident #36 was on Contact Precautions for a bacterial infection in the urine. CNA #2 said that he did have contact with the surfaces in the room and did not cleanse his hands before entry or put on gown and gloves before entering the room because he did not think he needed to unless he was touching the Resident's urine. CNA #2 said gown and gloves should be worn to protect himself and other residents from spreading germs. During an interview on 7/29/24 at 3:00 P.M., The Infection Preventionist (IP) said Resident #36 was on Contact Precautions for an ESBL urinary infection to prevent the spread of infection to others. The IP said all staff should be cleaning their hands as well as put on gown and gloves before room entry for Resident #36. The IP further said gowns and gloves should be removed and hands cleaned before staff leave the room.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42761 Based on interview, policy and record review, the facility failed to provide a Pneumococcal (bacteria often found in the nose and throat, is transmissible to others, and can cause infection) Vaccine to one Resident (#9) out of five applicable residents, out of a total sample of 21 residents. Specifically, the facility staff failed to provide a Pneumococcal Vaccine to Resident #9 when the Resident had previously received Pneumococcal Vaccine doses, was not up-to-date with his/her Pneumococcal Vaccine status, and consented to receive the Pneumococcal Vaccine when it was offered to him/her by the facility. Findings include: Review of the facility's policy titled, Pneumococcal Vaccination, dated 7/2019 and revised 2/2023, indicated: -All residents will be offered Pneumococcal Vaccines to aid in preventing Pneumonia/Pneumococcal infections. -The facility will offer Penumococcal Vaccination to all admitted residents, [AGE] years of age and older, unless such resident has already received vaccination, is not in need of a booster, or is a person for whom it is medically contraindicated. Review of the Centers for Disease Control and Prevention (CDC) Guideline titled, Pneumococcal Vaccination: Summary of Who and When to Vaccinate, dated 9/22/23, indicated the following for adults age [AGE] years or older who received PCV13 (Pneumococcal Conjugate Vaccine 13) at any age and PPSV23 (Pneumococcal Polysaccharide Vaccine 23) before age [AGE] years: *For older adults who don't have an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak: -Give 1 dose of PCV20 (Pneumococcal Conjugate Vaccine 20) or PPSV23. Regardless of vaccine used, their series is complete. -The PCV20 dose should be given at least 5 years after the last Pneumococcal Vaccine. -The PPSV23 dose should be given at least 5 years after the last PPSV23 dose. It should also be given at least 1 year after the PCV13 dose. *For older adults who have an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak: -Give 1 dose of PCV20 or PPSV23. Regardless of vaccine used, their series is complete. -The PCV20 dose should be given at least 5 years after the last Pneumococcal Vaccine. (continued on next page)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The PPSV23 dose should be given at least 5 years after the last PPSV23 dose. It should also be given at least 8 weeks after the PCV13 dose. Resident #9 was admitted to the facility in May 2022, with diagnoses including Type Two Diabetes Mellitus (DM II - condition in which the body does not produce enough insulin hormone and has trouble controlling blood sugar levels) and Acute Respiratory Failure (a life-threatening condition where the lungs cannot provide enough oxygen to the body or remove enough carbon dioxide from the body). Review of Resident #9's clinical record indicated the following: -The Resident was over the age of [AGE] years when he/she was admitted to the facility. -The Resident received a PPSV23 vaccine on 10/29/96, when the Resident was less than [AGE] years of age. -The Resident received a PCV13 vaccine on 11/19/14 (the Resident's most recent dose of pneumococcal vaccine). -The Resident consented to receive the Pneumococcal Vaccine on 5/18/22. Further review of the clinical record included no evidence that Resident #9 received the Pneumococcal Vaccine after he/she had consented or that the vaccine was medically contraindicated. During an interview on 7/30/24 at 3:40 P.M., the Infection Preventionist (IP) said Resident #9 had resided in the facility since May 2022 and had consented to receive the Pneumococcal Vaccine when he/she was admitted . The IP said the facility adhered to CDC guidelines for administration of Pneumococcal Vaccines and that Resident #9 was not considered up-to-date with his/her Pneumococcal Vaccine, according to CDC guidelines. The IP further said Resident #9's most recent dose of Pneumococcal Vaccine was 11/19/14, and that the Resident was overdue for Pneumococcal Vaccination.