STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225250	A. Building B. Wing	02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairview Commons Nursing & Rehabilitation Center	Christian Hill Road Great Barrington, MA 01230

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 44129 Based on records reviewed and interviews, for one of three sampled residents (Resident #3), the Facility failed to ensure they maintained complete and accurate medical records when the Certified Nurse Aide (CNA) Assignment Sheets (document that includes the residents' names, room numbers and a brief synopsis of resident care needs that CNAs use daily as a reference tool) and Kardex (a readily accessible computerized document used by CNAs to quickly reference key information about a patient's care plan, allowing them to efficiently provide appropriate care during their shift), were updated to accurately reflect his/her change in ability to transfer in and out of bed. Findings include: Resident #3 was admitted to the Facility in August 2024, diagnoses included Hemiplegia (paralysis on one side of the body), Osteomyelitis (infection in the bone) of the left ankle and foot, and reduced mobility. Review of Resident #3's Significant Change Minimum Data Set (MDS) Assessment, dated 01/22/25 indicated Resident #3 was moderately cognitively impaired with a score of 9 out of 15 on the Brief Interview for Mental Status (BIMS, scores indicate: 0-7 severe cognitive impairment, 8-12 moderate cognitive impairment, and 13-15 cognitively intact). The Assessment also indicated Resident #3 was dependent on staff for bed to chair to bed transfers. Review of Resident #3's CNA Kardex indicated he/she required partial to moderate assistance from staff for transfers. Review of the CNA Assignment Sheet master copies (for Resident #3's unit located at the Nurses' Station) indicated that Resident #3 was able to transfer with the assistance of one staff member, and some assignment sheets indicated a different resident's name with the same room number assignment as Resident #3, which also indicated that the resident required the assistance of one staff member. During an interview on 02/05/25 at 12:05 P.M., the Director of Rehabilitation said Resident #3 had experienced a decline in condition and the MDS Assessment on 01/22/25 that indicated he/she was dependent for transfers meant that he/she required the use of a Hoyer lift (a mechanical device that helps move people with limited mobility from one place to another) for safety with transfers which require two staff members. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 02/04/25 at 10:40 A.M., CNA #1 said she uses the information on the CNA Assignment Sheet and Kardex for information as to what kind of assistance her assigned residents required. CNA #1 said she keeps the Assignment Sheet in her pocket and uses it as a reference throughout her shift. During an interview on 02/04/25 at 12:54 P.M., CNA #2 said she uses the CNA Report [Assignment] sheets to obtain the information she needs in order to take care of the residents assigned to her. During an interview on 02/04/25 at 2:02 P.M., CNA #3 said ideally CNAs should verbally report off to each other at the change of every shift to discuss each resident and what their care needs were, but said that does not always happen. CNA #3 said she thinks there are two or three different master copies of the Unit's (Resident #3's unit) CNA Assignment Sheets, because CNA staffing numbers vary each shift, so the resident caseload needs to be split up differently depending on the number of CNAs working. CNA #3 said that the Assignment Sheets were rarely updated timely and that CNAs should not rely on them for current information as to how to care for their residents. In addition, CNA #3 said that the Kardex information in the computer was also not kept up to date, and that she relied on herself to know what needed to be done for her residents. CNA #3 said she left a note for the Unit Manager two to three weeks ago (exact date unknown) requesting updated CNA Assignment Sheets, but said she was not sure if the Unit Manager ever updated them. During an interview on 02/04/25 at 2:40 P.M., CNA #4 said she gets the information she needs to care for the residents assigned to her from other CNAs, the CNA Kardex and the CNA Assignment Sheet. During an interview on 02/04/25 at 2:50 P.M., CNA #5 said that she gets information about the residents in her care from the CNA that reports off to her at the change of shift, the CNA Kardex, and the CNA Assignment Sheets. During an interview on 02/04/25 at 4:10 P.M., CNA #6 said CNAs should find updated resident care information by looking at the Kardex and the CNA Assignment Sheets. CNA #6 said that Resident #3 used to be able to transfer in and out of bed with one staff member assisting him/her but now he/she required a Hoyer lift with two staff members for transfers, but said he could not recall when this change occurred. During the interview, CNA #6 reviewed the CNA Assignment Sheet that indicated Resident #3 was able to transfer with the assistance of one staff member, with the surveyor. CNA #6 said that the information was incorrect and if a staff member did not know Resident #3 and used the CNA Assignment Sheet for guidance indicating Resident #3 only needed one person for assistance, that would be dangerous for Resident #3. During an interview on 02/05/25 at 2:35 P.M., the Unit Manager said the CNA Assignment Sheets, the Kardex and as well as the Care Plan, should reflect whatever the residents' current care needs were and that she expected the CNAs to utilize the CNA Assignment Sheets as their primary source for resident care information. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Unit Manager said she was responsible for ensuring the CNA Assignment Sheets and the care Kardex were up to date and said she was aware they were not. The Unit Manager said that she would try to hand-write any resident care changes on the CNA Assignment sheets as they occurred because she did not have access to the computerized template, and that until recently she did not know how to update the Kardex in the computer system. During an interview on 02/04/25 at 4:45 P.M., the Director of Nursing (DON) said the CNA Assignment Sheets should not be the only resource for staff to obtain information as to what a resident's care needs were and that CNAs should be reviewing the Kardex prior to caring for any resident. The DON said if a resident had a change in condition, the Kardex should be updated within one week. After reviewing Resident #3's Kardex and CNA Assignment Sheets with the surveyor, the DON said if Resident #3 required a Hoyer lift, the CNA Assignment Sheets and Kardex should have been updated to reflect this change, and had not.