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	07/16/2025

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted Based on records reviewed and interviews for one of three sampled residents (Resident #1), who required the use of bilateral nephrostomy tubes (a catheter inserted directly into the kidney that drains urine into a collecting bag outside the body), the facility failed to ensure nursing developed and implemented a baseline care plan related to his/her immediate care and treatment needs related to his/her nephrostomy tubes. Findings include:Review of the Facility Policy titled, Care Planning, revised 02/15/25, included but was not limited to the following:The Facility will develop and implement a Baseline admission Care Plan for each resident that includes the instructions needed to provide effective person-centered care of the resident that meet professional standards of quality care. The baseline care plan will be developed within 48 hours of a resident's admission and will remain in place until the initial Interdisciplinary Team (IDT) Care Plan Meeting. All Physician orders inclusive of medications, diagnoses, dietary, and therapy services are considered part of the plan of care. Resident #1 was admitted to the Facility in January 2025, diagnoses included Urothelial Carcinoma (a type of cancer that develops in the urothelial cells lining the urinary tract which are found in the bladder, renal pelvis, ureters, and urethra), status post Cystectomy (removal of the bladder), status post hydronephrosis (a condition where one or both kidneys swell due to a buildup of urine over time, often caused by a blockage or obstruction in the urinary tract), and had both an ileal conduit/urostomy (a surgical opening where a portion of the small intestine is used to create a pathway for urine to exit the body after the bladder has been removed) and bilateral nephrostomy tubes. Review of Resident #1's admission Baseline Care Plan, dated 01/08/25, indicated there was no documentation to support that nursing developed a baseline care plan related to his/her nephrostomy tubes, which included goals and interventions, related care, treatment, and maintenance of the nephrostomy tubes. During an interview on 07/16/25 at 12:15 P.M., Unit Manager #1 said their policy is to develop a baseline care plan within 48 hours of admission. After reviewing Resident #1's Baseline Care Plan with the surveyor, Unit Manager #1 said there was no documentation to support that nursing developed a baseline care plan for his/her nephrostomy tubes, and there should have been one completed. During an interview on 07/16/25 at 2:30 P.M., the Director of Nursing (DON) said she reviewed Resident #1's Medical Record and said there was no documentation to support that nursing developed a Baseline Care Plan relative to his/her nephrostomy tubes within 48 hours of his/her admission, as required.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225250	A. Building B. Wing	07/16/2025

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

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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	07/16/2025

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

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on records reviewed and interviews for one of three sampled residents (Resident #1), who required the use of bilateral nephrostomy tubes (a catheter inserted directly into the kidney that drains urine into a collecting bag outside the body) the facility failed to ensure he/she received adequate nursing care in accordance with professional standards of practice when there were no Physician's orders related to the care and treatment for his/her nephrostomy tubes. Findings include:Review of [NAME] R. [NAME] H (2019) Nursing care and management of patients with a nephrostomy, Nursing Times [online]; 115:11, 40-43) indicated (but was not limited to) the following:- Nurses need to understand how to care for and manage patients with a nephrostomy. - Nurses need to understand issues around fluid management, infection control and management of the tube and bags. - Patients with nephrostomy tubes are at risk of pyelonephritis (inflammation of the kidney, usually due to infection). They should be monitored for signs and symptoms of infection.- Fluid management: If the kidney has become obstructed after initial insertion of the tube insertion, the patient may enter a phase of diuresis, characterized by high-volume outputs from the tube (polyuria). This requires close monitoring of the patient's fluid balances and vital signs. Each drainage route should be monitored separately and an overall total fluid output calculated (usually left/right/urethral and total). The patient's intake (intravenous or oral) should closely match the output. A closely monitored and adjusted fluid balance will prevent patient deterioration associated with rapid fluid loss. - Check drainage tubing is patent (open) and not kinked or twisted. - Ensure nephrostomy is secured at all times with drain fixation dressing (and secondary film dressing if required). - Dressings need to support the nephrostomy tube to prevent accidental tugging and secure it to the patient's skin. - Apply and change body-worn belt as required.- Good wound site care is essential to avoid exit-site infection and should include keeping the drain site clean and dry. - Check insertion site daily for bleeding, infection signs (pain, redness, swelling, leakage). - Drainage bags should be changed every 5-7 days.- Nephrostomy tubes should be changed every three months as recommended by the manufacturer.- The nephrostomy bag should be kept below the level of the kidney to ensure dependent drainage and emptied when it becomes three-quarters full.Resident #1 was admitted to the Facility in January 2025, diagnoses included Urothelial Carcinoma (a type of cancer that develops in the urothelial cells lining the urinary tract which are found in the bladder, renal pelvis, ureters, and urethra), status post Cystectomy (removal of the bladder), status post hydronephrosis (a condition where one or both kidneys swell due to a buildup of urine over time, often caused by a blockage or obstruction in the urinary tract), and had both an ileal conduit/urostomy (a surgical opening where a portion of the small intestine is used to create a pathway for urine to exit the body after the bladder has been removed) and bilateral nephrostomy tubes. Review of Resident #1's Hospital Patient Care Referral Form, dated 01/07/25, under the section, Active Lines, Drains, Airways and Wounds, indicated he/she was being discharged to the Facility with bilateral nephrostomy tubes and a urostomy/ileal conduit. Review of Resident #1's Nursing admission Assessment, dated 01/07/25, completed by Nurse #4, indicated it did not include information about his/her nephrostomy tubes.Review of Resident #1's Nursing admission Summary Progress Note, dated 01/07/25, indicated Resident #1 was admitted with a diagnosis of Colovaginal Fistula, had a right-lower abdominal quadrant urostomy with minimal output, bilateral pcns (percutaneous nephrostomy tubes), pressure sores to bilateral lower extremities, and the Attending Physician approved/confirmed all medications. However review of Resident #1's January 2025 Physician's Orders indicated there were no treatment orders obtained by nursing for the care of his/her nephrostomy tubes. Review of Resident #1's Medical Record which included the Medication Administration Record (MAR), the Treatment Administration Record (TAR), and the Nursing Progress notes indicated there was no documentation to support Nursing staff attempted to obtain Physician's orders for the care and treatment of his/her nephrostomy tubes. There were no Physician's orders related to dressing changes, type and frequency, monitoring of intake and output from each nephrostomy tube, what to do if the nephrostomy tubes were to become obstructed, nephrostomy bag collection change frequency, and flushing instructions, as appropriate. Further review of Resident #1's Medical Record indicated there was no documentation to support Nursing staff routinely assessed and maintained his/her nephrostomy tubes, and no documentation to support Nursing staff were monitoring his/her fluid intake and output from each of his/her nephrostomy tubes or his/her ileal conduit/urostomy. Review of Resident #1's Nursing Progress Notes indicated the following:01/08/25 - Bilateral nephrostomy