STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225253	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Agawam West Rehab and Nursing	61 Cooper Street Agawam, MA 01001

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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, record review, and interview, the facility failed to ensure that garbage was disposed of properly. Specifically, the facility failed to ensure the area on the ground around three trash dumpsters outside of the facility building was kept free of various debris, garbage and waste. Findings include:Review of the facility policy for Food Related Garbage and Rubbish Disposal, last revised 11/5/24 indicated garbage and rubbish will be disposed of in accordance with current state laws regulating such matters.>Policy Interpretation and Implementation:-all garbage and rubbish containing food wastes shall be kept in containers. -garbage and rubbish containing food waste will be stored in a manner that is inaccessible to vermin.-storage areas will be kept clean at all times and shall not constitute a nuisance. -outside dumpsters provided by garbage pickup services will be kept closed and free of surrounding litter. On 9/11/25 at 12:09 P.M., the surveyor and the District Dietary Manager observed the area where three dumpsters for the kitchen garbage were located outside the facility building and observed the following: -the ground surrounding all three of the dumpsters was covered with various debris. -there was an accumulation of trash on the ground including gloves, unidentified broken debris, decomposing flat cardboard boxes, many plastic containers and bags, wet/decomposing papers, condiment containers, small milk cartons, potato chip bags, cereal bowls, bottle caps, drink covers, plastic cutlery, a free-standing open rubbish bin, a chair, a rolling walker, two nursing medication carts and electrical equipment. During an interview at the time, the District Dietary Manager said that the dumpster area should not be dirty because it can attract rodents and insects to the area. On 9/11/25 at 12:16 P.M., the surveyor and the Food Service Director (FSD) observed the dumpster area located outside of the main kitchen. During an interview at the time, the FSD said that the dumpster area was not sanitary, and the accumulated trash can bring rats and other rodents to the area. The FSD also said that in the past raccoons have gotten into the trash and have caused large messes surrounding the dumpster area. On 9/11/25 at 12:31 P.M., the surveyor and the Director of Nursing (DON) observed the dumpster area located outside of the main kitchen. During an interview at the time, the DON said that all the trash observed on the ground outside of the dumpsters should have been contained inside of the dumpsters and it had not been. During an interview on 9/11/25 at 1:23 P.M., the Maintenance Director said that the maintenance staff was responsible for cleaning the area outside of the dumpster daily. The Maintenance Director said that the dumpster area should not have been unclean because it can attract the wildlife in the area.

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
	225253	A. Building B. Wing	09/15/2025

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to follow professional standards of practice for food safety to prevent the potential of foodborne illness to residents at high risk. Specifically, the facility failed to utilize pasteurized eggs in the preparation of over easy (eggs fried on both sides with a runny yolk) eggs to safely accommodate residents' choice during the breakfast meals and ensure that the unpasteurized eggs being used were cooked until all parts of the egg were completely firm to prevent the potential spread of foodborne illness. Findings include:Review of the facility's policy titled Raw Eggs, last revised 11/5/24, indicated:-It is the policy.to ensure the eggs used at the facility are properly prepared to eliminate the risk of residents contracting Salmonella Enteritidis. -All eggs must be thoroughly cooked until the yolks and whites are firm and served immediately. The temperature must reach at least 160 degrees to kill any bacteria.-Unless the eggs are pasteurized, soft cooked, under cooked, sunny side up eggs, poached eggs, over easy eggs, will not be served. Review of the facility invoices from the facility vendor dated 7/23/25, 7/30/25, 8/13/25, 8/20/25, 8/27/25, 9/3/25 and 9/10/25, indicated that the eggs purchased to make the over easy eggs in the facility were not pasteurized. On 9/10/25 at 7:04 A.M., the surveyor and the Food Service Director (FSD) observed that the eggs in the walk-in refrigerator were un-pasteurized. During an interview at the time, the FSD said that these eggs were provided to the residents fully cooked, with a firm and set yolk. On 9/10/25 at 7:15 A.M., the surveyor observed eight eggs on the warming table in the main kitchen for the breakfast meal with runny, not set, orange yolks. During an interview on 9/10/25 at 11:51 A.M., the Director of Nursing (DON) said that the eggs the kitchen staff had been using were not pasteurized eggs, and the eggs should not have been un-pasteurized for the use of over-easy eggs.

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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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, and interviews, the facility failed to resolve a grievance timely for one Resident (#7) out of a total sample of 24 residents. Specifically, for Resident #7, the facility failed to ensure that a reported grievance of missing hearing aids was resolved in a reasonable time period. Findings include: Review of the facility policy for Resident and Family Concerns and Grievances, last revised 10/5/24, indicated:-to provide for the prompt resolution of medical and non-medical grievances while maintaining confidentiality, in accordance with applicable federal and state statutes and regulations.-the facility will follow up with the Resident or their family members, guardian or representative within 72 hours of the filing of the grievance.-the facility will make reasonable efforts to ensure that all grievances are adequately resolved within thirty (30) calendar days from the day the grievance is received. -in the event the facility cannot resolve the grievance within thirty (30) calendar days, the facility will notify the resident, their family members, guardian, or representative of the status and estimated completion date of the grievance resolution.-the facility will document all steps of the grievance resolution in the facility's records, including whether or not the resident/family was satisfied with the resolution. The documentation will be kept for a minimum of three years. Resident #7 was admitted to the facility in June 2024, with diagnoses including Post Traumatic Stress Disorder (PTSD) and hearing impairment in right ear. Review of the Grievance Form dated 12/5/24, and completed by a facility employee on behalf of Resident #7 indicated:-the Resident was reporting missing hearing aids-the hearing aids were not found after a complete search and staff will continue to look for them. -the sections on the Grievance Form confirming/substantiating the grievance and noting corrective action to be taken because of the grievance were left blank.-the date assigned for resolution was 12/5/24 and was signed by the facility Administrator and Social Worker (SW). Review of Resident #7's Audiology Consultation, dated 1/6/25 indicated:-facility unable to locate hearing aids.-Nurse notes he/she was recently transferred to this wing and that many of his/her items were missing. Nurse contacted SW and they will work on finding the devices.-if they are not found, we can process the warranty for replacement devices, but the charger does not have a replacement warranty and will need to be purchased again.-if hearing aids are not found, process the Loss and Damage warranty by calling. Review of the Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #7:-was moderately cognitively intact as evidenced by a Brief Interview of Mental Status (BIMS) score of 10 out of a possible score of 15.-hearing was adequate and he/she did not have hearing aids in place. During an interview on 9/10/25 at 9:55 A.M., Resident #7 said that he/she was missing his/her hearing aids and that the facility SW had the hearing aids. During an interview on 9/11/25 at 10:09 A.M., the SW said that Resident #7's grievance had been filed in December 2024 regarding his/her missing hearing aids and had been resolved by the Administrator. The SW also said that the hearing aids had not been located nor had an attempt been made to obtain a new pair through the Consulting Audiologist. The SW said that Resident #7's grievance should have been resolved much sooner and had not been. During an interview on 9/11/25 at 10:30 A.M., the Director of Nursing (DON) said that Resident #7's grievance should have been resolved within three days, and it had not been. The DON also said that the missing hearing aids had not been addressed until the surveyor brought it to the facility's attention.