STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225257	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care One at Northampton	548 Elm Street Northampton, MA 01060

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 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. 48206 Based on observation, interview, policy and record review, the facility failed to meet professional standards of practice for one Resident (#98), for three closed records, out of a total sample of 19 residents. Specifically, the facility failed to obtain Physician's orders for the use, management and care of a Thoracic Lumbar Sacral Orthosis (TLSO: brace used to limit movement in the spine) brace for Resident #98, after the Resident suffered a fall with fracture of the spine, and the TLSO brace was being applied by facility staff, placing the Resident at risk for inappropriate use of the TLSO brace and further spinal injury. Findings include: Review of the facility policy titled Medication and Treatment Orders, revised July 2016, indicated: -Orders for medications and treatments will be consistent with principles of safe and effective order writing. -Only authorized, licensed practitioners, or individuals authorized to take verbal orders from Practitioners, shall be allowed to write orders in the medical record. -Orders for medications must include: a. name and strength of the drug; b. number of doses, start and stop date, and/or specific duration of therapy; c. dosage and frequency of administration; d. route of administration; e. clinical condition or symptoms for which the medication is prescribed; and f. any interim follow-up requirements (pending culture and sensitivity reports, repeat labs, therapeutic medication monitoring, etc.). (continued on next page)

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
	225257	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care One at Northampton	548 Elm Street Northampton, MA 01060

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Orders not specifying the number of doses, or duration of medication, shall be subject to automatic stop orders. a. Drugs not specifically limited to duration of use and number of doses when ordered will be controlled by automatic stop orders. b. One (1) day prior to the date the stop order is to become effective, the nurse supervisor/charge nurse on duty must contact the prescriber or attending physician to determine if the medication is to be continued. Resident #98 was admitted to the facility in May 2024, with diagnosis including wedge compression fracture of the third lumbar vertebrae (broken bone in the spine at the L3 location). Review of the Emergency Medicine Note dated 5/29/24 indicated: -X-ray of the lumbar spine was obtained while the Resident was wearing a TLSO brace. -Resident had an L3 Fracture. -Recommendation that Resident wear the TLSO brace when the [Resident] was not lying flat. Review of the Initial Physician's Encounter Note dated 5/31/24, indicated: -Resident #98 was found to have an L3 compression fracture. -Seen by Neurosurgery who recommended TLSO brace, no surgical intervention. -Continue TLSO brace at all times, except when lying flat. Review of Resident #98's medical record failed to indicate any Physician's orders for the application, frequency of use, duration of therapy, care of, and any pertinent limitations of the TLSO brace. Review of the Physical Therapy Evaluation and Plan of Treatment dated 5/31/24, indicated: -Resident was status post fall with L3 Compression Fracture. -Resident had TLSO brace when out of bed (to be donned/doffed [put on/taken off] in bed). Review of the Plan of Care for musculoskeletal problems relative to L3 fracture initiated 5/31/24, indicated the following interventions: -Refer to the Therapy Plan of Treatment in the medical record for more detail. -TLSO brace per [Physician] order. Review of Skilled Nursing Notes dated 6/1/24 and 6/3/24, indicated that a body brace to upper torso was in use by the Resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225257	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care One at Northampton	548 Elm Street Northampton, MA 01060

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/3/24 at 8:40 A.M., the Director of Nursing (DON) said that evidence of Resident #98's TSLO brace would be documented as a Physician's order but there was no Physician's order in place for Resident #98's TSLO brace. During a follow-up interview on 9/3/24 at 9:34 A.M., the DON said there was no Physician's order in place for the TSLO brace. The DON said there should have been a Physician's order so staff could document the use of the TSLO brace and monitor for potential skin issues.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225257	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care One at Northampton	548 Elm Street Northampton, MA 01060

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47901 Based on observation, interview, record and policy review, the facility failed to provide necessary respiratory care and services in accordance with professional standards of practice for two Residents (#13 and #52), out of a total sample of 19 residents. Specifically, the facility staff failed to: 1. For Resident #13, ensure that humidified Oxygen was administered as ordered by the Physician. 2. For Resident #52, ensure that the Oxygen liter flow being administered to the Resident and the range for oxygen saturation (SPO2: measure of Oxygen in the blood as a percentage of the maximum Oxygen the blood could carry) levels were not higher than the parameters ordered by the Physician, and putting the Resident at risk of hypercapnia [high carbon dioxide levels in the blood). Findings include: Review of the facility policy titled Oxygen Administration, dated 2001, indicated the following: -Verify that there is a Physician's Order for this procedure. -Review the Physician's Orders or facility protocol for oxygen administration. -The following equipment and supplies will be necessary when performing this procedure . humidifier bottle. Review of the AARC (American Association for Respiratory Care) Clinical Practice Guideline, updated 2014, https://www.aarc.org/wp-content/uploads/2014/08/08.07.1063.pdf, indicated the following: -All Oxygen must be prescribed and dispensed in accordance with federal, state, and local laws and regulations. -Oxygen is a medical gas and should only be dispensed in accordance with all federal, state, and local laws and regulations. -Undesirable results or events may result from noncompliance with Physician's orders or inadequate instruction for Oxygen therapy. -There is a potential in some spontaneously breathing hypoxemic patients with hypercapnia [high carbon dioxide levels in the blood) and chronic obstructive pulmonary disease that oxygen administration may lead to an increase in PaCO2. -Equipment maintenance and supervision: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225257	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care One at Northampton	548 Elm Street Northampton, MA 01060

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	>All oxygen delivery equipment should be checked at least once daily . >Facets to be assessed include proper function of the equipment, prescribed flow rates, remaining liquid or compressed gas content, and backup supply. 1. Resident #13 was admitted to the facility in July 2024, with diagnoses including Chronic Respiratory Failure (CRF - a long term condition that occurs when the lungs cannot provide enough oxygen to the body or remove enough carbon dioxide from the body, identified with symptoms of trouble breathing and fatigue) and Shortness of Breath (difficult or labored breathing). Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated that Resident #13 utilized Oxygen and was always understood. Review of the August 2024 Physician's Order Summary Report indicated: -Humidified Oxygen at 2.5 liters per minute (LPM: flow rate that supplemental Oxygen is set for delivery), via nasal cannula (thin, flexible tube that provides supplemental Oxygen through the nose via nasal prongs) to maintain oxygen saturation greater than 90 percent (%), dated 4/19/24. On 8/29/24 at 3:55 P.M., the surveyor observed Resident #13 seated in bed with Oxygen being administered via nasal cannula. The surveyor observed that the liter flow on the oxygen concentrator (medical device that uses air in the atmosphere, filters it, and delivers air that is 90 - 95% oxygen concentrated) was set to 2.5 LPM and had no humidifier bottle attached. Resident #13 said that he/she does not touch the oxygen concentrator and that he/she had never had a humidifier bottle attached to his/her oxygen concentrator. On 8/30/24 at 8:26 A.M., the surveyor observed Resident #13 seated in bed with Oxygen being administered via nasal cannula and the liter flow was set at 2.5 LPM with no humidifier bottle attached. During an interview at the time, Resident #13 said that there had not been a humidifier bottle attached to his/her oxygen concentrator. On 8/30/24 at 8:36 A.M., the surveyor and Unit Manager (UM) #2 observed Resident #13's oxygen concentrator and observed that there was no humidifier bottle attached to the oxygen concentrator and providing humidity to the Resident's Oxygen as ordered. UM #2 said that it was the Nurses responsibility to ensure that the humidifier bottle was attached to the Resident's oxygen concentrator. 2. Resident #52 was admitted to the facility in February 2023, with diagnoses including Chronic Obstructive Pulmonary Disease (COPD - a chronic lung disease that causes obstructed airflow from the lungs and difficulty breathing) and Chronic Respiratory Failure. Review of the most recent MDS assessment dated [DATE], indicated Resident #52 utilized Oxygen and was usually able to make him/herself understood. Review of the August 2024 Physician's Order Summary Report indicated the following order: -supplemental Oxygen via nasal cannula continuous (delivered around the clock) one liter (LPM) every shift for shortness of breath to maintain blood oxygen saturation between 88% - 92% every shift, dated 4/19/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225257	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care One at Northampton	548 Elm Street Northampton, MA 01060

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further review of the August 2024 Physician's Order Summary Report indicated no orders to titrate (increase or decrease) the Resident's Oxygen liter flow from the ordered 1 LPM. Review of Resident #52's August 2024 blood oxygen saturation documentation indicated that the Resident's blood oxygen saturation levels had been in the range of 94% to 98% which was above the parameters (88% - 92%) ordered by the Physician. On 8/29/24 at 2:13 P.M., the surveyor observed Resident #52 seated in a wheelchair at his/her bedside with Oxygen administered via nasal cannula. The surveyor observed that the liter flow on the oxygen concentrator was set to 2 LPM. Resident #52 said that he/she does not touch the oxygen concentrator and that his/her liter flow had been set at 2 LPM. On 8/30/24 at 7:51 A.M., the surveyor observed the Resident seated in a wheelchair next to his/her bed with Oxygen administered via nasal cannula and the liter flow on the oxygen concentrator was set at 2 LPM. During an interview at the time, Resident #52 said that the oxygen concentrator had always been set at 2 LPM. On 8/30/24 at 8:38 A.M., the surveyor and UM #2 observed Resident #52's oxygen concentrator and observed that the flow rate was set at 2 LPM. The surveyor and UM #2 reviewed the Physician's orders, and UM #2 said that Resident #52 had been administered the wrong dose of Oxygen and should have been on 1 LPM of Oxygen per the Physician's order. On 8/30/24 at 11:05 A.M., the surveyor and the Assistant Director of Nursing (ADON) reviewed Resident #52's blood oxygen saturation level documentation. The ADON said the facility staff should have followed the Physician's order and notified the Physician when Resident #52's blood oxygen saturation levels were above the (ordered) parameters, but they had not.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225257	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care One at Northampton	548 Elm Street Northampton, MA 01060

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. 47901 Based on observation, interview, policy and record review, the facility failed to maintain complete and accurate medical records for one Resident (#48), for three closed records,out of a total sample of 19 residents. Specifically, the facility failed to maintain accurate documentation of meal intake percentage by Certified Nurses Aides (CNAs) when Resident #48 was identified as being at risk for weight loss. Findings include: Review of the Facility Policy titled, Charting and Documentation, dated 2001, indicated: -All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical physical, functional or psychosocial condition, shall be documented in the resident's medical record. -The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. Review of the Facility Policy titled, Nutrition and Hydration to Maintain Skin Integrity, dated 2001, indicated: -to document food consumption and changes in the resident's nutritional status. Resident #48 was admitted to the facility in June 2024, with diagnoses of Major Depressive Disorder (symptoms lasting greater than two weeks of a persistently low or depressed mood and a loss of interest in activities that a person used to enjoy), Dysphagia (difficulty swallowing foods or liquids) and Altered Mental Status (AMS - a general term for a change in mental function that can affect a person's awareness, movement, and behavior). Review of Resident #48's Skilled Nursing Progress Note indicated the following: -7/27/24 Resident refuses to eat. -8/8/24 indicated Resident #48 lacked motivation and needed much encouragement to eat, take medications and to get out of bed. The note further stated if not encouraged, the Resident would stay in bed all day. Review of Resident #48's Nutrition Notes indicated the following: -4/1/24: Family concerned about Resident's poor oral intake. -6/17/24: Weight warning - [Resident] weight 220 pounds. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225257	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care One at Northampton	548 Elm Street Northampton, MA 01060

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	-6/27/24: Weight 207.8 indicating significant weight decline in weight in one month. -7/22/24: Weight warning with [Resident] weight 193.6 pounds. -8/14/24: Weight warning with [Resident] weight 186.7 pounds. -8/20/24: Weight warning with [Resident] weight 182.0 pounds, poor oral intake due to poor appetite. Remeron (antidepressant medication used to stimulate appetite) was already in place as well as nutritional supplements (increased calorie/protein items). During an observation on 8/29/24, the surveyor observed the following: -At 8:24 A.M., a staff member entered Resident #48's room and placed a breakfast tray in front of the Resident while he/she laid in bed with the head of bed elevated. Resident #48's eyes were closed. -At 9:09 A.M., Resident #48's breakfast remained untouched. -At 9:16 A.M., a staff member entered the Resident's room and removed the breakfast tray. During an observation on 8/29/24, the surveyor observed the following: -At 12:15 P.M., a staff member entered Resident #48's room with a lunch tray, elevated the Resident's head of bed up, mentioned the Resident's name and walked out of the room. -At 12:27 P.M., Resident #48's eyes remained closed and the Resident had not touched his/her lunch tray. -At 1:07 P.M., Certified Nurses Aide (CNA) #4 entered the Resident's room and assisted with the lunch meal. During an interview on 8/29/24 at 1:17 P.M., CNA #4 said Resident #48 needed to be encouraged to eat, that the Resident did not eat anything for breakfast and had 25% of the meal at lunch. Review of the CNA Documentation indicated CNA #4 documented the following for 8/29/24: -Resident #48 ate 75% to 100% for breakfast. -Resident #48 ate 75% to 100% for lunch. During a telephone interview on 8/29/24 at 4:14 P.M., CNA #4 said she had to leave in a rush at the change of shift, and had documented the Resident's meal intake in error. CNA #4 said that Resident #48 did not eat 75% to 100% for breakfast or lunch. On 8/30/24 at 8:22 A.M., the surveyor observed CNA #5 (in training) assisting Resident #48 with the breakfast meal. At 9:02 A.M., CNA #5 said Resident #48 had finished eating and only ate 18% of the meal and consumed 476 milliliters (ml) of fluid. CNA #5 said she was being trained by CNA #6. CNA #6 said she was working closely with CNA #5. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225257	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care One at Northampton	548 Elm Street Northampton, MA 01060

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	Review of the CNA documentation for 8/30/24, showed Resident #48 had 51% to 75% of meal intake for breakfast. During an interview on 9/3/24 at 8:28 A.M., CNA #6 said the breakfast documentation on 8/30/24 was an error for Resident #48. During an interview on 9/3/24 at 11:32 A.M., the Registered Dietician (RD) said Resident #48 had lost a lot of weight in a short period of time. The RD said she had noted that the Resident had poor appetite and would only eat less than 25% of any meal. The RD said that the documentation of the CNAs did not accurately reflect the Resident's meal intake.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225257	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care One at Northampton	548 Elm Street Northampton, MA 01060

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 45435 Based on observation, interview, record and policy review, the facility failed to implement infection control practices relative to the use of Personal Protective Equipment (PPE) for one Resident (#96), out of a total sample 19 residents, and provide a sanitary smoking environment for four resident smokers, to prevent the transmission and development of infections. Specifically, the facility staff failed to: 1. Adhere to Enhanced Barrier Precautions (EBP: protective barrier gowns and gloves used as an infection control intervention designed to reduce transmission of multi-drug-resistant organisms [MDRO] during high contact resident care) for Resident #96 with a peripheral inserted central catheter (PICC-a thin flexible tube inserted into a vein in the upper arm and threaded into a large vein in the chest used to administer fluids and medication), increasing the Resident's risk for infection. 2. Provide smoking assistance to residents in a sanitary manner, when the individual cigarettes for four residents were lit by Nurse #4 placing each cigarette in her mouth, lighting the cigarette, and then handing to each resident, increasing the risk for the transmission of germs to four residents. Findings include: Review of the facility's policy titled Infection Prevention and Control Program dated December 2023, indicated the following: -An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. -The program is based on accepted national infection prevention and control standards. 1. Review of the facility's policy titled Enhanced Barrier Precautions dated August 2022, indicated the following: -EBP's are used as an infection prevention and control intervention to reduce the spread of multi-drug-resistant organisms (MDRO's) to residents. -EBP's employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. -Gloves and gown are applied prior to performing the high contact resident care activity. -Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: >device care or use-central line . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225257	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care One at Northampton	548 Elm Street Northampton, MA 01060

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Signs are posted in the door or wall outside the resident room indicating the type of precautions and PPE required. Resident #96 was admitted to the facility in August 2024, with diagnoses including Septic Thrombophlebitis (an infection of a vein with a subsequent systemic response when an infection triggers the body's immune system to damage its own organs and tissues), and Methicillin Susceptible Staphylococcus Aureus (MSSA: a bacterial infection that develops when bacteria enter the body through a cut or wound on the skin and can cause infections in the skin, blood, bones, organs and joints, often treated with antibiotics) infection. Review of the August 2024 Physician's orders, indicated the following: -Enhanced Barrier Precautions (EBP) for all high contact/direct patient care and all PICC care management provided, every shift. -Cefazolin Sodium (an antibiotic used to treat Staphylococcus infections) Injection Solution, reconstituted, two grams (gm) intravenously (into the blood stream through a vein) every eight hours for Sepsis, initiated 8/6/24. -Sodium Chloride 0.9% intravenous 10 milliliters (ml) three times a day for PICC flush (manual injection with normal saline to clean or clear the catheter) prior to antibiotic use, initiated 8/7/24. On 8/30/24 at 1:40 P.M., the surveyor observed Nurse #3 enter Resident #96's room wearing a mask. The surveyor observed Nurse #3 sanitize her hands and don (put on) gloves, but did not don a gown. The surveyor further observed Nurse #3 cleanse and flush the Resident's PICC with normal saline, prepare the intravenous tubing, set the infusion pump and start the Cefazolin Sodium Injection infusion. On 8/30/24 at 1:45 P.M., the surveyor observed an orange circle sticker on the name plate of Resident #96 posted outside of the Resident's room. The surveyor further observed an orange sign indicating Enhanced Barrier Precautions on the closet door inside of Resident #96's room which indicated the following: -STOP-ENHANCED BARRIER PRECAUTIONS EVERYONE MUST: >Clean their hands, including before entering and when leaving the room. -PROVIDERS AND STAFF MUST ALSO wear gloves and a gown for the following High Contact Resident Care Activities .Device Care or use: central lines . During an interview on 8/30/24 at 1:49 P.M., the surveyor and Nurse #3 reviewed the EBP sign on the Resident's closet door. Nurse #3 said she should have worn a gown prior to using the PICC for the normal saline flush and antibiotic infusion. Nurse #3 said that she did not see the sign on the Resident's closet door and that she was not aware that the facility was using an orange circle sticker on the name plate to identify Residents on EBP. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225257	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care One at Northampton	548 Elm Street Northampton, MA 01060

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 8/30/24 at 2:55 P.M., the Director of Nursing (DON) said the facility had a system of placing an orange circle sticker on the name plate of the residents who are on EBP and placing an EBP sign inside the room on the resident's closet door. The DON said there was a posting at the nurses station instructing the Nurses about this system. The DON further said that Nurse #3 should have worn a gown prior to accessing Resident #96's PICC to reduce the risk of the spread of infection. 47901 2. During a smoking observation on 9/3/24 at 10:02 A.M., the surveyor observed Nurse #4 in the smoking area with four residents. The surveyor observed Nurse #4 place a cigarette in her mouth, light the cigarette with a lighter and then hand the cigarette to the resident to continue smoking. The surveyor further observed Nurse #4 perform this process for each of the four residents by placing a cigarette in her mouth, lighting the cigarette and handing the lit cigarette to each resident. During an interview on 9/3/24 at 10:05 A.M., Nurse #4 said she lit each resident's cigarette with a lighter by placing the cigarette in her mouth and then handed the cigarette to the (four) residents to continue smoking. Nurse #4 said that this was a bad infection control practice. During an interview on 9/3/24 at 11:15 A.M., the Director of Nursing (DON) said Nurse #4 should not have lit the resident's cigarettes by placing the cigarettes in her mouth prior to distributing the cigarettes to the (four) residents.