

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Garden Place Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 193-195 Pleasant Street Attleboro, MA 02703	

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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>37183</p> <p>Based on records reviewed and interviews for one of three sampled residents (Resident #1), who developed redness and irritation to his/her facial area after being shaved by a staff member, the Facility failed to ensure they maintained complete and accurate medical/clinical records, when there was no nursing documentation in the Medical Record related to Resident #1's razor burn to his/her facial area, there was no documentation to support nursing assessed the razor burn to his/her facial area and/or monitored the progress towards healing.</p> <p>Finding Include:</p> <p>Review of the Facility Policy titled, Charting and Documentation, dated as last revised 10/2019, indicated that 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 should be documented in the resident's medical record.</p> <p>The Policy further indicated that the following information is to be documented in the resident medical record:</p> <ul style="list-style-type: none"> -objective observations; -treatments or services performed; -changes in the resident's condition; -events, incidents or accidents involving the resident; -progress toward or changes in the care plan goals and objectives; -documentation of treatments will include care-specific details. <p>Review of the Facility Policy titled, Accidents and Incidents - Investigating and Reporting, dated as last revised 07/2024, indicated the following:</p> <ul style="list-style-type: none"> -accidents or incidents involving residents occurring on our premises shall be investigated and reported to the Administrator; <p>(continued on next page)</p>

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: 225267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Garden Place Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 193-195 Pleasant Street Attleboro, MA 02703	
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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-the charge nurse shall promptly initiate and document investigation of the accident or incident;</p> <p>-the following date shall be included in the Report of Incident/Accident Form - date and time the incident took place, the nature of the injury, circumstances surrounding the incident, where the incident took place, names of witnesses and their account of the incident, the injured person's account of the incident, the time the injured person's attending physician and family was notified and by whom, condition of the injured person, including vital signs, disposition of the injured, signature and title of the person completing the report.</p> <p>-the Nurse Supervisor or Charge Nurse shall complete a Report of Incident/Accident form and submit the original to the Director of Nursing Services within 24 hours of the incident or accident.</p> <p>Resident #1 was admitted to the Facility in March 2024, diagnoses included fracture of nasal bones, basal cell carcinoma of skin, obstructive sleep apnea, osteoarthritis, old myocardial infarction, age related macular degeneration, atherosclerotic heart disease of native coronary artery, dementia with psychotic disturbance and major depressive disorder.</p> <p>Review of the Report submitted by the Facility via the Health Care Reporting System (HCFRS), dated 09/24/24, indicated that on 06/24/24 on the evening shift, a Certified Nurse Aide (CNA) shaved Resident #1 and there was no redness on his/her face. The Report indicated that on 06/25/24, a CNA reported to the Nurse that Resident #1 had redness and irritation on his/her beard from shaving the previous day and that the Nurse called the physician and obtained an order to apply bacitracin (a topical medication used to prevent minor skin infections caused by small cuts, scrapes, or burns) to his/her beard daily until healed. The Report indicated that the redness and irritation was probably due to a reaction to the razor due to Resident #1's sensitive skin.</p> <p>Review of Resident #1's Physicians Orders, dated 06/26/24, indicated to apply bacitracin to beard daily for razor burn (once daily) until healed.</p> <p>Review of Resident #1's Treatment Administration Records (TAR) dated 06/26/24 through 07/14/24, indicated to apply bacitracin to beard daily for razor burn. The TAR indicated that the bacitracin was signed off on (initialed) by nursing as being completed, however, there was no documentation to support that nursing staff described the razor burn to his/her facial area and monitored the progress toward healing.</p> <p>Review of Resident #1's Nurse Progress Notes, dated 06/25/24 through 06/26/24, indicated there was no documentation related to the administration of bacitracin to Resident #1's razor burn, no documentation to support that nursing staff conducted a skin assessment of Resident #1's razor burn, that the physician was notified and that a new treatment order was obtained.</p> <p>Review of Resident #1's Medical Record, indicated there was no documentation related to the administration of bacitracin to Resident #1's razor burn shaving incident that occurred to him/her on 6/24/24 to support that nursing staff assessed Resident #1's razor burn and monitored the progress towards healing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Garden Place Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 193-195 Pleasant Street Attleboro, MA 02703	

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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/01/24 at 1:15 P.M., Nurse #1 said that she took care of Resident #1 on 06/25/24 during the 7:00 A.M. through 3:00 P.M. shift. Nurse #1 said one of the CNA's (exact name unknown) reported to her that Resident #1 had some redness to his/her facial area. Nurse #1 said that she assessed Resident #1's facial area and noted that he/she had some redness to his/her facial beard and chin area from shaving.</p> <p>Nurse #1 said that she notified the Assistant Director of Nurses and the physician. Nurse #1 said that the physician ordered a treatment to the facial area, to apply bacitracin to beard daily for razor burn until healed. Nurse #1 said she forgot to write a nurses note and said she did not complete an incident report. Nurse #1 said she administered the treatment to Resident #1, but said she did not document her assessment of the facial area and just signed off the treatment on the TAR.</p> <p>During an interview on 10/01/24 at 3:45 P.M., the Director of Nurses (DON) said that he could not find any documentation in Resident 1's Medical Record to support that Nursing had assessed him/her after his/her shaving incident. The DON said that Nursing should have documented their assessment of Resident #1's facial area each time they administer his/her treatment. The DON said it is his expectation that Nursing document in the Medical Records assessments, physician notification and any new treatment orders that were obtained from the physician, but for Resident #1, they had not.</p>