

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Care One at Essex Park		STREET ADDRESS, CITY, STATE, ZIP CODE 265 Essex Street Beverly, MA 01915	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46339</p> <p>Based on record review and interview, the facility failed to provide care and service for an indwelling Foley catheter (urinary catheter which remains in the bladder to provide continuous urine drainage. A balloon inflated at the catheter's distal end prevents it from slipping out of the bladder after insertion) for one Resident (#83), out of a total sample of 34 residents. Specifically, for Resident #83, the facility failed to ensure the physician's order for changing/inserting the Foley catheter included catheter size/type and balloon size.</p> <p>Findings include:</p> <p>Resident #83 was admitted to the facility in March 2024 with diagnoses including retention of urine, obstructive and reflux uropathy.</p> <p>Review of Resident #83's Minimum Data Set (MDS) dated [DATE], indicated the Resident scored a 11 out of 15 on the Brief Interview for Mental Status (BIMS) score indicating that he/she had moderate cognitive impairment. The MDS further indicated the Resident had an indwelling foley catheter.</p> <p>Record review of a document titled 'Resident Evaluation-MA-V4' dated 3/31/24, indicated the Resident had an indwelling foley catheter, the record revealed no initial/admission documentation by the nursing staff addressing the Foley catheter size and balloon size that the Resident had in place when admitted .</p> <p>Review of the current physician orders indicated the following but not limited to:</p> <p>*Foley catheter</p> <p>-Every night shift every Saturday change the catheter secure tube holder and,</p> <p>-As needed change urinary catheter with French size:_____ and Balloon size:_____</p> <p>The current physician's order did not indicate the size of the Foley catheter and balloon size to be reinserted if the Foley catheter needed to be changed.</p> <p>Review of care plan titled use of indwelling urinary catheter date initiated 3/31/24 failed to indicate the foley catheter size and balloon size.</p> <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: 225270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Care One at Essex Park		STREET ADDRESS, CITY, STATE, ZIP CODE 265 Essex Street Beverly, MA 01915	
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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During an interview on 5/1/24 at 11:12 A.M., Nurse #1 said the physician orders for urinary catheter should have the size of the catheter and balloon indicated.</p> <p>During an interview on 5/2/24 at 8:20 A.M., the Director of Nursing said it is not in their policy to have orders indicating the size and balloon for foley catheter and if a reinsertion was required, they would start with a small size.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Care One at Essex Park		STREET ADDRESS, CITY, STATE, ZIP CODE 265 Essex Street Beverly, MA 01915	

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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46339</p> <p>Based on observations, interviews, records, and policies reviewed, the facility failed to ensure that one Resident (#95) out of a total sample of 34 residents, maintained acceptable parameters of nutritional status.</p> <p>Specifically, the facility failed to ensure Resident #95's weight was monitored when a weight change occurred, per facility policy, and resulted in significant weight loss and failed to notify the physician after significant weight loss was identified after Resident #95's gastrostomy tube (a tube inserted into the stomach to provide nutrition) was accidentally removed and not replaced.</p> <p>Findings include:</p> <p>Review of facility policy titled 'Weight Assessment and Intervention' dated March 2023, indicated the following but was not limited to:</p> <ul style="list-style-type: none"> -Resident weights are monitored for undesirable or unintended weight loss or gain. -The Dietician will respond timely to a verified significant weight change. - The threshold for significant unplanned and undesired weight loss will be based on the following criteria: <ul style="list-style-type: none"> a. 1 month - 5% weight loss is significant. b. 6 months - 10% weight loss is significant. -The physician and the multidisciplinary team identify conditions and medications that may be causing anorexia weight loss or increasing the risk of weight loss for example <ul style="list-style-type: none"> a. Fluid and nutrient loss b. Inadequate availability of food or fluids c. Increased need for calories and or protein -care planning for weight loss our impaired nutrition is a multidisciplinary effort and includes the physician nursing staff, the dietitian the consultant pharmacist and the resident legal surrogate. -individualized care plans are addressed to the extent possible they identified causes of weight loss goals and benchmark for improvement and time frames and parameters for monitoring and reassessment. -interventions for undesirable weight loss shall be based on careful consideration of the following <ul style="list-style-type: none"> a. Nutrition and hydration needs of the residents. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Care One at Essex Park		STREET ADDRESS, CITY, STATE, ZIP CODE 265 Essex Street Beverly, MA 01915	
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>b. The use of supplementation and all feeding tubes</p> <p>Resident #95 was admitted to the facility in October 2023 with diagnoses including Parkinson's disease, dementia, dysphagia and dependent on tube feeding, gastrostomy status, unspecified severe protein calorie malnutrition.</p> <p>Review of Resident #95's Minimum Data Set (MDS) dated [DATE] indicated a Brief Interview for Mental Status (BIMS) was conducted which indicated the Resident had a memory problem and was cognitively impaired. The MDS further indicated that the Resident was dependent on tube feeding.</p> <p>On 4/30/24 at 9:08 A.M., the surveyor observed Resident #95 lying in bed, he/she was observed to be very thin in appearance. The Resident was not able to be interviewed.</p> <p>Review of nursing progress note dated 3/8/24 indicated the following but not limited to:</p> <p>Patient removed gastrostomy- tube (g-tube) intact, attempts to replace g-tube with foley catheter failed secondary to gastrostomy site no longer patent (accessible) medical director made aware. Order obtained to schedule patient for interventional radiology (IR) for g-tube replacement, return call pending at this time, patient on modified diet and has adequate by mouth intake to cover through weekend, encourage fluids, guardian aware, dietician and speech language pathologist following.</p> <p>Review of dietician progress note dated 3/8/24 indicated the following but not limited to:</p> <p>-Resident weight stable times one week. G-tube dislodged the morning, medical director aware, plan for g-tube replacement 3/11/24. Will optimize by mouth intake with Med pass 2.0 (a nutritional supplement) four ounces three times a day between meals. 12 ounces daily will provide 720 kilo calories and 30 grams protein. Phone the guardian without answering. Registered dietician to closely monitor.</p> <p>Review of the medical record indicated Resident #95 weighed 125 lbs. (pounds) on 3/7/24 at the time his/her G-tube had become dislodged. Review of Resident #95's medical record indicated the Resident weighed 119.4 lbs. (a weight loss of 4.48%) on 3/11/24, in only three days after the g-tube became dislodged.</p> <p>Review of Resident #95's physician notes failed to indicate that the physician was notified of the weight change from 3/7/24 to 3/11/24.</p> <p>Review of Resident #95's nutritional orders failed to indicate a new intervention was added to address the immediate weight loss on 3/11/24.</p> <p>Review of Resident #95's medical record indicated the Resident had an appointment for the G-tube to be replaced on 3/15/24. Review of nursing progress note dated 3/15/24 indicated the following but not limited to:</p> <p>-Patient returned from interventional radiology no g-tube placed, tract scarred and unable to be accessed, medical director (MD) aware and will follow up with MD at IR regarding appropriate plan.</p> <p>Review of Resident #95's weekly weights after the G-tube had failed to be replaced indicated the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Care One at Essex Park		STREET ADDRESS, CITY, STATE, ZIP CODE 265 Essex Street Beverly, MA 01915	
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-3/20/24 109 lbs. (a significant weight loss of 12.80% since the G-tube had been dislodged.)</p> <p>-3/22/24 110.6 lbs. (a confirmation of the significant weight loss)</p> <p>-3/11/24 119.4 lbs</p> <p>-3/7/24 125 lbs</p> <p>Resident #95's medical record failed to indicate the physician was notified immediately after the continued weight loss which had become significant as of 3/20/24. In addition, the medical record failed to indicate any new nutritional interventions were put into place after the significant weight loss.</p> <p>Review of a dietician progress note dated 3/22/24 indicated the following: re weigh requested due to significant variation compared to previous weights slash weight trends noted GTube unable to be replaced by interventional radiology weight 109 lbs.</p> <p>Review of dietician progress note dated 3/23/24 indicated the following rere-weigh (sic) indicates accurate significant weight loss encouragement of by mouth fluids and food provided while patient alert and able to safely take by mouth. Appreciate nursing diligence. By mouth intake remains inadequate with subsequent weight loss pending referral for G tube replacement plan to continue to optimize current nutrition intervention ONS (oral nutritional supplements) 4 times a day fortified foods at meals and snacks slash fluids between meals wait 110.6 pounds.</p> <p>Review of the RD progress note dated 3/23/24 indicated the following:</p> <p>Reweight indicates accurate, significant weight loss, current BMI (Body Mass Index) of 15 kg/m2 indicates underweight status. Medical director and nursing aware. Nursing attempt for IV access for hydration, unable to place IV for fluids.</p> <p>Review of nursing note dated 3/25/24 indicated the following: MD into asses, poor by mouth intake, patient refusing to allow IV access, subcutaneous access established to left upper extremity, normal saline running at 60 milliliters per hour.</p> <p>On 3/26/24 the following nursing note indicated: Patient with increased lethargy, unable to swallow and by mouth, no g-tube access. Resident was transferred to the hospital.</p> <p>Review of history and physical report dated 3/26/24 from the hospital indicated the following:</p> <p>-Resident's g-tube was accidentally dislodged on 3/8/24, patient was sent to IR on 3/15/24 for replacement however tract was not salvageable. Patient was sent back to facility without enteral access or acceptable nutrition plan and no planned procedure date for G tube replacement patient only able to tolerate small amounts of by mouth intake since 3/8/24 resulting in 15 lbs. (pounds) weight loss as patient has been without necessary tube feeding to maintain weight for 20 days. Patient was found to have lost about 15 lbs. and appeared dry hence the referral to the emergency department.</p> <p>Review of the Adult Malnutrition Assessment form completed when the Resident was inpatient in the hospital, dated 3/29/24 indicated the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Care One at Essex Park		STREET ADDRESS, CITY, STATE, ZIP CODE 265 Essex Street Beverly, MA 01915	
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-this patient has been identified as meeting criteria for malnutrition based on etiology-based definitions BMI calculated 16.2. Adult malnutrition code as identified by dietician severe.</p> <p>During an interview on 5/2/24 at 10:24 A.M., Certified Nursing Assistant (CNA) #1 said the Resident loves to eat and would eat most meals fully when awake. CNA #1 said Resident #1 was provided with cereal at breakfast and only potatoes at lunch throughout the time the G-tube was dislodged. She further said she offers him/her snacks if the Resident wants. CNA #1 said she does not remember offering the Resident snacks when the tube feeding was dislodged.</p> <p>On 5/2/24 at 12:36 P.M., the surveyor asked the Food Service Director to print out Resident #95's meal ticket.</p> <p>Review of the diet slip provided by the food service director for Resident #95 indicated the following:</p> <ul style="list-style-type: none"> -Breakfast pureed small portion: Mildly thick cranberry juice and puree hot cereal only. -Lunch Pureed small portion: Mildly thick cranberry juice super mashed only for lunch no dessert. -Dinner pureed small portion: Mildly thick cranberry juice puree protein only for supper no dessert. <p>The Food Service Director said the meal ticket had been the same with the same portions with no changes since the previous month.</p> <p>During an interview on 5/2/24 at 10:26 A.M., Unit Manager #1 said all the residents on the short-term unit are on weekly weights unless otherwise ordered. She said the Unit Manager and the Registered Dietician are responsible for looking at the weights and recognizing weight changes. If weight loss notification is done to RD, MD, and resident representatives. Furthermore, interventions are made immediately. The UM said that she believed the Resident weights had been stable as the Resident was eating by mouth when the feeding tube had dislodged. The UM confirmed that a weight loss had occurred on 3/11/24 and no new intervention had been added. The UM said the Resident feeding tube was not replaced until 3/26/24 and at that time the Resident had lost significant weight. The UM said the Medical Director had not seen the Resident as the Resident did not have a skilled need.</p> <p>During an interview on 5/2/24 at 9:14 A.M., the Registered Dietician (RD) said the Resident was dependent on tube feeding for his/her daily caloric intake. She said the Resident ate pleasure foods by mouth only when arousable. She said the physician was aware that the Resident was dependent on tube feeding when the tube feed had dislodged. The RD said the intake of pleasure feeding was between 25-75% of meals and snacks offered. The RD said she did not check on the Resident's daily food consumption when the tube feeding was dislodged. The RD said she had added med pass 2.0 on 3/8/24 which was the only new intervention added throughout the period of weight loss. The RD said the physician was aware the tube feed needed to be replaced but was not aware of the initial weight loss on 3/11/24. The RD said she wrote an email to the MD on 3/22/24 inquiring about the status of the g-tube replacement as the Resident had lost 10 lbs. since the tube dislodged. The surveyor reviewed the correspondence to the MD from the RD dated 3/22/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Care One at Essex Park		STREET ADDRESS, CITY, STATE, ZIP CODE 265 Essex Street Beverly, MA 01915	
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/2/24 at 9:44 A.m., the Medical Director said he was relying on nursing staff to communicate with him regarding Resident #95's care. The MD said the nursing staff had made him aware that the Resident's intake had been adequate since the g-tube had dislodged on 3/8/24, but said he was unaware the Resident was still only eating a pleasure food portion, not a full meal. He further said there was a delay in his part, and he should have sent the Resident to the hospital sooner had he been aware that the Resident was having a rapid decline in weight loss. The MD said when he saw the Resident on 3/25/24 the Resident was dehydrated, his/her ability to swallow had declined and IV fluids had been started two days before the Resident was transferred to the hospital. The MD said the Resident should have been monitored closely due to being at high risk for dehydration and the fact that the Resident who depended on tube feeding for his daily intake needs was not getting the same amount of intake. The MD said that he never received an email communication from the RD on 3/22/24 regarding concerns with Resident #95.</p> <p>During an interview on 5/2/24 at 12:39 P.M., the Director of Nursing said the risk team did not follow the Resident as he/she resided in the short-term unit. She further said the RD should have monitored the Resident closely, as the RD would be the one to make recommendations to the MD.</p> <p>Refer to F693</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Care One at Essex Park		STREET ADDRESS, CITY, STATE, ZIP CODE 265 Essex Street Beverly, MA 01915	
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 0693</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46339</p> <p>Based on observations, interviews, policy and record reviews, the facility failed to ensure that one Resident (#95) of one applicable resident, in a total sample of three residents, who received enteral nutrition (method of delivering nutrition through the stomach or the small intestine) via a gastrostomy tube (G-tube: tube inserted through the abdomen into the stomach to provide nutrition) received care and services to prevent complications.</p> <p>Specifically, the facility failed to ensure that fluids were administered and monitored to maintain acceptable parameters of hydration, after the tube was dislodged on 3/8/24 resulting in clinical signs of dehydration and need for the administration of intravenous fluids (IV fluids: specifically formulated liquids that are injected into a vein to prevent or treat dehydration) for the Resident. Resulting in a rehospitalization on [DATE], 18 days after the tube was dislodged.</p> <p>Findings Include:</p> <p>Review of the facility policy titled 'Enteral Nutrition Feedings' dated revised July 2023, indicated the following but not limited to:</p> <ul style="list-style-type: none"> -It is the policy of this center to provide enteral nutrition therapy to residents unable to obtain nourishment orally when such therapy is ordered by the physician and not clinically contraindicated. -Flush tube with an additional 30-60 (ml) milliliters of water or administer prescribed flushing volume prior to initiating tube feeding. Always flush with water that is approximately room temperature to avoid abdominal cramping. <p>Review of the facility policy titled 'Resident Hydration and Prevention of Dehydration' revised October 2017, indicated the following but not limited to:</p> <ul style="list-style-type: none"> -This facility will strive to provide adequate hydration and to prevent and treat dehydration. -The dietician will assess all residents for hydration as part of the comprehensive assessment, at least quarterly, and more often as necessary per resident need. -Nurses will assess for signs and symptoms of dehydration during daily care. -If potential inadequate intake/or signs and symptoms of dehydration are observed, intake and output monitoring will be initiated and incorporated into a care plan. -Activities of Daily Living (ADL) status, diagnosis, individual preference, habits, and cognitive and medical status will be considered in all interventions. -The physician will be notified. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Care One at Essex Park		STREET ADDRESS, CITY, STATE, ZIP CODE 265 Essex Street Beverly, MA 01915	
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 0693</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-The dietician, nursing staff, and the physician will assess factors that may be contributing to inadequate fluid intake.</p> <p>-Laboratory tests may be ordered to assess hydration; the physician may initiate IV hydration. hospitalization will be recommended as necessary.</p> <p>Review of the Merck Manual article, Hyponatremia ([NAME], [DATE]) at https://www.merckmanuals.com/professional/endocrine-and-metabolic-disorders/electrolyte-disorders/hyponatremia indicated the following:</p> <p>-In hyponatremia, the level of sodium in blood is too high</p> <p>-Hyponatremia involves dehydration, which can have many causes, including not drinking enough fluids .</p> <p>-Blood tests are done to measure the sodium level</p> <p>-Usually, fluids are given intravenously to slowly reduce the sodium level in the blood.</p> <p>Resident #95 was admitted to the facility in October 2023 with diagnoses including Parkinson's disease, dementia, dysphagia and dependent on tube feeding.</p> <p>Review of Resident #95's Minimum Data Set (MDS) dated [DATE] indicated a Staff Assessment for Mental Status was conducted which indicated the Resident had short term and long-term memory problem and was severely impaired and never/rarely made any decisions. The MDS further indicated that the Resident was dependent on tube feeding.</p> <p>Review of Resident #95's diet care plan date revised 10/4/21 indicated the following interventions:</p> <p>-Enteral nutrition per physician's orders</p> <p>-Solids puree solids</p> <p>-Liquid consistency: Mildly Thick</p> <p>Nutrition noted dated 2/29/24 indicated the Resident was receiving the following:</p> <p>-Jevity 1.5 at 60 milliliter/ hour times 24 hours with goal of infusion of 20 hours to provide 1200 ml formula, 1800 kcals, 76-gram protein and 916 ml water.</p> <p>Active physician orders indicated if patient removes g-tube, replace immediately with foley catheter to maintain patency, notify MD.</p> <p>Review of the medical record failed to indicate the Resident was being monitored for intake or output when the tube feed had dislodged.</p> <p>Review of nursing progress note dated 3/8/24 indicated the following but not limited to:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Care One at Essex Park		STREET ADDRESS, CITY, STATE, ZIP CODE 265 Essex Street Beverly, MA 01915	
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 0693</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Patient removed gastrostomy- tube (g-tube) intact, attempts to replace g-tube with foley catheter failed secondary to gastrostomy site no longer patent (accessible) medical director made aware. Order obtained to schedule patient for interventional radiology (IR) for g-tube replacement, return call pending at this time, patient on modified diet and has adequate by mouth intake to cover through weekend, encourage fluids, guardian aware, dietician and speech language pathologist following.</p> <p>Review of dietician progress note dated 3/8/24 indicated the following but not limited to:</p> <p>-Resident weight stable times one week. G-tube dislodged the morning, medical director aware, plan for g-tube replacement 3/11/24. Will optimize by mouth intake with Med pass 2.0 (nutritional supplement) four ounces three times a day between meals. 12 ounces daily will provide 720 kilo calories and 30 grams protein. Phone the guardian without answering. Registered dietician to closely monitor.</p> <p>Review of nursing progress note dated 3/15/24 seven days after feeding tube had dislodged indicated the following but not limited to:</p> <p>-Patient returned from interventional radiology no g-tube placed, tract scarred and unable to be accessed, medical director (MD) aware and will follow up with MD at IR regarding appropriate plan. The medical record failed to indicate a plan was in place to maintain Resident #95 ' s intake and hydration as he/she was totally dependent on tube feeding for daily caloric intake.</p> <p>Review of the RD progress note dated 3/23/24 18 days after the tube had dislodged, indicated the following:</p> <p>Reweight indicates accurate, significant weight loss on 3/8/24 125.0 lbs and on 3/23/24 110.6 lbs current BMI (Body Mass Index) of 15 kg/m2 indicates underweight - 10% change. Medical director and nursing aware. Nursing attempt for IV access for hydration, unable to place IV for fluids.</p> <p>Review of nursing note dated 3/25/24 indicated the following: MD into asses, poor by mouth intake, patient refusing to allow IV access, subcutaneous access established to left upper extremity, normal saline running at 60 milliliters per hour.</p> <p>On 3/26/24, 18 days after the tube was dislodged the following nursing note indicated: Patient with increased lethargy, unable to swallow and by mouth, no g-tube access. Resident was transferred to the hospital.</p> <p>Review of Resident #95 ' s weights indicated the following:</p> <p>-3/22/24 110.6 lbs</p> <p>-3/20/24 109 lbs</p> <p>-3/11/24 119.4 lbs</p> <p>-3/7/24 125 lbs</p> <p>Review of the clinical record included the following lab work obtained on the following dates: -2/26/24 Sodium 141 (normal range) measures sodium in blood.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Care One at Essex Park		STREET ADDRESS, CITY, STATE, ZIP CODE 265 Essex Street Beverly, MA 01915	
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 0693</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-2/26/24 Creatinine 0.67 (normal range 0.55-1.30) measures efficiency of kidneys</p> <p>-2/26/24 BUN 21 (Blood urea nitrogen) (normal range 6-24) measures how well your kidneys are functioning.</p> <p>-3/25/24 Sodium 160 (high) (normal range 135-146) measures sodium in blood.</p> <p>-3/25/24 BUN 66 (high) (normal range 6-24) measures how well your kidneys are functioning.</p> <p>-3/25/24 Creatinine 1.60 (high) (normal range 0.55-1.30) measures efficiency of kidneys</p> <p>Review of the history and physical report, dated 3/26/24 from the hospital indicated Resident #95 was diagnosed with dehydration upon admission to the hospital and indicated the following:</p> <p>-Resident's g-tube was accidentally dislodged on 3/8/24, patient was sent to IR on 3/15/24 for replacement however tract was not salvageable. Patient was sent back to facility without enteral access or acceptable nutrition plan and no planned procedure date for G tube replacement patient only able to tolerate small amounts of by mouth intake since 3/8/24 resulting in 15 lbs (pounds) weight loss as patient has been without necessary tube feeding to maintain weight for 20 days. Patient was found to have lost about 15 lbs and appeared dry hence the referral to the emergency department sodium level 165.</p> <p>During an interview on 5/2/24 at 9:44 A.M., the Medical Director said he was relying on nursing staff to communicate with him regarding Resident #95's care. The MD said the nursing staff had made him aware that the Resident's intake had been adequate since the g-tube had dislodged on 3/8/24. He further said there was a delay in his part, and he should have sent the Resident to the hospital sooner. The MD said when he saw the Resident on 3/25/24 the Resident was dehydrated, his/her ability to swallow had declined and IV fluids started two days before the Resident was transferred to the hospital. The MD said the Resident should have been monitored closely due to being at high risk for dehydration.</p> <p>During an interview on 5/2/24 at 11:26 A.M., the Registered Dietician (RD) said she encouraged nursing staff to provide more fluids to the Resident to replace the hydration that the Resident would have received from the feeding tube. She further said since the Resident had required tube feeding 100 percent for his/her nutritional support and hydration, he/she should have monitored closely as an at risk for dehydration. The RD said she advocated for the tube feed to be replaced sooner.</p> <p>During an interview on 5/2/24 at 12:39 P.M., the Director of Nursing said the risk team did not follow the Resident as he/she resided in the short-term unit. She further said the RD should have monitored the Resident closely. The Director of Nursing said that her expectation is that the RD would be the one to make recommendations to the MD.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Care One at Essex Park		STREET ADDRESS, CITY, STATE, ZIP CODE 265 Essex Street Beverly, MA 01915	

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 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46339</p> <p>Based on record review and interviews, the facility failed to notify the physician of a significant weight loss for one Resident (#95) out of a total sample of 34 residents. Specifically, the facility failed to notify physicians of the significant weight loss on Resident #95 who was totally dependent on tube feeding for his/her daily nutritional needs.</p> <p>Findings include:</p> <p>Resident #95 was admitted to the facility in October 2023 with diagnoses including Parkinson's disease, dementia, dysphagia and dependent on tube feeding.</p> <p>Review of Resident #95's Minimum Data Set (MDS) dated [DATE] indicated a Brief Interview for Mental Status (BIMS) was conducted which indicated the Resident had memory problem and was cognitively impaired. The MDS further indicated that the Resident was dependent on tube feeding.</p> <p>Review of Resident #95 diet care plan date revised 10/4/21 indicated the following interventions:</p> <ul style="list-style-type: none"> -Enteral nutrition per physician's orders -Solids puree solids -Liquid consistency: Mildly Thick <p>Review of Resident #95 's weights indicated the following:</p> <ul style="list-style-type: none"> -3/22/24 110.6 lbs -3/20/24 109 lbs -3/11/24 119.4 lbs -3/7/24 125 lbs <p>Review of Resident #95 weights care plan last revised 4/4/24 indicated the following interventions:</p> <ul style="list-style-type: none"> -Notify physician and responsible party of significant weight changes. <p>Review of Resident #95's physician notes failed to indicate that the physician was notified of the significant weight changes from 3/7/24 at 125.0 lbs. (pounds) to 119.4 lbs. on 3/11/24 and continued to trend downwards.</p> <p>During an interview on 5/2/24 at 9:14 A.M., the Dietician said the Resident was relying on tube feeding 100% for daily nutritional value. The Dietician further said that the Physician should have been made aware of the Resident's significant weight loss sooner.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Care One at Essex Park		STREET ADDRESS, CITY, STATE, ZIP CODE 265 Essex Street Beverly, MA 01915	

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 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/2/24 at 9:44 A.M., The Medical Director said the nursing staff did not alert him to the significant weight loss on 3/11/24 where the Resident had lost 5.6 lbs (4.48%) three days after the tube had dislodged. The physician said he would have sent the Resident out to the hospital sooner for further intervention had he known that the Resident's intake was inadequate. The Medical Director said there was a delay in treating the Resident due to the lack of communication.</p> <p>During an interview on 5/2/24 at 12:39 P.M., the Director of Nursing said the dietician was responsible for monitoring the Resident's weight and should have notified the physician of the changes in the Resident's weight.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Care One at Essex Park		STREET ADDRESS, CITY, STATE, ZIP CODE 265 Essex Street Beverly, MA 01915	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>48990</p> <p>Based on observations, policy review, record review, and interviews for two Residents (#30 and #138) out of five Residents observed, the facility failed to ensure it was free from a medication error rate of greater than 5% when two of four nurses observed made three errors out of 29 opportunities resulting in a medication error rate of 10.34%. Specifically,</p> <p>1.) For Resident #30, the nurse administered the incorrect form and incorrect medication.</p> <p>2.) For Resident #138, the nurse administered to incorrect medication.</p> <p>Findings include:</p> <p>Review of facility policy titled Administering Medications, revised April 2019, indicated, but was not limited to:</p> <p>-Medications are administered in a safe and timely manner, and as prescribed.</p> <p>-Medications are administered in accordance with prescriber orders.</p> <p>1.) Resident #30 was admitted to the facility in September 2023 with diagnoses including asthma and dementia.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 3/21/24, indicated that Resident #12 had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 12 out of 15.</p> <p>On 5/1/24 at 9:04 A.M. the surveyor observed Nurse #3 prepare and administer the following medications to Resident #30:</p> <p>-Enteric coated aspirin tablet, 81 milligrams (mg).</p> <p>-Multivitamin with minerals tablet.</p> <p>Review of Resident #30's active physician orders indicated the following:</p> <p>-Aspirin tablet chewable 81 mg, give 1 tablet by mouth one time a day, initiated 9/27/23.</p> <p>-Multivitamin oral tablet, give 1 tablet by mouth one time a day, initiated 9/22/23.</p> <p>During an interview on 5/1/24 at 12:51 P.M., Nurse #3 said he should have checked the order, but did not, and administered enteric coated aspirin instead of chewable aspirin, which was an error. Nurse #3 said administering the multivitamin with minerals was also an error, and he should have administered a different type of multivitamin without minerals. Nurse #3 showed the surveyor a new bottle of multivitamins, without minerals, and said this was the medication he should have given.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Care One at Essex Park		STREET ADDRESS, CITY, STATE, ZIP CODE 265 Essex Street Beverly, MA 01915	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/1/24 at 1:12 P.M., the Director of Nursing (DON) said medications should be given as ordered by the physician. The DON said aspirin should not have been given in enteric coated form because it was ordered in chewable form. The DON said a multivitamin with minerals requires a specific order for minerals, and that Resident #30 should not have received a multivitamin with minerals. The DON said this was an error.</p> <p>2.) Resident #138 was admitted to the facility in April 2024 with diagnoses including bladder cancer and urinary tract infection.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 4/21/24, indicated that Resident #138 was cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15.</p> <p>On 5/1/24 at 9:38 A.M. the surveyor observed Nurse #4 prepare and administer the following medications to Resident #138:</p> <p>-Multivitamin with iron tablet.</p> <p>Review of Resident #138's active physician orders indicated the following:</p> <p>--Multivitamin/Minerals tablet, give 1 tablet by mouth one time a day, initiated 4/18/24.</p> <p>During an interview on 5/1/24 at 1:12 P.M., the Director of Nursing (DON) said medications should be given as ordered by the physician. The DON said Resident #30 should not have received a multivitamin with iron because iron requires a specific order, and the order was for multivitamin with minerals, not iron. The DON said this was an error.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Care One at Essex Park		STREET ADDRESS, CITY, STATE, ZIP CODE 265 Essex Street Beverly, MA 01915	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48990</p> <p>Based on observations, interviews, and policy review, the facility failed to ensure staff stored all drugs and biologicals in accordance with accepted professional standards of practice. Specifically, the facility failed to properly secure medication carts on two of four units.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Medication Labeling and Storage, revised February 2023, indicated, but was not limited to:</p> <ul style="list-style-type: none"> -The facility stores all medications and biologicals in locked compartments under proper temperature, humidity and light controls. -The nursing staff is responsible for maintaining medication storage. -Compartments (including carts) containing medications and biologicals are locked when not in use, and the trays or carts used to transport such items are not left unattended if open or otherwise potentially available to others. <p>1.) The surveyor made the following observations on the [NAME] Unit:</p> <p>-On 5/1/24 at 9:00 A.M., the surveyor observed the medication cart on A side of [NAME] unit unlocked and unattended. Nurse #3 was not in the hallway and not within sight of the medication cart.</p> <p>-On 5/1/24 at 9:19 A.M., Nurse #3 left the A side medication cart unlocked and went down the hall out of view of the medication cart before returning and going into a resident room, which also was not within sight of the medication cart.</p> <p>During an interview on 5/1/24 at 9:01 A.M., Nurse #3 said he was assigned to the A side medication cart on the [NAME] unit and that he should not have left the medication cart unlocked and unattended.</p> <p>During an interview on 5/2/24 at 8:07 A.M., the Director of Nursing said medication carts should be locked if the nurse is not within sight of the medication cart.</p> <p>2.) The surveyor made the following observation on the [NAME] Unit:</p> <p>-On 5/2/24 at 6:37 A.M., the medications carts were observed to be unlocked and unattended. There was a resident near the unlocked cart.</p> <p>During an interview on 5/12/24 at 6:40 A.M., Nurse #2 said medication carts should be locked if unattended.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Care One at Essex Park		STREET ADDRESS, CITY, STATE, ZIP CODE 265 Essex Street Beverly, MA 01915	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/2/24 at 8:07 A.M., the Director of Nursing said medication carts should be locked if the nurse is not within sight of the medication cart.</p> <p>46339</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Care One at Essex Park		STREET ADDRESS, CITY, STATE, ZIP CODE 265 Essex Street Beverly, MA 01915	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46339</p> <p>Based on record review and interviews, the facility failed to maintain accurate medical records for one Resident #95 out of a total sample of 34 residents. Specifically, the facility failed to complete daily documentation for Activities of Daily Living (ADLs).</p> <p>Resident #95 was admitted to the facility in October 2023 with diagnoses including Parkinson's disease, dementia, dysphagia.</p> <p>Review of Resident #95's Minimum Data Set (MDS) dated [DATE] indicated a Brief Interview for Mental Status (BIMS) was conducted which indicated the Resident had memory problem and was cognitively impaired. The MDS further indicated that the Resident was dependent on staff for total care.</p> <p>Review of the eating documentation section on the document titled, 'Documentation Survey Report' for February, March and April 2024, indicated documentation was incomplete for 21 shifts out of the 90 days.</p> <p>During an interview on 5/2/24 at 10:24 A.M., Certified Nursing Assistant (CNA) #1 said documentation for all ADLs should be complete and no holes (incomplete sections) should be left.</p> <p>During an interview on 5/2/24 at 1:30 P.M., the Director of Nursing said all ADLs should be documented daily.</p>