

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  Port Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  6 Hale Street Newburyport, MA 01950	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>49880</p> <p>Based on observations, record review and interviews, the facility failed to develop and implement a comprehensive person-centered care plan for one Resident (#104) out of a total sample of 26 residents. Specifically:</p> <p>1a. For Resident #104, the facility failed to develop a plan of care for a stage 3 pressure ulcer that was present on admission to the facility and,</p> <p>1b. For Resident #104, the facility failed to implement bed and chair alarms as indicated in the falls plan of care.</p> <p>Findings Include:</p> <p>Review of facility policy titled Interdisciplinary Care Planning, dated as revised 4/2024, indicated the following:</p> <p>-Care planning schedules are developed and coordinated by the Case Manager and/ or Social Services, in collaboration with the MDS (Minimum Data Set) Coordinator and nursing department.</p> <p>-The care plan process is not limited to developing a written plan but also addresses the ongoing execution of care, treatment, and services with a person- centered approach. The plan is continually reevaluated and modified to ensure the resident's needs are met. The plan includes:</p> <p>-Integrating the assessment findings into the care-planning process.</p> <p>-Regularly reviewing the care plan and modifying the plan as deemed necessary.</p> <p>-Comprehensive person-centered care plans are developed and/or reviewed and revised by the interdisciplinary team representing all appropriate health care workers:</p> <p>-As soon as possible after admission to address key clinical areas</p> <p>-No later than 7 calendar days after completion of the Comprehensive MDS for additional triggered areas.</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
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-With change in resident status.</p> <p>-Per regulatory mandates.</p> <p>Resident #104 was admitted to the facility in August 2024 with diagnoses including sepsis and osteomyelitis.</p> <p>Review of Resident #104's most recent Minimum Data Set (MDS) Assessment, dated 8/19/24, indicated a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating that Resident #104 is cognitively intact. The MDS further indicated that the Resident has had no falls since admission and has one stage 3 pressure ulcer.</p> <p>1a. On 9/10/23 at 9:14 A.M., Resident #104 was observed sitting up in his/her wheelchair. An air mattress was observed on his/her bed. Resident #104 said that he/she has a wound on their bottom.</p> <p>Review of Resident #104's most recent weekly skin check, dated 9/6/24, indicated a wound to coccyx.</p> <p>Review of Resident #104's Initial Wound Consult Form, dated 8/14/24 indicated the following:</p> <p>-Pt (patient) arrived with a large sacral wound he/she developed in the hospital.</p> <p>-Location: Sacrum, pressure wound Stage 3 measuring 4 x 4 x 0.2 centimeters (cm).</p> <p>Review of Resident #104's most recent wound consultant note, dated 9/11/24, indicated the following:</p> <p>-Location: Sacrum</p> <p>-Context: Pressure</p> <p>-Wound #1 Sacrum is a Stage 3 Pressure Injury Pressure Ulcer acquired on 8/14/24 and has received a status of not healed.</p> <p>Review of the facility matrix for providers provided to the survey team on 9/10/24 at 1:00 P.M., indicates that Resident #104 has a stage 3 pressure ulcer.</p> <p>Review of Resident #104's physician orders indicated the following:</p> <p>-An order dated 8/30/24, wound treatment: Sacrum. Cleanse with wound cleanser, pat dry, apply medihoney impregnated alginate and cover with silicone border MWF (Monday, Wednesday Friday) and as needed. (sic)</p> <p>-An order dated 9/5/24, Air Mattress settings according to manufacturer's guidelines. Check settings and function every shift. (sic)</p> <p>Review of Resident #104's active care plan indicated the following:</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-A care plan dated as reviewed/ revised on 7/26/24 indicating potential for skin breakdown r/t (related to): impaired mobility with a goal indicating skin will not exhibit breakdown x 90 days. (sic)</p> <p>Review of Resident #104's active care plan failed to indicate a plan of care for actual skin breakdown related to a stage 3 pressure injury to the sacrum.</p> <p>During an interview on 9/12/24 at 7:09 A.M., Charge Nurse #1 said when residents are admitted or readmitted from the hospital, care plans are initiated or updated as appropriate with any new acute concerns. She said that Resident #104's returned from the hospital with a stage 3 pressure injury but his/her active care plan did not include a plan of care for actual skin breakdown that was present upon readmission from the hospital, but it should have.</p> <p>During an interview on 9/13/24 at 8:10 A.M., the Director of Nurses said care plans should be reviewed and updated upon readmission from the hospital.</p> <p>1b. On 9/10/24 at 9:14 A.M., Resident #104 was observed sitting up in his/her wheelchair, no chair alarm was in place.</p> <p>On 9/10/24 at 1:06 P.M., Resident #104 was observed sitting up in his/her wheelchair, no chair alarm was in place. No bed alarm was observed during this time. Resident #104 said that he has not had alarms to bed or chair since admission.</p> <p>On 9/11/24 at 7:33 A.M., Resident #104 was observed lying in bed, no bed alarm was in place.</p> <p>On 9/11/24 at 7:57 A.M. and 11:14 A.M., Resident #104 was observed sitting up in his/her wheelchair, no chair alarm was in place.</p> <p>Review of Resident #104's physician orders indicated the following:</p> <p>-Bed/chair alarm at all times, every shift, dated 7/27/24.</p> <p>Review of Resident #104's active falls care plan, dated as last reviewed/ revised 8/14/24, indicated that the Resident has the potential for injury related to increased risk for falls r/t: (related to) weakness, impaired mobility, with approaches that include alarms a/o (as ordered) (7/27 Bed/Chair Alarms). (sic)</p> <p>Review of Resident #104's September 2024 Treatment Administration Record (TAR) indicated that Bed/ Chair alarms were documented as applied every shift in September.</p> <p>During an interview on 9/11/24 at 11:36 A.M., Certified Nursing Assistant (CNA) #1 said that she is assigned to care for Resident #104. She said that he/she does not use bed or chair alarms because he/she uses the call light to ask for assistance with getting up and getting out of bed.</p> <p>During an interview on 9/12/24 at 7:09 A.M., Charge Nurse #1 said that nurses and CNAs should be following the plan of care and implementing physician's orders as indicated. She said that Resident #104 has not utilized bed or chair alarms since mid-August, and the plan of care and physician's orders should have been implemented or updated, but they were not.</p> <p>(continued on next page)</p>		

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F 0656  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During an interview on 9/12/24 at 8:10 A.M., the Director of Nurses (DON) said the plan of care should be implemented as indicated or updated for current appropriate approaches for each resident.		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41456</b></p> <p>Based on observations, record review and interviews, the facility delayed the implementation of a wound treatment for two days after discovering a new wound for one Resident (#1) out of a total sample of 26 residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Pressure Injury Prevention &amp; Treatment Program, dated February 2022, indicated the following:</p> <p>Policy: The facility is committed to providing a comprehensive, interdisciplinary, and evidence-based approach to:</p> <ul style="list-style-type: none"> <li>-implement individualized person-centered interventions to attempt to stabilize, reduce or remove underlying risk factors.</li> </ul> <p>Documentation</p> <p>A. Modify the care plan to meet the changing needs of the resident and utilizing a person-centered care approach.</p> <p>Resident #1 was admitted to the facility in June 2022 with diagnoses including diabetes, osteoarthritis, and muscle weakness.</p> <p>Review of Resident #1's most recent Minimum Data Set, dated dated dated [DATE], indicated the Resident scored a 15 out of a possible 15 on the Brief Interview for Mental Status (BIMS) which indicated he/she is cognitively intact.</p> <p>Review of the nursing note dated 9/7/24 indicated the following: Alert. OOB (out of bed), in room this morning. Per resident, hemorrhoids bleeding. Nurse also noted blood in toilet. Cream applied. Nurse noted open area to L (left) buttock. no s/s (signs/symptoms) of infected noted. Nurse cleaned area, applied opti-foam (wound dressing). Declined pain .Provider and HCP notified.</p> <p>During an interview on 9/12/24 at 8:20 A.M., Resident #1 said he/she got a wound on his/her buttock due to the plastic incontinence pad sticking to his/her skin and pulling off the skin. Resident #1 said nursing puts a pad on it now, but did not put anything on it for the first couple of days.</p> <p>Review of the Treatment Administration Record (TAR) for September 2024, indicated the following orders:</p> <ul style="list-style-type: none"> <li>-Change Opti-foam dressing to bottom daily or as needed until healed, initiated on 9/9/24.</li> <li>-Wound treatment: L buttock. Cleanse area with NS, pat dry and apply Opti-foam every other day and PRN (as needed) if soiled, initiated on 9/12/24.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's medical record failed to indicate any further notes describing the new open area. The skin assessment completed on 9/10/24 indicated ongoing treatment to buttocks and did not describe the wound size or condition.</p> <p>Review of Resident #1's care plans failed to indicate an actual skin breakdown care plan has been initiated.</p> <p>During an interview on 9/12/24 at 7:56 A.M., the Director of Nursing (DON) said any new skin areas need to be investigated, reported to the physician and new interventions need to be implemented immediately. The DON said weekly skin checks are completed on everyone and residents who have wounds should have measurements documented on the assessments. The DON was unable to answer specific questions regarding Resident #1's wounds.</p>

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49880</p> <p>Based on observation and interviews the facility failed to ensure drugs and biologicals were labeled in accordance with currently accepted professional principles. Specifically, the facility failed to ensure that insulin pens were labeled with resident name, open and expiration dates in one out of three medication carts observed.</p> <p>Findings Include:</p> <p>Review of facility policy titled Medication Storage in the Facility, dated as revised December 2019, indicated the following:</p> <ul style="list-style-type: none"> <li>-Certain medications or package types, such as IV solutions, multiple dose injectable vials, ophthalmics, nitroglycerin tablets, blood sugar testing solution and strips, once opened require an expiration date shorter than the manufacturer's expiration date to insure medication purity and potency.</li> <li>-Drugs dispensed in the manufacturer's original container will carry manufacturer's expiration date. Once opened, these will be good to use until the manufacturer's expiration date is reached unless the medication is: <ul style="list-style-type: none"> <li>-1. In a multi-dose injectable vial</li> <li>-3. An item for which the manufacturer has specified a usable life after opening.</li> </ul> </li> <li>-The nurse will check the expiration date of each medication before administering it.</li> </ul> <p>During an observation on 9/11/24 at 9:15 A.M., the high end medication cart on the [NAME] unit had two Lantus insulin pens in it. Both pens were stored freely in the medication cart and failed to indicate an open or expiration date. Both insulin pens also had illegible resident names written on them with a black marker.</p> <p>During an interview on 9/11/24 at 9:15 A.M., Nurse #1 said that insulin pens should be labeled with an open date and expiration date since they are only good for 28 days once opened. She said that the writing on the insulin pens with black marker was illegible and unable to tell what resident each pen is intended for.</p> <p>During an interview on 9/11/24 at 9:18 A.M., Charge Nurse #2 said insulin pens should be labeled with resident names, open dates as well as expiration dates. She said Lantus insulin is good for 28 days only after opening. Charge Nurse #2 observed the unlabeled insulin pens and said she was unable to identify who each pen was for and that they are not labeled with an open or expiration date and they should have been.</p> <p>(continued on next page)</p>		

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F 0761  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During an interview on 9/12/24 at 8:10 A.M., the Director of Nurses (DON) said that insulin pens, once opened require an open and expiration date label. She said the resident's name should also be on the medication.		