

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225281	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Skilled Nursing Facility at North Hill (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 865 Central Avenue Needham, MA 02492	

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>43935</p> <p>Based on record review and interviews, the facility failed to develop and implement a person-centered plan of care which included care and management for one Resident (#59) who had been determined to exhibit a behavior of wandering and was determined by the staff to be a risk of elopement (an incident when a resident leaves the premises or a safe area without authorization or the necessary supervision to do so safely), out of a total sample of 15 residents.</p> <p>Findings include:</p> <p>Resident #59 was admitted to the facility in May 2024 with diagnoses including: Dementia, chronic gastritis (swelling and inflammation of the stomach lining), and lower back pain.</p> <p>During an initial tour Resident #59 was observed in his/her room with a wanderguard device on their right ankle.</p> <p>Review of the medical record indicated, but was not limited to the following:</p> <ul style="list-style-type: none"> - The Healthcare proxy was activated on 5/23/24 for a 3 month period for cognitive deficits and then to be re-evaluated at that time - Nursing admission assessment indicated the Resident was a risk for wandering but no wanderguard was put in place, the reason section was blank - review of the social service progress notes failed to indicate the Resident demonstrated a behavior of wandering or was a risk for elopement - review of the Nurse practitioner and physician notes failed to indicate the Resident demonstrated a behavior of wandering or was a risk for elopement - review of the nursing progress notes from May 2024 to July 11, 2024 indicated the Resident wandered at times on the evening or night shifts and was a risk for elopement <p>Review of the current physician orders, dated: 7/11/2024 indicated but were not limited to the following:</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>- Check for wanderguard placement to right ankle every day (6/7/2024)</p> <p>- Check wanderguard for function (right ankle) weekly (6/7/2024)</p> <p>During an interview on 7/9/24 at 1:56 P.M., Certified nurse assistant (CNA) #6 said Resident #59 will occasionally wander out of their room and walk the halls but as far as she is aware has never attempted to leave. She said the Resident is pleasant and usually easily redirected if you walk side by side with them. She said she isn't aware of the Resident being an elopement risk and was unaware the Resident wore a wanderguard bracelet on his/her right ankle.</p> <p>During an interview on 7/9/24 at 2:00 P.M., CNA #5 said Resident #59 walks the unit hallways with his/her walker at times and seems to be easy to redirect when he or she cannot find their room. She said the Resident has not attempted to leave the unit on her shift or that she is aware of and she was not aware that the Resident was considered an elopement risk or wore a wanderguard bracelet.</p> <p>During an interview on 7/10/24 at 10:05 A.M., Family member #1 said Resident #59 has been at the facility for about two months and lived independently in an apartment prior to that. She said the Resident does have some confusion and requires more support than prior to their admission but doesn't believe Resident #59 is a risk for elopement or wanders, just that they are walking around looking for their more familiar surroundings. She said the Resident wears a tracker on their ankle and she only found out about it when she came to take the Resident out for lunch one day. She said the facility did not communicate with her during a care plan meeting or at any time prior to that that they had concerns with a wandering behavior or felt the Resident was an elopement risk or what they were going to do to try to ensure the Resident remained safe or to combat those behaviors.</p> <p>Review of the current care plans on 7/10/24 for Resident #59 failed to indicate the Resident had a behavior of wandering or was a risk for elopement and required a wanderguard device.</p> <p>During a follow up interview on 7/10/24 at 11:42 A.M., Nurse #4 said the Resident is forgetful and rarely leaves their room on the day shift. She said the Resident may have had exit seeking behavior and wandering on a different shift which resulted in the wanderguard being placed on the Resident. She said there should be a care plan detailing the Residents behavior of wandering and risk for elopement but she does not see one in the medical record at this time.</p> <p>During an interview on 7/11/24 at 10:08 A.M., the Nursing supervisor reviewed Resident #59's medical record and said the Resident has notes indicating they wander on off shifts and that a wanderguard was placed for elopement risk, but no care plan was in place to determine what interventions should be attempted to help alleviate the behaviors or risk. She said there should be a care plan, as the process would indicate a care plan be developed when the behavior started and the risk for elopement was identified, but one was not developed as it should have been.</p> <p>During an interview on 7/11/24 at 1:20 P.M., the Assistant Director of Nurses said she knows the Resident well and is aware that the Resident has periods of wandering related to their cognitive deficits and is a risk for elopement. She reviewed the care plans for Resident #59 and said there was no care plan detailing the Residents behavior of wandering or elopement risk and there should be.</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>During an interview on 7/11/24 at 1:22 P.M., the Director of Nurses said the expectation is that the facility develop and implement care plans that entail the Residents risk for elopement and behavior of wandering and how to help intervene when these behaviors occur. She said this Resident did not have those care plans as they should and the care planning process and expectation was not met.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>43935</p> <p>Based on observation, interview, and document review, the facility failed to ensure their staff wore personal protective equipment (PPE) in accordance with the requirements to prevent unnecessary exposure and the potential spread of COVID-19 infections while providing care and attending to the needs of a COVID-19 positive resident.</p> <p>Findings include:</p> <p>Review of the Centers for Disease Control (CDC) guidance titled: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, Updated: March 18, 2024 indicated but was not limited to the following:</p> <p>Personal Protective Equipment:</p> <p>Healthcare providers who enter the room of a patient with suspected or confirmed SARS-CoV-2 (COVID-19) infection should adhere to Standard Precautions and use an approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).</p> <p>Review of the facility policy titled: Transmission based precautions, last reviewed: 5/2024, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> - it is the policy of the facility to establish and maintain standard protocols for transmission based precautions in order to prevent or control infections - CDC guidelines, modified for long term care settings will be used to determine appropriate response - Transmission based precaution for COVID-19, is droplet. Small droplets can contain infectious organisms that can be expelled from the host for up to 3 feet by coughing or sneezing. A susceptible host can contract these organisms through inhaling or contact with mucous membranes (eyes, nose and mouth) <p>DROPLET PRECAUTIONS:</p> <ul style="list-style-type: none"> - Recommended for residents known or suspected to be infected with pathogens transmitted by respiratory droplets - PPE use: put on a mask upon entry into the room (use an N95 for COVID-19); for residents with suspected or proven COVID-19, eye protection (goggles or a face shield) is recommended <p>During an interview on 7/9/24 at 7:48 A.M., the Infection Preventionist (IP) said there was one resident case of COVID-19 in the facility currently, and the expectation is that the staff would wear full PPE, following the posted sign on the resident's room door prior to entering the room and attending to the residents needs.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #171 was admitted to the facility in June 2024 following a left hip surgical procedure and tested positive of COVID-19 on 7/1/24. Throughout the survey the Resident remained on isolation precautions.</p> <p>Review of the sign in use by the facility and posted outside of Resident #171's room indicated, but was not limited to the following:</p> <p>Isolation: Droplet/Contact Precautions (in addition to standard precautions)</p> <p>Staff and providers MUST:</p> <p>clean hands when entering and exiting</p> <p>wear a gown, N95 respirator mask, eye protection (face shield or goggles), and gloves</p> <p>keep door closed</p> <p>During an observation on 7/10/24 at 9:11 A.M., the surveyor observed Certified nurse assistant (CNA) #4 enter Resident #171's room without putting on any PPE to deliver the Resident a plate of eggs. A bin with 3 drawers full of required PPE was available outside of the room door and the isolation precaution sign was on the closed door. Upon exiting the room the CNA performed alcohol based hand rub (ABHR) hand hygiene (HH).</p> <p>During an interview on 7/10/24 at 9:14 A.M. CNA #4 said the staff are wearing surgical masks on the unit for source control and she did not think to put any other PPE on when entering Resident #171's room because she was only delivering breakfast. She reviewed the posted sign on the Resident's bedroom door and said she was aware the Resident is positive for COVID-19 and she should have put on a gown, gloves, N95 mask and eye protection prior to entering the room but did not.</p> <p>During an observation on 7/10/24 at 9:42 A.M., CNA #4 was observed to perform ABHR HH then put on a gown, an N95 mask (securing only one of the two straps behind her head, leaving the second strap hanging down under her chin), and gloves, prior to entering the room. She was not observed to put on any eye protection.</p> <p>During an interview on 7/10/24 at 9:45 A.M., CNA #4 said she entered the COVID-19 positive room to collect the breakfast dishes. She said she should have secured her N95 mask with both straps behind her head and placed a face shield on to protect her eyes as the posted sign indicated and did not.</p> <p>During an observation on 7/10/24 at 9:54 A.M., CNA #4 was observed to perform ABHR HH and then put on a gown, N95 mask (securing both straps behind her head), and gloves. She was not observed to put on any eye protection.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with observation on 7/10/24 at 9:56 A.M., Nurse #4 observed CNA #4 enter the COVID-19 positive room without any eye protection on and said she reviewed the PPE requirements with the CNA this morning during report and informed her that Resident #171 was positive for COVID-19 and on isolation precautions. She said CNA #4 is not wearing the proper PPE to be in the COVID-19 positive room and should have eye protection on. She knocked on the door and informed CNA #4 that she required eye protection to be in the room and then handed the CNA a face shield from the PPE supply bin immediately outside the room.</p> <p>During an interview on 7/10/24 at 10:33 A.M., the IP said she was made aware of the PPE breeches observed by the surveyor and Nurse #4. She said Resident #171 is on isolation precautions for COVID-19 and the staff should be wearing a gown, N95 mask with both straps secured behind their heads, gloves and eye protection prior to entering the room and based on the observations those guidelines were not followed as they should have been in accordance with the posted isolation sign and CDC guidelines and the staff required more education.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43935</p> <p>Based on record review, document review, and interview, the facility failed to implement policies and procedures to ensure residents who were eligible to receive the recommended pneumococcal vaccine (PCV-20), were offered the vaccination and they or their legal representatives were educated on the benefits and potential side effects of the vaccine in a timely manner for three Residents (#52, #59, and #41), out of a total sample size of five residents reviewed for immunizations.</p> <p>Findings include:</p> <p>Review of the Centers for Disease Control and Prevention (CDC) document titled Pneumococcal Vaccine Timing for Adults, dated March 2023, indicated the following:</p> <p>Make sure your patients are up to date with pneumococcal vaccination.</p> <p>Adults >= [AGE] years Old, Complete Pneumococcal Vaccine Schedules:</p> <ul style="list-style-type: none"> -PCV13 (pneumococcal conjugate vaccine) only at any age - give PCV20 (pneumococcal 20-valent conjugate) or PPSV23 (pneumococcal polysaccharide vaccine) >= 1 year later -PPSV23 only at any age - give PCV20 or PCV15 (pneumococcal 15-valent conjugate) >= 1 year later -PCV13 at any age and PPSV23 at <= [AGE] years - give PCV20 >= 5 years later <p>- Completed series: PCV13 at any age and PPSV23 at >= 65: shared decision making: Together, with the patient, vaccine providers may choose to administer PCV20 to adults =[AGE] years old who have already received PCV13 (but not PCV15 or PCV20) at any age and PPSV23 at or after the age of [AGE] years old.</p> <p>Review of the facility policy titled: Pneumococcal vaccine, dated as last issued: April 2024, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> - it is the policy of the facility to establish and maintain protocols of offering to all admitted residents the Pneumococcal vaccine as recommended by the CDC - pneumococcal vaccines will be administered to residents (unless medically contraindicated, already given, or refused) per the physician's approved pneumococcal protocol - the resident or their representative will be given the opportunity to refuse the immunization, the refusal will be documented in the medical record - residents who receive the vaccinations will have the information documented in their medical record <p>Resident #52 was admitted to the facility in June 2023 with diagnoses including: Dementia, Hypertension, and chronic kidney disease. The Resident is currently [AGE] years old.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the immunization record available in the Residents' medical record indicated, but was not limited to the following:</p> <ul style="list-style-type: none"> - Two unspecified types of Pneumococcal vaccine: one administered in 2001 and the other administered in 2006 - One dose of PCV13 was administered in 2016 <p>The immunization record failed to indicate the Resident had received any doses of PPSV23 or completed the pneumococcal vaccine series as indicated by the CDC or had received the PCV20 vaccination.</p> <p>Review of the current physician orders for Resident #52 dated: 7/11/2024, indicated but were not limited to the following:</p> <ul style="list-style-type: none"> - May administer immunizations (pneumococcal, influenza, COVID 19 and Tdap) with permission of the resident or responsible party (6/16/23) <p>Review of the Immunization consent form for Resident #52, dated initially on 9/26/23 failed to indicate the Resident or their Legal representative was offered any pneumococcal vaccinations at that time or on a confirmation review of their immunization status on 4/3/24.</p> <p>Further review of the immunization consent form for Resident #52 failed to indicate the availability of the PCV20 pneumococcal vaccine for the Resident.</p> <p>Review of the progress notes for Resident #52 from September 2023 to July 9 2024, failed to indicate the Resident or their legal representative was made aware of their eligibility for the PCV20 vaccine or provided any information on the vaccination at all.</p> <p>Resident #59 was admitted to the facility in May 2024 with diagnoses including: Dementia, chronic gastritis (swelling and inflammation of the stomach lining), and depressive disorder. Resident #59 is currently [AGE] years old.</p> <p>Review of the immunization record available in the Residents' medical record indicated, but was not limited to the following:</p> <ul style="list-style-type: none"> - One unspecified types of Pneumococcal vaccine in 2007 - One dose of PPSV23 administered in 2009 - One dose of PCV13 administered in 2015 <p>The immunization record failed to indicate the Resident had received any doses the PCV20 vaccination.</p> <p>Review of the current physician orders for Resident #59 dated: 7/11/2024, indicated but were not limited to the following:</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- May administer immunizations (pneumococcal, influenza, COVID 19 and Tdap) with permission of the resident or responsible party (5/9/24)</p> <p>Review of the Immunization consent form for Resident #59, dated 5/9/24 failed to indicate the Resident consented or declined or was provided any information on any pneumococcal vaccinations at that time.</p> <p>Further review of the Immunization consent form for Resident #59 failed to indicate the availability of the PCV20 pneumococcal vaccine for the Resident.</p> <p>Review of the progress notes for Resident #59 from May 2024 to July 9 2024, failed to indicate the Resident or their legal representative was made aware of their eligibility for the PCV20 vaccine or provided any information on the vaccination at all.</p> <p>Resident #41 was admitted to the facility in March 2022 with diagnoses including: Chronic obstructive pulmonary disease (a lung disease caused by restricted air flow and difficulty breathing), hypertension and dementia. The Resident is currently [AGE] years old.</p> <p>Review of the immunization record available in the Residents' medical record indicated, but was not limited to the following:</p> <ul style="list-style-type: none"> - One dose of PPSV23 administered in 2007 - One dose of PCV13 administered in 2015 <p>The immunization record failed to indicate the Resident had received any doses the PCV20 vaccination.</p> <p>Review of the Immunization consent form for Resident #41, dated 11/13/23 failed to indicate the Resident or their legally responsible party consented or declined or was provided any information on any pneumococcal vaccinations at that time. A reconfirmation on the immunization consent was completed on 4/10/24 and also failed to indicate the offering of any pneumococcal vaccinations.</p> <p>Further review of the Immunization consent form for Resident #41 failed to indicate the availability of the PCV20 pneumococcal vaccine for the Resident.</p> <p>Review of the progress notes for Resident #41 from November 2023 to July 9 2024, failed to indicate the Resident or their legal representative was made aware of their eligibility for the PCV20 vaccine or provided any information on the vaccination at all.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an initial interview on 7/9/24 at 11:34 A.M., the Infection Preventionist (IP) said she identified in April of 2024 that many residents had not been offered or received the PCV20 vaccination although they were eligible and she started a quality assurance performance improvement (QAPI) project to bring the facility into compliance and ensure the residents were offered the vaccination if they were eligible in accordance with the CDC recommendations. She provided a copy of the plan do study act QAPI form for review and said although she identified the issue in April 2024, she had only completed an initial audit of the situation at this time (July 2024) and the eligible residents have still not been offered the PCV20 vaccination at this time. She said this should have been a focus but was not and it needs more work for the facility to be in compliance.</p> <p>Review of the North Hill Immunization Consent form, currently in use by the facility, undated, indicated but is not limited to the following:</p> <ul style="list-style-type: none"> - The facility administers the following immunizations: Pneumococcal - PCV13 and PPSV23 <p>The form fails to indicate the availability of the PCV20 pneumococcal vaccination for eligible residents.</p> <p>During an interview on 7/10/24 at 2:37 P.M., Staff member #2 said the charts for new admissions are pre-made and labeled with all the necessary consents and paperwork to be completed by the nurses at the time of admission. She confirmed the form titled: North Hill Immunization consent form referenced above was the one currently available and in use by the facility and provided a blank copy of the form to the surveyor.</p> <p>During a follow up interview on 7/10/24 at 3:59 P.M., The IP reviewed the pneumococcal vaccination program for the residents with the surveyor and said the facility has standing orders by the medical director for all admitted residents to be able to receive their pneumococcal vaccines with the resident or legally responsible parties consent when they are eligible. She said she identified about 16 residents in the facility that were eligible and in need of their PCV20 vaccination through her auditing but has not yet notified them of their eligibility for the vaccination or provided any information to those residents or their representatives or received consent from them to administer the vaccination. She said she realizes that since she identified the issue in April of this year there should have been progress made on providing the vaccinations and there has not been, as it was not a prioritized as it should have been. We reviewed Residents #52, #59 & #41 and she said each of the Residents were eligible for their PCV20 vaccination based on the CDC shared decision making criteria, but they had not yet been provided the option to receive the vaccination or not. She said the form currently in use by the facility for pneumococcal vaccinations does not provide the option to Residents to receive the PCV20 vaccination or request any information on the vaccination as it should and the form needed to be updated to reflect the availability of the vaccination. She said the pneumococcal immunization program was a work in progress for the residents of the facility at this time and not where it should be to be in compliance with the facility policy or CDC recommendations.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/10/24 at 4:27 P.M., Consultant #1 said the facility uses a computerized application to determine if residents are up to date with their pneumococcal vaccinations and that application does not provide for the shared decision making piece of the CDC recommendations in line with residents being eligible for the PCV20 vaccination. She said the residents should have been offered the PCV20 vaccination when they became eligible as part of the pneumococcal program and shared decision making process and were not. She reviewed the consent form in use by the facility and said it did not provide information on the PCV20 vaccination or it's availability and it should. She said the pneumococcal vaccination program would continue to be worked on to ensure the proper consents were available and the residents were offered any vaccinations they were eligible for in accordance with the facility policy and CDC recommendations.</p>