

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225293	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2024
NAME OF PROVIDER OR SUPPLIER Southbridge Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 84 Chapin Street Southbridge, MA 01550	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>48138</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who experienced a change in health status, and had an activated Health Care Proxy (HCP), the Facility failed to ensure nursing notified his/her Health Care Agent (HCA) in a timely manner, when on 11/22/24, Resident #1 required administration of oxygen therapy during the overnight shift due to low oxygen saturation levels, that was new for him/her, however his/her HCA was not notified until the day shift, when he/she was transferred to the Hospital Emergency Department (ED) for evaluation.</p> <p>Findings include:</p> <ul style="list-style-type: none"> -Review of the Facility Policy, Titled Your Rights and Protections as a Nursing Home Resident, undated, indicated that the Health Care Agent must be notified when the following occurs: -Your physical, mental, or psychosocial status starts to get worse. -You have a life-threatening condition. -Your treatment needs to change significantly <p>Resident #1 was admitted to the Facility in June 2024, diagnoses include prostate cancer, dementia, type 2 diabetes mellitus, and chronic kidney disease.</p> <p>Review of Resident #1's Medical Record indicated Resident #1's Health Care Proxy was permanently invoked on June 14, 2024.</p> <p>Review of Resident #1's Nurse Progress Note, dated 11/22/24 at 7:53 A.M., indicated his/her oxygen saturation level was 85 percent (normal range 90 - 96%) on room air during the night and oxygen was applied by nursing at 2 liters/minute via nasal cannula. The Note indicated nursing called the on-call provider during the night and new orders were received for oxygen at 2 liters/minute via nasal cannula.</p> <p>Review of Resident #1's Physician's Orders, dated 11/22/24, indicated he/she had a new order for Oxygen 2 liters/minute via nasal cannula every shift.</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 0580</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 indicated there was no documentation to support that Resident #1's HCA was notified of his/her change in condition with the need for oxygen therapy, that occurred on 11/22/24 on the night shift.</p> <p>During a telephone interview on 12/03/24 at 12:44 P.M., Nurse #1 said that he did not notify Resident #1's HCA of his/her condition change and need for oxygen, but said he should have. Nurse #1 said the change in condition occurred overnight, and he should have called in the morning. Nurse #1 said the HCA became aware Resident #1 was on oxygen therapy when visiting him/her on 11/22/24.</p> <p>During an interview on 12/03/24 at 2:00 P.M., the Director of Nurses (DON) said that it is the Facility's expectation when there is a condition change in a resident, that the Health Care Agent will be notified in a timely manner.</p>		