STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225295	A. Building B. Wing	09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vantage at Wilbraham LLC	9 Maple Street Wilbraham, MA 01095

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. 45429 Based on interview, record and policy review, the facility failed to accurately execute Advance Directives (legal documents that provide instructions for medical care and only go into effect if you are unable to communicate your own wishes) for one Resident (#73) out of a total sample of 20 residents. Specifically, for Resident #73, the facility failed to ensure that the MOLST (Massachusetts Medical Order for Life-Sustaining Treatment) form was valid and reflected the signature of Resident #73's invoked (made active by a Physician) Health Care Proxy (HCP- the person chosen as the healthcare decision maker when the individual is unable to do so for themself). Findings include: Resident #73 was admitted to the facility in May 2021, with diagnoses including Cerebral Infarction (stroke: damage to tissues in the brain caused by blood clots, disrupted blood supply and restricted oxygen supply to the specific area) and Hemiplegia (paralysis of one side of the body). Review of the facility policy for Advance Directives, last revised May 2022, indicated: -prior to or upon admission of a resident, the social services director or designee will inquire of the resident, his/her family members and/or his or her legal representative about the existence of any written advanced directives. -if the resident or resident representative refuses treatment, the facility and care providers will determine the decision-making capacity of the resident and invoke the decisions of the legal representative if appropriate to the situation. Review of Resident #73's clinical record revealed: -a MOLST form signed on 12/23/21 by Resident #73's HCP -a HCP activation form dated 3/3/22, after the MOLST form had been signed by the HCP Review of Resident #73's care plans last revised 5/20/24, indicated: (continued on next page)

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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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-invoked HCP, date 3/22/22 -honor my MOLST form -ensure there is Physician's order in my medical record to verify and honor my health care proxy's wishes Review of Resident #73's September 2024 Physician's orders indicated an order to invoke the HCP on 3/3/22. During an interview on 9/11/24 at 1:53 P.M., Social Worker (SW) #1 said that the MOLST form was not valid as it had been signed by the HCP before the Resident had been deemed incapacitated by his/her Physician.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44222 Based on observation, interview, record and policy review, the facility failed to implement a resident-centered, meaningful, and engaging activity program for one Resident (#72) out of a total sample of 20 residents. Specifically, the facility failed to ensure that staff offered and encouraged engagement in activities identified as being preferences for Resident #72. Findings include: Review of the facility policy titled Activities and Social Services, dated 2001 revised 2024, indicated that: -the facility will provide, based on the comprehensive assessment and care plan and the preferences of each resident, -an ongoing program to support residents in their choice of activities, -both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. Resident #72 was admitted to the facility in May 2022, with diagnoses including Dementia (a general decline in cognitive abilities that affects a person's ability to perform everyday activities), Mood Disturbance (a disconnect between actual life circumstances and the person's state of mind), and Behavioral Disturbance (when a person behaves in a manner that may put themselves or others at risk). Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated that the Resident: -was severely cognitively impaired -experienced no hallucinations or delusions during the observation period -had physical and verbal behaviors noted 1-3 days of the observation period with no impact noted on the Resident or others -had an overall improved behavioral status -family felt it was very important to participate in religious services -family felt it was somewhat important to go outside, do things with groups of people, keep up with the news, be around pets, listen to music, and to do favorite activities Review of the Resident's Activity Evaluation dated 6/4/24 indicated that the Resident: -enjoyed watching Television (TV) and listening to music (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-was interested in playing Dominoes, sports, and fishing -enjoyed visiting with his family -required assistance getting to the activities Review of Resident #72's Activity Care Plan revised 6/4/24, indicated interventions of: -assist to and from activities of interest -involve in activities that are not dependent on spoken communication .Rosary, Catholic service -offer to take (the Resident) outside for fresh air since this is of interest. Review of the Resident's Behavioral Logs for July 2024, August 2024, and through September 8th, 2024 indicated that the Resident had one day of verbally aggressive behavior on 8/7/24 that improved with staff intervention. There was no other verbal or physical behaviors recorded by staff during that period. Review of the Resident's Activity Attendance Log indicated the following: -July 2024: indicated on 7/1/24 and 7/2/24 an activity calendar was provided to the Resident. -August 2024: the Resident attended Balloon exercising on 8/7/24. -September 2024: the Resident had a 1:1 visit from staff in their room on 9/2/24, and was escorted to the Hallway on 9/4/24. No other activities were recorded for the Resident in the monthly logs. On 9/9/24 at 8:53 A.M., the surveyor observed the Resident lying in bed with his/her eyes open looking up at the ceiling. The surveyor observed an activities calendar on the wall on the other side of the room from the Resident. The surveyor observed that the television was off, and there were no pictures, no music player, no signs of any activities in the Resident's room. On 9/9/24 at 4:20 P.M., the Resident was seen sitting in a chair in his/her room. The surveyor observed that the TV was not on and the Resident was alone in their room. The surveyor did not observe the Resident participating in any activities throughout the day. On 9/10/24 at 11:30 A.M., the surveyor observed the Resident sitting in a wheelchair in their room, and there was no music, no TV, and no activity material within reach. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/10/24 at 3:47 P.M., the Activity Director (AD) said that she was not aware that the Resident's TV was not working. The AD said that she looked into it and the TV remote had gone missing, so the TV could not be turned on. The AD said that she did not know how long it had been since the TV remote went missing. The AD said that she thought there was a radio or some music in the Resident's room, and was not aware that there wasn't. The surveyor and the AD reviewed the Resident's Activity Participation Log and the AD said that there was no activity recorded for the Resident in the month of July 2024, one activity of Balloon exercise on 8/7/24, and 2 activities in September 2024; an individual visit on 9/2/24, and in hallway on 9/4/24. The AD said that in hallway meant that the Resident was brought in their wheelchair out to the hallway so they could see what was going on. The surveyor and the AD reviewed the Resident's Activity Care Plan and the AD was unable to say why the Resident did not attend musical events, religious services, or outside time as recommended in the care plan. Review of the activity calendars for July 2024, August 2024, and September 2024, indicated numerous religious and musical programs. The AD said that the Resident should have participated but she could not provide any evidence that he/she had participated or been offered activities. The AD said that there were numerous religious and musical events each month and she was not aware that the Resident was not attending, or any reason why he/she would not attend. The AD was unable to provide any evidence that the Resident had declined or was unable to participate in the activities of interest. During an interview on 9/10/24 at 3:40 P.M., Activity Aide #1 said the way activity participation was recorded was that an activity calendar was printed out for each resident. The residents' names were put on the calendar, and then the activity staff highlight in yellow any activity that each resident participated in over the course of the month. Activity Aide #1 reviewed the Resident's activity participation logs for July 2024 through September 2024 and said that it looked accurate. Activity Aide #1 said she could not remember any time when the Resident attended any religious services, musical events, or had been taken outside for fresh air. Activity Aide #1 said that maybe sometimes the Resident had behaviors and could not participate.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45429 Based on observation, record and policy review, and interview, the facility failed to ensure an environment that was free from accidental hazards for one Resident (#16), out of a total sample of 20 residents. Specifically, the facility failed to provide a smoking apron for use during smoking activities for Resident #16 when the safety intervention was indicated in the Resident's comprehensive smoking assessment and care plans to ensure the Resident's safety related to smoking. Findings include: Review of the facility's policy titled Smoking Policy and Procedure - Smoking Facility, undated, indicated but was not limited to the following: -Licensed staff will conduct a smoking assessment upon admission prior to being allowed to participate in smoking times or with an observed change in the ability of the resident to smoke safely. -the use of appropriate safety precautions such as smoking aprons, fire retardant blankets, etc., will be determined based on this assessment. -these assessments are typically conducted on admission/readmission and at least quarterly thereafter. Resident #16 was admitted to the facility in April 2024, with diagnoses including chronic obstructive pulmonary disease (COPD- a chronic lung disease that causes obstructed airflow from the lungs and difficulty breathing). Review of Resident #16's most recent Minimum Data Set assessment (MDS), dated [DATE], indicated that the Resident was cognitively intact as evidenced by a Brief Interview of Mental Status (BIMS) score of 13 out of 15. Review of Resident #16's care plan for smoking dated 4/25/24, indicated: -supervise with smoking -to wear smoking apron as indicated Review of Resident #16's Smoking Evaluation dated 5/8/24, indicated the following recommendations: -supervision while smoking -smoking apron (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 9/9/24 at 10:41 A.M., the surveyor observed Resident #16 sitting outside smoking a cigarette on the patio with supervision. The surveyor observed that the Resident was not wearing a smoking apron. During an interview of 9/9/24 at 10:41 A.M., Additional Staff #1 (smoking supervisor) said that there were no residents smoking outside at this time who required any specialized equipment while smoking. During an interview on 9/10/24 at 8:38 A.M., Unit Manager (UM) #1 said that the nursing staff completed the smoking evaluations. UM #1 also said that the recommendations documented on the smoking evaluations should be implemented while the Resident is outside smoking. During an observation on 9/10/24 at 10:04 A.M., the surveyor observed Resident #16 sitting outside smoking a cigarette on the patio with supervision. The Resident was not observed to be wearing a smoking apron. During an interview on 9/10/24 at 10:31 A.M., Resident #16 said that he/she used to wear a smoking apron and has not used one when smoking in three to four weeks. During an interview on 9/10/24 at 10:35 A.M., Additional Staff #1 said that he had been a smoking monitor in the facility for a while. Additional Staff #1 also said that he had never seen Resident #16 use a smoking apron nor had he ever put a smoking apron on Resident #16. During an interview on 9/10/24 at 1:12 P.M., UM #1 said Resident #16 should have been using a smoking apron while smoking cigarettes outside and he had not been.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45429 Based on record and policy review, and interview, the facility failed to ensure that a gastrostomy tube (g-tube, a feeding tube that is placed directly into the stomach through an abdominal wall incision for the enteral [passing through the gastrointestinal tract] administration of food, fluids, and medication) care and management was provided in accordance with professional standards of practice for one Resident (#19) out of a total sample of 20 residents. Specifically, for Resident #19, the facility failed to: 1) obtain a Physician's order or care plan for g-tube replacement should it become dislodged. 2) replace the Resident's g-tube with a new g-tube after it was dislodged during a shower, to decrease the risk of contamination and infection to the Resident. Findings include: Resident #19 was admitted to the facility in October 2015, with diagnoses including Gastrostomy (surgical procedure to insert a g-tube) and Cerebral Infarction (stroke: damage to tissues in the brain caused by blood clots, disrupted blood supply and restricted oxygen supply to the specific area). Review of the facility policy titled Changing a Feeding Tube, last revised 2024, indicated the following: -verify there is a physician's order for this procedure. -replace the feeding tube as ordered or as directed in the plan of care, or if the feeding tube becomes worn, clogged or is removed unexpectedly. -discard old gastrostomy tube in designated container. Review of Resident #19's most recent Minimum Data Set assessment (MDS), dated [DATE], indicated Resident #19: -was unable to complete the Brief Interview for Mental Status exam because they are rarely or never understood -was dependent for Activities of Daily Living (ADL-daily self-care activities) Review of Resident #19's clinical record did not indicate any instructions, Physician's orders or care plan interventions on how facility staff should respond in the event the Resident's g-tube become dislodged. Further review of Resident 19's clinical record revealed a Nursing Progress Note dated 7/27/24 that indicated: (continued on next page)

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Resident #19's g-tube became dislodged while the Resident was taking a shower. -the Nurse cleaned, sanitized, and re-inserted the g-tube. -the Nurse was notified by the Unit Manager (UM) that the Resident should have been sent out to the hospital. During an interview on 9/11/24 at 9:26 A.M., Nurse #2 said that Resident #19's g-tube was only to be changed at the hospital should it become dislodged, and it was not to be changed in the facility. During an interview on 9/11/24 at 3:43 P.M., the Director of Nursing (DON) said that she had not been made aware of Resident #19's g-tube dislodgment. The DON also said that the facility staff should have sent Resident #19 out to the hospital to have a new g-tube replaced and that was not done. During an interview on 9/12/24 at 12:32 P.M., with Nurse #1 (the Nurse working on 7/27/24), Nurse #1 said when Resident #19's g-tube became dislodged on 7/27/24, she had cleaned the g-tube with alcohol and hot water after the g-tube had fallen on the bathroom floor. Nurse #1 said that the facility had no g-tube supplies and there were no Physician's orders on what to do if the g-tube became dislodged. Nurse #1 said that she should have spoken to the Physician before she re-inserted Resident #19's g-tube, however she had notified the Physician afterward. Please Refer to F726

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50563 Based on observation, interview, facility assessment, record and policy review, the facility failed to ensure that the licensed nurses working in the facility had the specific competencies (measurable patterns of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully) required to provide the care needed by the resident population for five Nurses (#1, #3, #4, #5 and #6) out of five applicable Nurses. Specifically, the facility failed to: 1. ensure that Nurse #1 had completed a competency for care and management of a gastrostomy tube (g-tube: a tube that is placed directly into the stomach through an abdominal wall incision for the enteral [passing through the gastrointestinal tract] administration of food, fluids, and medication) prior to providing care for Resident #19 who had a g-tube in place, which was dislodged during shower care, fell on the floor, and Nurse #1 re-inserted the same g-tube that was dislodged and contaminated from contact with the floor. 2. ensure that Nurse #3, Nurse #4, Nurse #5 and Nurse #6 had completed basic nursing competencies by the staffing agency prior to working in the facility. Findings include: Review of the Facility assessment dated [DATE] indicated the following: -Describe the staff training/education and competencies that are necessary to provide the level and types of support and care needed for your resident population . >Orientation Clinical Competencies: person centered care, ADLs [activities of daily living: things such as dressing, bathing, etc.], disaster drills, infection control, medication administration, measurements(e.g. [blood pressure, weight] etc.), resident assessments, specialized services (e.g. colostomy care (a surgical opening of the bowel through the abdomen to allow feces to pass), etc.). 1. Review of the facility policy titled Changing a Feeding Tube (another name for a g-tube and similar devices) last revised 2024, included: -verify that there is a Physician's order for this procedure. -feeding tube replacement must be performed by a Licensed Nurse who has received training and demonstrated competency in this procedure. -discard old gastrostomy tube in designated container. (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #19 was admitted to the facility in October 2015, with diagnoses including Dysphagia (difficulty swallowing foods or liquids), Protein-Calorie Malnutrition (state of inadequate intake of food including protein, calories and other essential nutrients), and Gastrostomy (surgical procedure to insert a g-tube). Review of the Resident's clinical record indicated no Physician's orders for the change and/or replacement of a g-tube. Review of Nurse #1 Nursing Progress Note dated 7/27/24 at 5:28 P.M., indicated the following for Resident #19: -g-tube became dislodged during a shower being provided by a CNA -g-tube was cleaned, sanitized and re-inserted -Unit Manager (UM) informed Nurse #1 that the Resident should have been sent out to the hospital During an interview on 9/11/24 at 3:43 P.M., the Director of Nursing (DON) said that staff should have sent the Resident out to have the g-tube replaced. During a follow-up interview on 9/12/24 at 10:43 A.M., the DON said she had spoken to her contact at the staffing agency used by the facility and the staffing agency did not complete competencies with the Nurses they provided to work at the facility. The DON further said that she had assumed that staff from the staffing agency had competencies completed by the agency but that the facility did not confirm this before Nurses worked in the facility. The DON said that the facility should have ensured Nurses from the staffing agency had received basic nursing competencies prior to them working in the facility. During an interview on 9/12/24 at 12:32 P.M., Nurse #1 said she had not received any education or competency for skills including care for a g-tube, before or during the time she worked at the facility. 2. During an interview on 9/12/24 at 10:43 A.M., the surveyor and the DON reviewed sampled Nurses (#3, #4, #5 and #6) and the DON confirmed they were staffing agency Nurses. The DON was unable to provide evidence that Nurse #3, Nurse #4, Nurse #5 and Nurse #6 had completed competencies before working in the facility. During an interview on 9/13/24 at 11:40 P.M., the DON said the expectation was the facility would confirm that all agency Nurses have competencies completed before working in the facility. The surveyor and the DON reviewed the following Nurses in the sample (Nurse #1, #3, #4, #5, and #6) and the DON said none of the agency Nurses had competencies confirmed with the staffing agency before they started working at the facility.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. 50563 Based on interview, record and policy review, the facility failed to offer the Influenza Vaccination as recommended for one Resident (#15) out of five applicable Residents, in a total sample of 20 Residents, putting the Resident at risk for developing infections. Specifically, the facility failed to ensure that Resident #15 was offered, received or declined the seasonal Influenza Vaccine during the 2023 through 2024 flu season. Findings include: Review of the facility policy titled Influenza Vaccine, dated October 2022, indicated the following: -Between October 1st and March 31st each year, the Influenza Vaccine shall be offered to residents and employees. -A resident's refusal of the vaccine shall be documented on the Informed Consent for Influenza Vaccine and placed in the resident's medical record. Resident #15 was admitted to the facility in October 2018, with diagnoses including Chronic Obstructive Pulmonary Disease (lung disease that causes obstructed air flow and breathing problems) and Tracheostomy Status (a medical procedure that involves creating an opening in the neck in order to place a tube into a person's trachea, or windpipe to assist with breathing). Review of Resident #15's medical record indicated a legal Guardianship (a court appointed person who makes important personal and healthcare decisions for an adult who lacks the capacity to make their own decisions) was implemented on 10/3/22. Further review of Resident #15's Immunization Record indicated the following: -No indication that administration of the 2023 through 2024 Influenza Vaccine was offered, received or declined. During an interview on 9/12/24 at 9:24 A.M., the Infection Preventionist (IP) said she had sent the consent form for the 2023 through 2024 Influenza Vaccine to Resident #15's Guardian but the Guardian did not return or respond to the consent form. During a follow-up interview on 9/13/24 at 10:23 A.M., the IP said she was unable to find any documentation in Resident #15's medical record that indicated the 2023 through 2024 Influenza Vaccine had been offered to the Resident. During an interview on 9/13/24 at 11:42 A.M., the Director of Nursing (DON) said that all residents should be offered the Influenza vaccinations as not having the vaccination could have an impact on the Resident's health. (continued on next page)

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	225295	A. Building B. Wing	09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vantage at Wilbraham LLC	9 Maple Street Wilbraham, MA 01095

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a follow-up interview on 9/13/24 at 2:30 P.M., the DON said that when the consent forms were not received back from Resident #15's Guardian, the facility staff should have followed up with the Guardian.