

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225296	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/09/2025
NAME OF PROVIDER OR SUPPLIER  Quabbin Valley Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  821 Daniel Shays Highway Athol, MA 01331	

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 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45435</p> <p>Based on observation, interviews and record reviews, for 14 resident rooms that housed two residents per room, located on two of four nursing units, the facility failed to ensure each resident room measured the required square footage of 80 square feet per resident in a multi-bed bedroom.</p> <p>Findings include:</p> <p>On 04/09/25, at 7:50 A.M., the surveyor observed room [ROOM NUMBER], (occupied by two residents) which measured 75 square feet per resident, instead of the required 80 feet.</p> <p>Observations made by the surveyor throughout the day on 04/09/25 indicated the size of the impacted rooms did not compromise the health and safety of the residents residing in the rooms.</p> <p>The surveyor reviewed a photocopied letter, written by the facility Administrator, dated 04/21/23, to the Department of Public Health, regarding a continued waiver request for Rooms 101-105, 118-122, 124-126 and 128. The letter indicated that the rooms were in the section of the facility constructed in 1958, and that any attempts to enlarge them would be cost prohibitive, and/or result in the loss of available resident beds.</p> <p>During an interview on 04/09/25 at 4:30 P.M., the Administrator said she had no return correspondence from the Department of Public Health and that the location and number of residents in these rooms meets the residents ' needs.</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 0918</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide a bathroom in or located near each resident's room.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45435</b></p> <p>Based on observations, records reviewed, and interviews, for two of three sampled residents (#3 and #1), who required the use of a wheelchair for mobility, the facility failed to ensure each residents room was equipped with or located near toilet/commode that they can access quickly, both residents ability to quickly access their bathrooms were restricted because the bathroom door size was smaller than the wheelchair.</p> <p>Findings include:</p> <p>1. Resident #3 was admitted to the facility July 2024, and resided on the [NAME] Unit.</p> <p>Review of Resident #3's Quarterly Minimum Data Set (MDS), dated [DATE] indicated Resident #3 was cognitively intact as evidenced by a score of 14 out of 15 on his/her Brief Interview for Mental Status (BIMS) Assessment (0-7 suggests severe cognitive impairment, 8-12 suggests moderately impaired cognition, and 12-15 suggest a resident is cognitively intact).</p> <p>Further review of the MDS indicated Resident #3 had lower extremity range of motion impairment on both sides, required partial/moderate assistance (helper does up to fifty percent of the effort) to move from sit to stand and required partial/moderate assistance for toilet transfers.</p> <p>Review of Resident #3's Activities of Daily Living Care Plan, reviewed and renewed with his/her 01/21/25 MDS assessment, indicated interventions included transfer assistance from one staff member for a stand pivot transfer.</p> <p>On 04/09/25 at 8:00 A.M., Surveyor #2 observed CNA #1 push Resident #3's wheelchair up to the bathroom door in his/her room. Surveyor #2 observed Resident #3 reach for the hand rail inside the bathroom on the wall and pull his/herself up to a standing position while CNA #1 stood behind the wheelchair outside of the bathroom door, but not within reach of Resident #3. Shortly afterwards, CNA #1 approached Surveyor #2 and said Resident #3's wheelchair did not fit into the bathroom.</p> <p>During an interview on 04/09/25 at 1:10 P.M., Resident #3 said that his/her wheelchair does not fit through the door into the bathroom in his/her room. Resident #3 said to use the bathroom in his/her room, he/she has to get his/her wheelchair as far into the doorway as possible, at an angle to reach the grab bar on the wall inside the bathroom and pull him/herself up.</p> <p>Resident #3 said that if he/she can get out of the wheelchair, he/she has to take two steps to turn toward the toilet. Resident #3 said that a CNA usually stands at the door behind his/her wheelchair, out of reach, until he/she is standing. Resident #3 said there is a bathroom in the hall that is easier for him/her to use but that everybody and their brother uses that bathroom, that he/she has to wait and wait, sometimes he/she almost don't make it.</p> <p>During an observation and interview on 04/09/25 at 1:35 P.M., the Maintenance Director and Surveyor #2 obtained the following measurements:</p> <p>-Resident #3's bathroom door opening- 27 inches.</p> <p>(continued on next page)</p>		

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<p>F 0918</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident #3 ' s wheelchair width-28 inches.</p> <p>The Maintenance Director said Resident #3's wheelchair does not fit through the bathroom door. The Maintenance Director said the [NAME] and [NAME] Units of the facility were not up to current building codes.</p> <p>2. Review of Resident #1's Incident Report, dated 09/12/24, indicated Resident #1 bumped his/her right knee on the bathroom door casing in his/her room when he/she attempted to enter his/her bathroom while seated in his/her wheelchair. The Report indicated Resident #1's right knee was slightly swollen, and Resident #1 said the space in his/her room was too tight.</p> <p>During a telephone interview on 04/08/25 at 12:06 P.M., Visitor #1 said Resident #1's wheelchair could not fit into his/her bathroom when he/she resided on the [NAME] Unit. Visitor #1 said that Resident #1 was instead given a container to empty his/her urinary catheter bag contents into, because he/she could not access his/her bathroom to empty the urine into the toilet. Visitor #1 said Resident #1 was also unable to wash his/her hands when done emptying that catheter bag because he/she could not access the sink in the bathroom.</p> <p>Resident #1 was admitted to the facility in May 2024, diagnoses included neuropathic bladder (causes difficulty with urinating), colostomy (surgical opening from the colon to a pouch for stool collection), and chronic kidney disease.</p> <p>Review of Resident #1's Quarterly Minimum Data Set (MDS) assessment, dated 08/08/24, indicated Resident #1 had moderate cognitive impairment and scored 12 out of 15 on the Brief Interview for Mental Status (BIMS, scores indicate: 0-7 severe cognitive impairment, 8-12 moderate cognitive impairment, and 13-15 cognitively intact). Further review of the Assessment indicated Resident #1 was independent for wheelchair mobility, had an indwelling urinary catheter, and ambulating 10 feet was not attempted due to medical conditions or safety concerns.</p> <p>During an interview on 04/09/25 at 3:58 P.M., Nursing Supervisor #1 said she was on duty on 09/12/24 when Resident #1 bumped his/her right knee on his/her bathroom door casing. Nursing Supervisor #1 said the bathroom doors on the [NAME] and [NAME] Units were tiny and that most wheelchairs did not fit through the bathroom doorways.</p> <p>During an interview on 04/09/25 at 2:56 P.M., the Administrator said that they tried to place only residents who were ambulatory in the [small] rooms on [NAME]/[NAME] unit because the doorways to the bathrooms were small.</p>		