

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Northwood Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 Varnum Avenue Lowell, MA 01854	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>37342</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #2), whose diagnosis included diabetes, with physician orders to monitor and evaluate skin integrity to his/her feet, the Facility failed to ensure they maintained a complete and accurate medical record, when from 03/06/24 through 04/02/24, diabetic foot care was documented as not applicable (N/A) on a recurring basis.</p> <p>Findings include:</p> <p>The Facility Policy, titled Nursing Documentation, dated 02/2016, indicated licensed staff would document information related to the resident's condition and care provided in the resident's medical record, and documentation would be clear, concise, and not subject to misinterpretation.</p> <p>The Facility Policy, titled Diabetic Foot Care, dated 06/2015, indicated nursing staff would provide diabetic foot care which included washing, examining, and reporting any changes or irregularities to the physician.</p> <p>The Facility Policy, titled Refusal of Treatment and Services, dated 04/2015, indicated that residents had the right to refuse treatment, and that professional staff would determine and document in the medical record the resident's statement of and reason for refusal of care, and notification to the resident's physician.</p> <p>Resident #2 was admitted to the Facility October 2023, diagnoses included diabetes, end stage renal failure with dialysis, dementia, congestive heart failure, and history of wounds on his/her feet.</p> <p>Review of Resident #2's Physician Order Summary Report indicated he/she had a physician's order, dated 03/05/24, for nursing staff to observe his/her socks and shoes for fit. The Order indicated if there were any pressure areas, wash Resident #2's feet with warm water and soap, and not to soak his/her feet, completely dry his/her feet, interdigital spaces, toes, and apply lotion. The Order further indicated for nursing to evaluate the skin integrity of Resident #2's feet, ankles, heels, and nails for discoloration, swelling, cuts, blisters, corns, calluses, dry skin, and eschar.</p> <p>Review of Resident #2's Physician Order Summary Report, indicated he/she had a physician's order, dated 03/05/24, for nursing to monitor and document when he/she was noncompliant with care, interventions, and outcomes of the interventions.</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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Northwood Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 Varnum Avenue Lowell, MA 01854	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #2's Treatment Administration Record (TAR), dated March 2024, indicated that for the following dates, nursing documented Not Applicable (N/A) for his/her foot care:</p> <p>03/11/24, 03/12/24, 03/13/24, 03/14/24, 03/16/24, 03/17/24, 03/19/24, 03/20/24, 03/21/24, 03/22/24, 03/23/24, 03/25/24, 03/26/24, 03/27/24, 03/28/24, 03/30/24, and 03/31/24.</p> <p>Review of Resident #2's TAR, dated March 2024, indicated that for the dates that Resident #2's foot care was documented as N/A, there was no documentation by nursing to support that he/she had refused foot care.</p> <p>Further review of Resident #2's medical record indicated there were no nursing progress documentation to support that he/she refused diabetic foot care in the month of March 2024.</p> <p>During an interview on 06/05/24 at 01:47 P.M., Unit Manager #1 said Resident #2 was known to refuse foot care and would not allow nursing staff to remove his/her shoes and socks. Unit Manager #1 said nursing staff should have documented Resident #2's refusal of care every time he/she refused foot care.</p> <p>During an interview on 06/12/24 at 8:49 A.M., Nurse #3 said she was familiar with Resident #2, and said he/she would usually refuse to allow nursing staff to remove his/her shoes and socks, and would refuse foot care. Nurse #3 said she did not document that Resident #2 refused care (despite his/her refusal of foot care) because he/she allowed other aspects of care.</p> <p>During interview on 06/05/24 at 02:12 P.M., the Director of Nurses (DON) said Resident #2 was known to refuse care and said the documentation should match his/her behaviors daily. The DON said the documentation of N/A was not appropriate for Resident #2's foot care and said if he/she refused care then nursing should have documented that he/she refused.</p>