

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Chestnut Hill of East Longmeadow		STREET ADDRESS, CITY, STATE, ZIP CODE 32 Chestnut Street East Longmeadow, MA 01028	

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>44129</p> <p>Based on records reviewed and interviews for one of three sampled residents (Resident #1), who was assessed as being at risk for the development of pressure injuries and required assistance from staff with bed mobility and Activities of Daily Living (ADLs), the facility failed to ensure they maintained a complete and accurate medical record when Certified Nurse Aide (CNA) documentation for October 2024 was incomplete.</p> <p>Findings include:</p> <p>Review of the Facility Policy titled, Charting and Documentation, dated as revised July 2017, indicated that all services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record.</p> <p>Resident #1 was admitted to the facility in October 2024, diagnoses included Rhabdomyolysis (a serious medical condition that occurs when muscle tissue breaks down, leads to muscle death and releases toxic components of muscle fibers into the blood which can cause kidney damage), status-post fall, Type 2 Diabetes, Osteoarthritis and Kidney Failure.</p> <p>Review of Resident #1's Admission Minimum Data Set (MDS) Assessment, dated 10/09/24, indicated he/she was dependent on Facility staff for bed mobility and ADL care.</p> <p>Review of Resident #1's ADL Care Plan, dated 10/09/24, indicated he/she required staff assistance with all of his/her ADL's, including bed mobility.</p> <p>Review of Resident #1's Skin Integrity Care Plan, dated 10/09/24, indicated interventions included for staff to change his/her position every two hours, as needed and upon request.</p> <p>Review of Resident #1's October 2024 Documentation Survey Report (CNA documentation), dated 10/03/24 through 10/23/24, indicated the following:</p> <p>Review of the Turning and Repositioning (T&amp;R) Flowsheet, indicated that it contained designated time slots for T&amp;R, and for the following times (during the referenced time frame), CNA documentation was incomplete, with the flow sheet left blank:</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 2:00 P.M., one day (out of 20)</p> <p>- 4:00 P.M., 4 days (out of 20)</p> <p>- 6:00 P.M., 5 days (out of 20)</p> <p>- 8:00 P.M., 12 days (out of 20)</p> <p>- 10:00 P.M., 12 days (out of 20)</p> <p>- 12:00 A.M., 13 days (out of 20)</p> <p>- 1:00 A.M., 13 days (out of 20)</p> <p>- 2:00 A.M., 13 days (out of 20)</p> <p>- 4:00 A.M., 13 days (out of 20)</p> <p>Review of the ADL Flowsheet for the Bed Mobility task (during the referenced time frame), indicated CNA documentation was incomplete (left blank) during the following shifts:</p> <p>- 3:00 P.M. to 11:00 P.M., 8 days (out of 20)</p> <p>- 11:00 P.M. to 7:00 A.M., 14 days (out of 20)</p> <p>Review of the ADL Flowsheet for the Preventative Skin Care task related to application of lotions/creams (during the referenced time frame), indicated CNA documentation was incomplete (left blank), during the following shifts:</p> <p>- 3:00 P.M. to 11:00 P.M., 8 days (out of 20)</p> <p>- 11:00 P.M. to 7:00 A.M. 14 days (out of 20)</p> <p>Review of the ADL Flowsheet for the Skin Observation task (during the referenced time frame), indicated CNA Documentation was incomplete (left blank), during the following shifts:</p> <p>- 7:00 A.M. to 3:00 P.M., one day (out of 20)</p> <p>- 3:00 P.M. to 11:00 P.M., 8 days (out of 20)</p> <p>- 11:00 P.M. to 7:00 A.M. 14 days (out of 20)</p> <p>During an interview on 12/11/24 at 1:10 P.M., CNA #1 said all of the CNA documentation is recorded in the computer and the expectation is that they are to complete ADL documentation by the end of their shift.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>After reviewing Resident #1's October 2024 CNA documentation report with the surveyor, CNA #1 said there should not be any blank spaces in the CNA documentation. CNA #1 said blank spaces makes it look like the Resident #1 did not receive the required care.</p> <p>During an interview on 12/11/24 at 1:40 P.M., CNA #2 said all of the CNA documentation is required to be completed by the end of the shift, that it is best practice to document throughout the day and not wait until the end of the shift.</p> <p>After reviewing Resident #1's October 2024 CNA documentation report with the surveyor, CNA #2 said there should not be any blank spaces in the ADL documentation report.</p> <p>During an interview on 12/11/24 at 2:00 P.M., Nurse #1 reviewed Resident #1's CNA ADL documentation report with the surveyor. Nurse #1 said the documentation was incomplete and if they relied on the documentation for information, it did not appear as if the CNAs completed their assigned tasks. Nurse #1 said it is expected that all documentation be completed the same day, by the end of the shift.</p> <p>During a telephone interview on 12/13/24 at 10:15 A.M., Nurse #2 said it is expected that all documentation is completed by the end of the shift, that there should be no blank spaces on the ADL documentation reports, and the blank spaces indicated the documentation was not completed.</p> <p>During an interview on 12/11/24 at 2:15 P.M., Unit Manager #1 reviewed Resident #1's October 2024 CNA ADL documentation report with the surveyor and said the documentation was incomplete as evidenced by all of the blank spaces. Unit Manager #1 said the expectation is that the CNAs complete their documentation by the end of their shift.</p> <p>During an interview on 12/11/24 at 4:10 P.M., the Director of Nursing (DON) reviewed Resident #1's October 2024 CNA documentation report with the surveyor and said the documentation was incomplete. The DON said there should not be any blank spaces because it gives the appearance that Resident #1 did not receive the care assigned to the CNAs.</p>