

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Charlene Manor Extended Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 130 Colrain Road Greenfield, MA 01301	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37227</p> <p>Based on observations (which included taking photographs) interviews and records reviewed, for three out of three resident units, the facility failed to ensure it provided a safe, clean, comfortable and homelike environment for it's residents, when during the course of the survey observations conducted in common areas, resident rooms and resident care areas, the surveyors observed obvious signs of various stages of disrepair, aging and unclean conditions, in carpets, flooring, walls and moldings, and furniture, all of which were in areas accessed and utilized by residents in their daily lives, and were either unclean, unsafe, in need of immediate repair and/or created potentially hazardous conditions, none of which supported that a homelike environment was being provided for facility residents.</p> <p>Findings include:</p> <p>Review of the Facility Policy titled Housekeeping and Maintenance Department Responsibilities, dated September 2011, indicated it is important to maintain a clean, safe, and sanitary environment for our residents. This is accomplished by rigorous daily cleaning of all horizontal surfaces in the building (tabletops, floors, counters, refrigerators, etc.) and by weekly cleaning of problem areas such as radiators, cabinets, furniture, etc.</p> <p>Review of the Facility Policy titled Environmental Services Guidelines, dated September 2011, indicated the following:</p> <ul style="list-style-type: none"> -all carpets will be vacuumed daily and as needed to maintain a safe, clean and comfortable environment. -all carpets will be cleaned as needed and carpeting is not recommended in areas of heavy soiling or spillage. -cleaning of walls, curtains, blinds, etc. will be completed when dust/soil is visible. <p>Review of the Facility Assessment, dated 01/04/24, the Preventative Maintenance Section indicated painting the door jambs would be done monthly. Further review indicated no other preventative maintenance related to the upkeep of the resident environment (walls, carpets, window treatments, etc.) were included.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an environmental tour of the hall from the main dining room to the Meadows Rehabilitation Unit, on 06/26/24 at 10:22 A.M., the surveyor observed the following:</p> <ul style="list-style-type: none"> -the hall carpeting was buckled (causing a potential trip hazard) and several areas of the carpet had torn and were repaired with black duct tape. - the carpet was visibly worn, soiled and heavily stained, as it was in a high traffic area, -the hallway walls, below the windows to the rehabilitation room, were heavily soiled with visible drip stains. -the fire door was chipped and wood splinters were exposed. <p>During an environmental tour of the Meadows Rehabilitation Unit, on 06/26/24 between 10:51 A.M. and 11:17 A.M., and on 06/28/24 at 7:51 A.M., the surveyors observed the following:</p> <ul style="list-style-type: none"> -heavily stained chairs, used by residents and visitors, in rooms 108, 115 and 116, -the carpet at the hallway intersection by the nurses' station was heavily stained. -the floors, baseboard molding and walls at the entrance to several of the resident's rooms had accumulated dirt and soiled wallpaper. -a large section of wallpaper was peeling off the half-wall that enclosed the common area, located across from the nurse's station, and the painted wood trim was severely chipped. -the door jams to the residents' rooms were severely scraped and chipped. The wooden doors were severely scratched in rooms 100, 101, 102, 103, 105, 106, 111, 112, 113, 116, 118, 120, and 121. -in room [ROOM NUMBER], the bathroom door was missing a chunk of wood and a rough, splintered, surface was exposed. -the wooden handrails in the hallways were worn and rough. <p>During an environmental tour of the [NAME] Unit, on 06/26/24 between 1:19 P.M. and 1:40 P.M., and on 06/28/24 at 8:24 A.M., the surveyor observed the following:</p> <ul style="list-style-type: none"> -the carpet at the intersection around the nurses' station was heavily stained. Several areas of the carpet had torn and were repaired with black duct tape. -the wall, between rooms [ROOM NUMBERS], was missing a section of wallpaper and a cluster of 15 countersunk screws were exposed. -the wall, between rooms [ROOM NUMBERS], had missing wallpaper and countersunk screws were exposed. -the entrance to rooms 205, 215 and 219 had stained, dirty wallpaper and dirt had accumulated on the baseboard molding. <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-in room [ROOM NUMBER], the baseboard molding had curled, pulling away from the wall, on a corner near the closet.</p> <p>-in room [ROOM NUMBER], there was dirt accumulated on the baseboard molding and a large section of wallpaper had separated from the wall.</p> <p>-in room [ROOM NUMBER], the walls above the heating unit were blackened and the metal cover of the heating unit was severely scraped. The window curtains were tattered, and the lining was severely torn.</p> <p>-the wooden doors to resident rooms, the nourishment kitchen, and utility rooms, were severely scratched and stained and discolored.</p> <p>-in room [ROOM NUMBER], the door was covered with white drips.</p> <p>-in rooms 210, 211, 212 and 221, the walls were repaired with rough, unsealed, spackle over the wallpaper.</p> <p>During an environmental tour of the Dementia Specialty Care Unit (DSCU), on 06/26/24 between 1:59 P.M. and 2:10 P.M., and on 06/28/24 between 7:45 A.M. and 8:18 A.M., the surveyor observed the following:</p> <p>-three maroon wing-back chairs, located across from the nurses' station, were soiled, the vinyl was cracked, visibly worn, and overstretched.</p> <p>-the painted trim in the hallway was scraped, chipped, and dirty.</p> <p>-in rooms [ROOM NUMBERS], the walls were repaired with a large amount of rough, unsealed spackle over the wallpaper.</p> <p>-the half-wall, at the entrance to the common area, located across from the nurses' station, was missing a wall panel and had sharp, broken, trim and protruding, screws (that placed residents at risk for injury as they entered/exited the room).</p> <p>-the common area across from the nurses' station had peeling wallpaper, and the chair rail was severely scraped and splintered.</p> <p>- the patio door was severely marked and soiled. The flooring was heavily scratched.</p> <p>-there was a large piece of wallpaper curled up, pulling away from the wall, adjacent to a fire extinguisher.</p> <p>-in room [ROOM NUMBER], there were deep, unfilled holes in the drywall. There was a large area, at the base of a wall, that was covered in unsealed spackle.</p> <p>-in room [ROOM NUMBER], a corner wall had an exposed metal edge, and the baseboard trim had separated from the wall. The door to the room was heavily scratched.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-in the hallway, the edge of several floor planks had lifted and created a trip hazard.</p> <p>- the transition in the hallway floor, near the fire doors, was covered with duct tape.</p> <p>-the common room at end of the long hall, had a door that was severely discolored. There was a wall board that was coming loose, and the chair rail was heavily scratched.</p> <p>-in room [ROOM NUMBER], the walls needed repair.</p> <p>-in room [ROOM NUMBER], the bathroom door was heavily scraped on both sides.</p> <p>During an environmental tour of two side-by-side (resident) elevators on 06/28/24 at 8:20 A.M., the surveyor observed the following:</p> <p>-handrails between the elevators, on both floors, were severely worn and chipped.</p> <p>-the floor of the elevator on the right had a large indentation near the sill, that was a trip hazard for occupants, upon entering and exiting the elevator.</p> <p>-the elevator on the left had several medium sized indentations in the flooring, also creating a trip hazard for occupants.</p> <p>During a telephone interview on 06/14/24 at 1:00 P.M., Family Member #1 said the walls, curtains, and floors on the rehabilitation unit were dirty and in need of a deep clean. Family Member #1 said the Facility needed a lot of improvements and that the residents deserved a cleaner environment.</p> <p>During a telephone interview on 06/25/24 at 4:25 P.M., the Ombudsman said a few residents had complained about needing drywall repaired in their rooms. The Ombudsman said the Facility appeared run down.</p> <p>During an interview on 06/28/24 at 8:25 A.M., Certified Nurse Aide (CNA) #5 said the carpet had been heavily stained and torn for at least a year. CNA #5 said food spilled on the rug where the food carts were located, during meal pass, and said staff tried to clean up the spills with towels. CNA #5 said the housekeeping staff had steam cleaned the carpets, but the stains don't come out. CNA #5 said we have been asking if it can be replaced.</p> <p>During an interview on 06/28/24 at 8:33 A.M., Non-Sampled Resident #2 said his/her curtains were tattered and torn for as long as he/she could remember. Non-Sampled Resident #2 said that someone tried to repair the curtain with duct tape, but the tape didn't hold. Non-Sampled Resident #2 said he/she was not aware of any plan to fix the situation and said his/her family had offered to bring him/her a new set of curtains.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 06/28/24 at 9:15 A.M., the Director of Environmental Services said he had a maintenance system in place for safety repairs, although he said there was no system or plan in place to address wear and tear in the Facility's resident areas. The Director said he was aware that the curtains in the resident rooms, were tattered and needed replacement. The Director said the curtains on the DSCU had been replaced with blinds in 2016, and said he hoped to use the same product to replace the curtains on the remaining nursing units. The Director said he did not have a timeline for curtain replacement and said he had not submitted a request to Facility administration for approval. The Director said he was aware of the divots in the elevator floors but said there was no documentation to show a plan had been developed to repair them.</p> <p>The Director of Environmental Services said the facility carpeting was very old and had been repaired in several areas with duct tape where it had worn out. The Director said the carpet was severely stained, despite weekly carpet cleaning, and needed replacement. The Director said that he had requested approval for capital funds to replace the flooring on all three nursing units, but he was unable to provide any documentation to show that the request had been approved, that replacement carpet had been ordered, or that there was a timeline for when it would be replaced.</p> <p>The Director of Environmental Services said he had started a program in March 2024 called Room of the Day, that scheduled one resident room per day to be deep cleaned, but said Room of the Day cleaning did not include environmental repairs or updates.</p> <p>The Director of Environmental Services said there were no rounds that specifically focused on the physical environment. The Director said he had received feedback from the Quality of Life (QOL) rounds when repairs were needed.</p> <p>During an interview on 06/28/24 at 10:32 A.M., the Corporate Quality Manager (QM) said the QOL rounds, later replaced by Case Mix Index (CMI) rounds, were conducted in resident rooms on a weekly basis, and followed the Minimum Data Set (MDS) schedule. The Corporate QM said the Quality of Life and Case Mix Index Rounds provided feedback to the Director of Environmental Services when environmental repairs were needed.</p> <p>Review of the Facility Policy titled CMI rounds, dated effective 06/01/24, indicated each resident would have an evaluation conducted by the Interdisciplinary Team at the resident's bedside, that includes review of potential significant change in status indicators, functional abilities performance, and chronic conditions that require nursing monitoring and treatment. The Policy did not indicate a review of the resident's environment was to be conducted.</p> <p>During an interview on 06/28/24 at 10:49 A.M., the Infection Preventionist (IP) said she performs monthly rounds on the nursing units. The IP said the purpose of the Infection Control (IC) rounds was to look at cleanliness, not for environmental repair issues, although she said she documented necessary repairs in the note section of the minutes and notified the maintenance department. The IP said she scheduled the IC rounds, once a month, in conjunction with the CMI rounds that week.</p> <p>During an interview on 06/28/24 at 2:45 P.M., the Director of Nurses (DON) said they stopped holding QOL rounds in April 2024 and replaced them with CMI rounds in June 2024. The DON said rounds were not conducted during the month of May 2024.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The Corporate Quality Manager said that although the QOL and CMI rounds noted environmental repairs needed in resident rooms, the Facility had no documentation to show that the rounds and/or observations of common areas, carpets, drapes and walls. The Corporate Quality Manager said the intent of the rounds was resident specific and did not address global environmental concerns.</p> <p>The Director of Environmental Services said he attended Quality Assurance and Quality Improvement (QAPI) meetings sporadically. The Director said he had no documentation to show that the Facility's renovation and repair needs had been brought to the QAPI committee and that he had no system in place and no timeline to show the surveyor, that outlined a plan to address the repair and upkeep of the Facility's environment in resident areas.</p> <p>During an environmental tour on 06/26/24 at 3:05 P.M., the Administrator said she had started working at the Facility approximately three weeks ago and said she was not aware if there were any formal plans to renovate the facility.</p> <p>During an interview on 06/28/24 at 12:19 P.M., the Administrator said the Facility had no documentation to show that there was a comprehensive plan or timeline in place to address the areas of environmental concerns that were identified during the survey.</p>

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37086</p> <p>Based on records reviewed, interviews, and observations, the Facility failed to ensure they developed, implemented and maintained a Quality Assurance and Performance Improvement (QAPI) program that was comprehensive, ensured the residents' environment was maintained to promote a clean, safe, homelike environment, and was focused on indicators of quality of life for residents in the facility.</p> <p>Findings include:</p> <p>Review of the Facility's undated policy titled QAPI Plan, indicated the following:</p> <ul style="list-style-type: none"> -Purpose: To take a proactive approach to continually improve the way we care for and engage with our residents, caregivers, and other partners so that we may realize our vision to create exceptional experiences causing those we serve to always prefer us. To do this, all employees will participate in ongoing QAPI efforts to support our mission by ensuring we fulfill the needs of the population we serve. -QAPI includes all employees, all departments and all services provided. -QAPI focuses on systems and processes, rather than individuals. -The Facility sets goals for performance using internal and external benchmarks and measures progress towards those goals. -The Facility utilizes the Facility Assessment to guide QAPI activities. -The scope of the QAPI program encompasses all segments of care and services provided at the Facility that impact clinical care, quality of life, resident choice and care transitions with participation from all departments. All departments are defined as but not limited to: Nursing/Resident Services, Social Services/Spiritual services, Medical, Activities, Dietician, Education, Food Service/Dietary, Environmental Services, Administration, Fiscal/Reimbursement and Admissions. -The Facility utilizes data/feedback from relevant sources to monitor care and services and also analyzes the data to monitor progress. -The QAPI team will evaluate and gather data on the system processes to evaluate their effectiveness. <p>Review of the Facility Assessment, dated 01/04/24, the Preventative Maintenance Section indicated painting the door jams would be done monthly. Further review indicated no other preventative maintenance related to the upkeep of the resident environment (walls, carpets, window treatments, etc.) were included.</p> <p>Review of the 2024 QAPI Calendar, which included the QAPI meetings monthly agenda, indicated the Facility's physical environment was not listed as an agenda item for any month in 2024.</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the Monthly QAPI sign in sheet and minutes, dated 01/26/24, indicated the Director of Environmental Services was not in attendance and the Facility environment was not included in the minutes.</p> <p>Review of the Monthly QAPI sign in sheet and minutes, dated 03/30/34, indicated the Director of Environmental Services was not in attendance and under the topic for Safety/Environmental, nothing to report was entered.</p> <p>Review of the Quarterly QAPI sign in sheet and minutes, dated 04/17/24, indicated the Director of Environmental Services was not in attendance and the Facility environment was not included in the minutes.</p> <p>Review of the Monthly QAPI sign in sheet and minutes, dated 05/31/24, indicated that although the Director of Environmental Services was in attendance, under the topic Environmental Services, Working on emergency preparedness more to come was entered, and there was nothing included about the facility environment.</p> <p>On 06/26/24 and 06/28/24, during environmental tours of the building, the surveyors observed the following:</p> <p>Meadows Rehabilitation Unit:</p> <ul style="list-style-type: none"> -Carpet in the main hallways of the unit was worn and heavily stained, several of the worn areas were covered with black duct tape. -the wooden doors to the residents' rooms and the nourishment kitchen were severely scratched and stained/discolored. -Several resident rooms had areas of torn, ripped wallpaper. -the floors, baseboard molding and walls at the entrance to several of the residents' rooms had accumulated dirt and soiled wallpaper. -the wooden handrails in the hallways were worn and rough. -upholstered chairs in multiple resident rooms were heavily stained and soiled. <p>[NAME] Unit:</p> <ul style="list-style-type: none"> -Carpet in the main hallways of the unit was heavily stained, several of the worn areas were covered with black duct tape. -the wooden doors to the residents' rooms, the nourishment kitchen and utility rooms, were severely scratched and stained/discolored. -several residents' rooms had walls that were repaired with rough, unsealed, spackle over the wallpaper. <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dementia Special Care Unit (DSCU):</p> <p>-In the main hallway of the unit, the edge of several floor planks had lifted and created a trip hazard.</p> <p>-the half wall, at the entrance to the common area, located across from the Nurses' Station, was missing a wall panel and had a sharp, broken trim and protruding screws (that placed residents at risk for injury as they entered/exited the room)</p> <p>-residents' chairs in the common area were soiled and the vinyl was cracked, visibly worn, and overstretched.</p> <p>During an interview on 06/28/24 at 9:15 A.M., the Director of Environmental Services said he had a maintenance system in place for safety repairs, although he said there was no system or plan in place to address wear and tear in the Facility's resident areas. The Director said he had had no documentation to show that the Facility's renovation and repair needs had been brought to the QAPI committee and said he had no system in place or timeline to show the surveyor, that outlined a plan to address the repair and upkeep of the Facility's environment.</p> <p>During an interview on 06/28/24 at 12:18 P.M., the Administrator said areas of environmental concerns that were identified during the survey should have been brought to the Quality Assurance Committee and should have been included in current Quality Assurance Performance Improvement projects prior to the survey.</p>