

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 03/12/2025
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 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 sustained an unwitnessed fall, the facility failed to ensure they maintained a complete and accurate medical record when nursing did not complete the 72-hour neurological checks following his/her unwitnessed fall, per facility policy.</p> <p>Findings include:</p> <p>Review of the Facility's policy titled Falls Management: Post Fall, with a revision date of 09/30/24, indicated an Incident and Accident Report would be completed after each resident fall.</p> <p>Review of the Facility's Incident Report Checklist indicated for nursing to initiate neurological checks (assessment used to determine head injury) when a resident sustained a head injury or unwitnessed fall by utilizing the Neuro Check Sheet.</p> <p>Review of the Neurological Check Flowsheet indicated to assess the following with each check:</p> <ul style="list-style-type: none"> - Level of consciousness - Pupil response - Motor response (hand grasps) - Pain response - Vital signs (blood pressure, temperature, pulse and respiration) <p>Further review of the Flowsheet indicated the neurological checks were to be completed every 15 minutes for the first hour post-fall, then every 30 minutes for the next four hours, then every hour for the next two hours, then every shift for the next 72 hours.</p> <p>Resident #1 was admitted to the facility in November 2024, diagnoses included Covid-19, chronic kidney disease - stage 4 (severe) and acute diastolic heart failure.</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>Review of Resident #1's Accident and Incident Report, dated 11/01/24 at 4:45 P.M., indicated Resident #1 sustained an unwitnessed fall in his/her room and was assessed to have a small bump on the back of his/her head after the fall.</p> <p>Review of Resident #1's Neurological Check Flowsheet, dated 11/01/24, indicated his/her neurological checks were initiated on 11/1/24 at 4:45 P.M., and checked again at 5:00 P.M., and 5:15 P.M.</p> <p>However, according to facility policy, his/her neurological checks were to be obtained every 15 minutes for one hour and were not obtained at 5:30 P.M. or 5:45 P.M., by nursing as required.</p> <p>Further review of the Flowsheet indicated Resident #1's neurological checks were not documented as being obtained on the following dates/times:</p> <p>11/01/24 (per policy every 30 minutes x 4 hours and then every hour x 2 hours), for all of the below listed times, the Flowsheet was blank.</p> <ul style="list-style-type: none"> - 6:15 P.M. - 6:45 P.M. - 7:15 P.M. - 7:45 P.M. - 8:15 P.M. - 9:15 P.M. - 9:45 P.M. -11:45 P.M. <p>11/02/24-11/04/24, all shifts (per policy every shift x 72 hours)</p> <p>During an interview on 03/12/25 at 3:50 P.M., Nurse #2 said the Nursing Supervisor heard Resident #1 yelling from the bathroom, said that he/she hit his/her head, and there was a small bump noted to the back of his/her head.</p> <p>Nurse #2 said when a resident either has an unwitnessed fall and/or a fall in which a resident hits their head, the nurse was required to initiate neurological assessments and document the assessments on the Flowsheet.</p> <p>Nurse #2 reviewed Resident #1's Neurological Check Flowsheet, dated 11/1/24, and said she documented neurological assessments on 11/1/24 at 8:45 P.M., 10:45 P.M. and for the 11:00 P.M. - 7:00 A.M. shift, but she did not document any other assessments for the rest of her shift (3:00 P.M. - 11:00 P.M.), and said she unsure why.</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>During an interview on 03/12/25 at 12:40 P.M., Nurse #1 said if a resident sustained an unwitnessed fall or a fall where the resident struck their head, the nurse was required to initiate neurological checks and record the findings on the Flowsheet. Nurse #1 said there are specific intervals of time in which these assessments should be completed which are clearly written on top of the Flowsheet. During the interview, Nurse #1 reviewed Resident #1's Neurological Check Flowsheet, dated 11/1/24 and said there were many blank spaces.</p> <p>During an interview on 03/12/25 at 1:00 P.M., the Admission Nurse said if a resident had an unwitnessed fall or a fall in which the resident hit their head, the nurse was supposed to initiate neurological checks and complete the Neurological Check Flowsheet. The Admission Nurse said the reason neurological assessments are important is because the assessments are designed to identify a potential brain injury. During the interview, the Admission Nurse reviewed Resident #1's Neurological Check Flowsheet, dated 11/1/24, and said that Resident #1's Flowsheet was incomplete.</p> <p>During an interview on 03/12/25 at 5:00 P.M., the Director of Nursing (DON) said the Neurological Check Flowsheet was expected to be completed by nursing staff after a resident had an unwitnessed fall or a fall in which a resident hit their head. During the interview, the DON reviewed Resident #1's Neurological Check Flowsheet, dated 11/1/24, and said the Flowsheet was incomplete.</p>