STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225304	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Charlene Manor Extended Care Facility	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)
F 0688 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure that appropriate services to maintain or improve range of motion were implemented for two Residents (#21 and #93) out of a total sample of 27 residents. Specifically, 1. For Resident #21, the facility failed to ensure the Physician's orders were followed relative to the use of the right wrist/hand and left-hand orthosis (device used externally that aids in body alignment and/or function), resulting in worsening bilateral hand contractures, and physical pain for the Resident. 2. For Resident #93, the facility failed to ensure the right-hand orthosis recommended by the Occupational Therapist (OT) was being applied for use by the Resident as required, placing the Resident at risk of worsening contractures. Findings include: The facility staff failed to implement the consistent use of a left-hand carrot orthosis and apply the right-hand wrist and hand orthosis (splint) for Resident #21 as ordered by the Physician and follow the care plan relative to the application of the ordered orthosis devices when the right-hand and wrist splint was being substituted with the use of a stuffed animal. An Occupational Therapy services re-evaluation indicated Resident #21's bilateral hand contractures worsened since the Resident was discharged from Occupational Therapy Services in November 2025, with the Resident unable to tolerate the right-hand and wrist splint and the left carrot orthosis device and assessed by OT with increased tone and contracture, pain and poor hygiene in both hands. 1.Resident #21 was admitted to the facility in December 2024, with diagnoses including hemiplegia (weakness) affecting the left side, and osteoarthritis of the right hand. Review of the Minimum Data Set (MDS) dated [DATE], indicated Resident #21: -was severely cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of five out of 15 total possible points. -was able to understand others. -was able to make him/herself understood. -was dependent on assistance for activities of daily living (ADL) including eating, showering/bathing, dressing, oral care, and toileting. On 2/17/26 at 10:44 A.M., the surveyor observed Resident #21 lying in bed, with the fingers of both hands curled into the palms in a fist position and he/she was holding the call bell cord in his/her right hand. The surveyor did not observe any orthosis device on/in the Resident's left hand. Resident #21 attempted to open his/her hands but was unable to open the fingers of the left hand, and only minimally extend open the fingers of the right hand. During an interview at the time, Resident #21 said he/she had pain in both hands. Review of Resident #21's Orthotic Schedule, signed and dated by the Occupational Therapist (OT) on 10/10/25, indicated: -Device: Carrot (specialized, cone-shaped device used to treat hand contractures) for left hand -Purpose of splint: To reduce the left-hand contracture. -Apply splint to the left palm. Place during morning care, and remove with nighttime care, replacing with a rolled washcloth. Gently open fingers to slide carrot in. Do not force [sic]. -Device: Resting right hand splint -Purpose of splint: To reduce right hand contracture. -Apply splint to right hand and wrist. Place with morning care and remove after six hours (lunch time). Review of Resident #21's Occupational Therapy Discharge Summary, signed and dated by the OT on 11/7/25, indicated: -Contracture management bilaterally: Carrot for the left hand, and resting hand splint for the right hand/wrist. -tolerated splints up to six hours. -Staff education of hand hygiene and splints completed. -Services had been required (continued on next page)

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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F 0688 Level of Harm - Actual harm Residents Affected - Few	to decrease painful condition of upper extremity in order to enhance the Resident's quality of life by improving the ability to decrease pain in upper extremities and to allow for Activities of Daily Living (ADL) participation. -Recommendations: Gentle passive range of motion (PROM) and splint use. Review of Resident #21's Splint Care Plan, effective 10/10/25, indicated: -will not have problems associated with the use of splints (for example, skin breakdown, pain). -will not have an increase of contracture. -Interventions: Monitor for pain, stiffness and/or skin breakdown, Physical Therapy/Occupational Therapy evaluation as ordered, Apply splints as ordered. Review of Resident #21's Active Physician Orders Report, undated, indicated: -Left hand carrot roll to reduce contracture, Day and Evening. Gently open fingers in the morning, cleanse hand and dry completely. Place carrot handroll [sic] in palm, remove handroll at hour of sleep (HS), and place rolled washcloth in its place. Check skin integrity. Start date 12/20/25. -Right hand and wrist splint to reduce contracture, Day and Evening. Apply right hand splint gently to wrist and hand in the morning with care and remove after lunch, check skin integrity. Start date 1/29/26. On 2/19/26 at 9:24 A.M., the surveyor observed Resident #21 lying in bed, with his/her right hand under the covers and not visible to the surveyor. The surveyor did not observe a carrot or rolled washcloth in the Resident's left hand. During an interview on 2/19/26 at 11:24 A.M. Certified Nurse Aide (CNA) #4 said (rehabilitation) therapy would place a device in both of Resident #21's hands sometimes, usually the right hand. CNA #4 said therapy applied the devices to Resident #21's hands, but the CNA's could apply the devices as well. CNA #4 said Resident #21 was supposed to have a brace on his/her hand at all times and if the Resident did not have the brace on his/her hand, the hand would become closed, and the fingers would become tight. CNA #4 lifted Resident #21's blanket, and the surveyor observed a small ostrich stuffed animal on the bed next to the Resident's right hand. CNA #4 placed the stuffed animal into the Resident's right hand and said the stuffed animal was provided by therapy to keep the Resident's right hand open. CNA #4 said Resident #21 had a carrot pillow that he/she could use in the right hand as well. Resident #21 at this time said that the carrot was for his/her left hand, not the right hand and that he/she could not find the carrot. The surveyor did not observe any orthosis device placed in the Resident's left hand at this time. On 2/20/26 at 8:13 A.M., surveyor observed Resident #21 lying in bed, and did not observe any orthotic device in either of the Resident's right or left hands. During an interview on 2/20/26 at 12:18 P.M., CNA #5 said Resident #21 had a stuffed animal for the right hand, and a carrot for the left hand that should be used in her/her hands. CNA #5 said Resident #21 usually received medication before the devices were placed in his/her hands because it hurt the Resident when the devices were placed. CNA #5 also said Resident #21 never refused use of the devices (stuffed animal and carrot) for his/her hands. On 2/20/26 at 12:24 P.M., the surveyor observed Resident #21 sitting in his/her wheelchair, with a small ostrich stuffed animal in his/her right hand and a carrot orthosis in his/her left hand. During an interview on 2/20/26 at 12:29 P.M., Nurse #2 said the carrot orthosis was supposed to be placed in Resident #21's left hand, and that there was a brace for Resident #21's right hand but the Resident did not like the brace. Nurse #2 said (rehabilitation) therapy told her that the small stuffed animal could be used in place of the right-hand brace as long as Resident #21's fingers did not overlap. Nurse #2 said the devices (carrot and small stuffed animal) were to be placed in Resident #21's hands in the morning and removed after lunch. Nurse #2 said Resident #21 was having pain, and she had administered pain medication before re-inserting the carrot in the Resident's left hand earlier today. Review of Resident #21's February 2026 Treatment Administration Record (TAR) indicated: -Right hand and wrist hand [sic] splint to reduce contracture, apply right hand splint gently to wrist and hand in the morning with care and remove after lunch. Check skin integrity. One time a day for routine splinting, apply right hand/wrist splint (scheduled for 9:00 A.M.). -Nurse #2 electronically signed off application of the right-hand splint on 2/20/26 (not the stuffed animal observed in use). During interviews on 2/20/26 at 1:08 P.M. and 1:28 P.M., the Director of Rehabilitation Services said if Resident #21 were not able to tolerate an orthosis device that had been recommended by therapy, the process was that nursing staff would notify therapy and therapy (continued on next page)

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F 0688 Level of Harm - Actual harm Residents Affected - Few	would re-evaluate the Resident to determine whether an alternative device was needed. The Director of Rehabilitation Services said that there was no evidence in Resident #21's records that therapy had been notified Resident #21 was unable to tolerate the right wrist and hand orthosis that had been recommended by the Occupational Therapist and ordered by the Provider. During an interview on 2/20/26 at 1:24 P.M., Occupational Therapist (OT) #2 said when Resident #21 was discharged from Occupational Therapy services in November 2025, the Resident was recommended for a carrot to be placed in the left hand and a resting hand splint to be placed on the right hand. OT #2 said the right resting hand splint was to be applied with morning care and removed after lunch. OT #2 said there was to be either a carrot or a washcloth placed in the Resident's left hand at all times. OT #2 said if no devices were placed in Resident #21's left hand, the Resident's hand would tighten up into a fist. OT #2 said she had not received any communication from the nursing staff that Resident #21 no longer tolerated the right-hand brace, and she was not aware of the use of a stuffed animal as an alternative to the ordered right-hand brace. OT #2 said the importance of the orthosis devices were to prevent contractures, decrease risk for skin breakdown, improve hand hygiene, reduce pain, reduce the risk of yeast infection of the hands, and reduce tone. OT #2 said if the orthosis devices were not in place as recommended, concerns included worsening contractures, worsening tone, and increased risk for skin breakdown. Review of Resident #21's Progress Note signed and dated by the Physician Assistant (PA) on 2/20/26, indicated: -had slowly worsening contractures. -historically had bilateral hand pain. -As an alternative to the hand brace, Resident had been using a stuffed animal to grip/protect his/her palms. Review of Resident #21's Occupational Therapy Evaluation, signed and dated by OT #2 on 2/21/26, indicated but was not limited to the following: -was unable to tolerate the right resting hand splint and the left carrot orthosis device. -presented with increased tone, pain and poor hygiene in both hands. -Right hand range of motion: Increased contracture. Unable to utilize resting hand splint. -Left hand range of motion: Increased contracture. Unable to take measurements. -Occupational Therapy services would be required to establish a plan to reduce pain, reduce further contractures, improve hand hygiene, and reduce the risk of hand wounds. During an interview on 2/25/26 at 11:12 A.M., Resident #21 said he/she had pain in his/her hands when someone tried to pry his/her hands open. During an interview on 2/25/26 at 11:55 A.M., CNA #3 said that she had been placing washcloths in Resident #21's hands for about two months because the Resident's hands were so contorted. During an interview on 2/25/26 at 12:39 P.M., OT #2 said she re-evaluated Resident #21 on 2/21/26 and the Resident's bilateral hand contractures worsened since the Resident was discharged from Occupational Therapy Services in November 2025. OT #2 said Resident #21 was in too much pain to open his/her hands and was no longer able to use the carrot in the left hand or the resting hand splint to the right hand. OT #2 said Resident #21 was grimacing in pain during the evaluation on 2/21/26 and had started to guard. OT #2 also said when she touched the tops of Resident #21's fingers on 2/25/26, Resident #21 had anxiety anticipating the thought of OT #2 touching his/her hand. During an interview on 2/25/26 at 2:08 P.M., the PA said when she assessed Resident #21 on 2/20/26, the Resident was holding a stuffed animal in his/her hand and had worsened bilateral hand contractures. The PA said Resident #21 had a history of discomfort related to the contractures and was currently prescribed pain medication. The PA said her expectation was that orthosis devices were utilized as recommended by therapy, and if Resident #21 could not tolerate the devices, nursing should have notified rehabilitation services and herself so that additional interventions could be implemented. The PA said concerns for Resident #21 not using the orthosis devices as recommended included progression of the hand contractures, and poor hand hygiene and nail care. During an interview on 2/25/26 at 4:11 P.M., Resident #21's Representative (RR) said Resident #21 was remarkably stoic (could endure pain without showing their feelings or complaining) and would therefore complain very little relative to any discomfort. During an interview on 2/26/26 at 9:48 A.M., Nurse #6 said that prior to the Occupational Therapy re-evaluation on 2/21/26, Resident #21's plan of care included use of a stuffed animal and a brace to the Resident's right hand, and a (continued on next page)

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F 0688 Level of Harm - Actual harm Residents Affected - Few	splint overnight to the right hand. OT #3 said that the purpose of the splint was to prevent worsening contracture of the right hand. OT #3 said that she performed a splinting audit on 2/21/26 and did not find evidence of Resident #93's splint in his/her room nor evidence of the Resident's splinting plan. OT #3 said she did not know the last time Resident #93 had worn the splint prior to 2/21/26. OT #3 said that upon evaluation of the Resident's right hand on 2/21/26, it was determined that there was no worsening of the Resident's range of motion or pain level, and the Resident's skin was intact. OT #3 said that the Resident was at risk for increased contracture if she was not able to wear the right-hand splint for an extended period of time. During an interview on 2/25/26 at 2:23 P.M., the PA said that there would be concerns for worsening of the contracture, increased pain, and impaired ability to perform nail care and hand hygiene if the right-hand orthosis device was not utilized by Resident #93 as recommended by therapy.