STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225306	A. Building B. Wing	06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT Greylock Extended Care Facility	1000 North Street Pittsfield, MA 01201

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, interview, and record review, the facility failed to provide care consistent with professional standards relative to a urinary catheter for one Resident (#74), of two applicable residents, out of a total sample of 20 residents. Specifically for Resident #74, the facility failed to provide care and services consistent with professional standards of practice for a suprapubic catheter (SPC: thin, flexible tube inserted through a small incision made in the lower abdomen directly into the bladder, allowing for urine drainage) when the facility staff failed to obtain Physician orders for irrigation of the SPC, and completed irrigation of the SPC, putting the Resident at risk of urinary catheter complications, contamination of equipment and infection. Findings include: Resident #74 was admitted to the facility in October 2024, with diagnoses including bladder-neck obstruction, obstructive and reflux uropathy, infection and inflammation due to an indwelling catheter, and urinary retention. Review of the Urinary Catheter Care Plan, initiated 10/13/24, indicated Resident #74 had a SPC in place and included the following goals and interventions (initiated 10/13/24): -Goal: Resident will be free from serious complications from urinary catheterization. -Change catheter if closed system is interrupted and as needed (PRN) to maintain patency. -Notify Medical Doctor (MD) of suspected catheter complications, as needed (PRN). -Maintain sterile technique when inserting catheter. -Avoid irrigation of catheter unless specifically ordered by the MD. Review of the Physician's orders from December 2024 through June 2025 included the following: -Suprapubic Catheter change as needed (PRN), may change SPC PRN for occlusion or leakage ., initiated 10/8/24 (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Further review of the Physician's orders failed to indicate instructions or orders for irrigation of the Resident's SPC. Review of the Minimum Data Set (MDS) Assessment, dated 4/7/25 indicated Resident #74: -had unclear speech, understands and was understood -was cognitively intact as evidenced by a Brief Interview of Mental Status (BIMS) score of 15 out of 15 -required substantial/maximum assistance of staff with toileting needs -had an indwelling urinary catheter in place Review of the Resident's clinical record indicated the following: -Nursing Note, dated 12/2/24 at 4:34 A.M., Foley [sic] was irrigated with 60 cubic centimeters (cc: unit of measure) of normal saline -Nursing Note, dated 12/10/24 at 12:06 A.M., Resident complained of (SPC) discomfort and after irrigation it (SPC) ran better . -Nursing Note, dated 12/26/24 at 8:02 A.M., SPC clogged, attempted to irrigate with normal saline and was unable to irrigate . -Nursing Note, dated 2/17/25 at 9:44 P.M., Resident complained of SPC not draining .did attempt to flush (irrigate) catheter but was resistant . -Nursing Note, dated 2/20/25 at 10:20 P.M., Resident assessed, stated lots of pressure in abdomen, unable to flush (irrigate) . On 6/8/25 at 10:22 A.M., the surveyor observed Resident #74 dressed and seated in a wheelchair in his/her room. A urinary drainage collection bag and tubing were observed covered and positioned under the Resident's wheelchair. During an interview at the time, Resident #74 said there had been some issues with his/her urinary catheter but was unable to provide specific details to the surveyor. During an interview on 6/10/25 at 11:00 A.M., Unit Manager (UM) #1 said Resident #74's SPC should not be irrigated (flushed) unless there was a specific Physician's order to do so. UM #1 said if the Resident's SPC was blocked or occluded, then the nursing staff should be changing the Resident's catheter. During a follow-up interview on 6/10/25 at 12:01 P.M., UM #1 said she reviewed the Resident's clinical record and there were notations from the nursing staff that the Resident's SPC was irrigated, and the SPC should not have been irrigated. UM #1 said there had been issues with facility staff irrigating resident's catheters in the past, so the nursing staff had been instructed not to irrigate a resident's catheter unless there were Physician's orders to do so. UM #1 said Resident #74 did not have a Physician's order to irrigate his/her SPC, and that by doing this, there could be an increased risk of infection and potential harm to the Resident.