

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/05/2025
NAME OF PROVIDER OR SUPPLIER  LedgeWood Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  87 Herrick Street Beverly, MA 01915	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on records reviewed and interviews, for one of three sampled residents, (Resident #1), whose comprehensive plan of care indicated interventions included that he/she required two staff member assistance with use of the Hoyer lift for all transfers, the Facility failed to ensure staff consistently implemented and followed his/her comprehensive plan of care, when staff transferred him/her without the assistance of another staff member. Findings include: The Facility Policy, titled Comprehensive Person-Centered Care Plan, dated as reviewed 09/2024, indicated the comprehensive, person-centered care plan would describe the services that would be provided to attain or maintain the resident's highest practicable physical, mental, and psychosocial well being. The Facility Policy, titled Mechanical Lift, dated as reviewed 09/2024, indicated at least two nursing assistants were needed to safely move a resident with a mechanical lift. A Hoyer Lift is a device that allows caregivers to safely transfer an individual between a bed, wheelchair, shower chair, or another surface. A sling lift is comprised of a base on casters, a boom, and a cradle that supports the sling. Resident #1 was admitted to the Facility in October 2022, diagnoses included dementia, anxiety, and adult failure to thrive. Review of Resident #1's Activities of Daily Living (ADL) Care Plan, reviewed and renewed with his/her quarterly Minimum Data Set (MDS) assessment on 06/18/25, indicated he/she required full mechanical lift transfers with two person assist (date initiated 11/10/2022). Review of Resident #1's handwritten individualized resident Care Card indicated he/she required two or more staff member assistance using the Hoyer Lift for all transfers. Review of the Report submitted by the Facility via the Health Care Facilities Report System (HCFRS) Report, dated 07/18/25, indicated that during an incident investigation, Certified Nurse Aide (CNA) #1 and CNA #2 reported that they had each independently transferred Resident #1 using the Hoyer Lift. During a telephone interview on 08/06/25 at 11:53 A.M., Certified Nurse Aide (CNA) #1 said that on 07/12/25 and 07/13/25 she transferred Resident #1 using the Hoyer Lift without assistance from any other staff member, and said she had transferred Resident #1 using the Hoyer Lift on other occasions (exact dates unknown) without the assistance of any other staff member. CNA #1 said she knew it was the Facility's policy that all Hoyer Lift transfers required two or more staff members for the safety of the resident, and said she knew Resident #1's plan of care included two staff members for all transfers, using the Hoyer Lift. During an interview on 08/05/25 at 12:08 P.M., CNA #2 said that on 07/11/25, and on other occasions (exact dates unknown), she transferred Resident #1 using the Hoyer Lift without assistance from any other staff member. CNA #2 said she knew she wasn't supposed to transfer using the Hoyer Lift without assistance from another staff member, and said she knew Resident #1's plan of care included that he/she required two staff members assistance with Hoyer Lift transfers. During an interview on 08/05/25, the Regional Clinical Consultant Nurse, who was filling in for the Director of Nurses, said CNA #1 and CNA #2 should have had a second staff member to assist with all Hoyer Lift transfers, per Facility policy and Resident #1's Plan of Care and Care Card, but did not. On 08/05/25, the Facility was found to be in Past Non-Compliance and presented the Surveyor with a plan of correction, with an effective date of 08/03/25, which addressed the areas of concern as evidenced by: A. 07/18/25, The Facility conducted an Ad-Hoc Quality Assurance Performance Improvement meeting, which indicated the Facility Leadership developed an action plan to correct the deficient practice, and ensure that residents who required two staff members assistance with Hoyer Lift transfers were provided the necessary level of assistance by staff. B. 07/18/25, The Facility Nursing staff conducted skin assessments and pain assessments on all residents whose transfer status required use of the Hoyer Lift. C. 07/18/25, Director of Nurses (DON)/designee began daily random audits of Hoyer Lift transfers to ensure two staff members were present. Audits will be ongoing daily on the 07:00 A.M., to 03:00 P.M., and 03:00 P.M., to 11:00 P.M. shifts for 30 days. D. 07/30/25, The Assistant Director of Nurses (ADON)/designee educated all licensed staff, CNAs, and therapy staff of the Facility policy and the requirement to always have two staff members present for all mechanical sling lift transfers. E. 08/03/25, The Assistant Director of Nurses (ADON)/designee conducted Hoyer Lift and gait belt transfer competencies with all CNAs which included review of the Care Card to determine how to safely transfer the resident and to get assistance as needed. F. The DON/designee will present the results of the daily Hoyer Lift transfer audits to the monthly Quality Assurance meeting, at which time further actions will be determined. G. The DON/designee are responsible for ongoing compliance.</p>		

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<p>F 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care by qualified persons according to each resident's written plan of care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on records reviewed and interviews, the Facility failed to ensure that Certified Nurse Aide (CNA) #1 had completed competency training prior to use of the Hoyer Lift for resident transfers. Findings include: The Facility Policy, titled Mechanical Lift, dated as reviewed 09/2024, indicated at least two nursing assistants were needed to safely move a resident with a mechanical lift, and staff must be trained in and demonstrate competency in the use of lift devices. A Hoyer Lift is a device that allows caregivers to safely transfer an individual between a bed, wheelchair, shower chair, or another surface. A sling lift is comprised of a base on casters, a boom, and a cradle that supports the sling. Review of The US Department of Labor Wage and Hour Division Fact Sheet #52, Hazardous Order No. 7 prohibits minors under 18 from operating or assisting in the operation of power-driven hoists, including those designed to lift and move patients. The Wage and Hour Division has, however, adopted an enforcement position effective July 13, 2011, that allows certain properly trained 16- and [AGE] year-old nursing aides or nursing assistants, to assist trained adults in the operation of certain power-driven patient/resident hoists/lifts under certain conditions. Review of Certified Nurse Aide (CNA) #1's Certified Assistant Competency and Education Check off list, completed upon hire, dated 04/17/24, indicated she was under [AGE] years of age at the time of her orientation, and where her preceptor would have dated and signed off that she was competent for the use of the Hoyer Lift, a line was drawn. Additionally, further review of CNA #1's Personnel File indicated there was no documentation to indicate that she had any further training or competencies for the use of the Hoyer Lift. During a telephone interview on 08/06/25 at 11:53 A.M., Certified Nurse Aide (CNA) #1 said she had assisted with Hoyer Lift transfers regularly throughout her employment at the Facility, and said she turned 18 in April 2025, but had not had any further training or competencies on the use of the Hoyer Lift for resident transfers. CNA #1 said she was never formally trained on how to use the Hoyer Lift controls, but had used them. During an interview on 08/05/25 at 01:47 P.M., the Assistant Director of Nurses (ADON) said upon hire, CNA #1 was under 18 and therefore, (per Facility protocol) was not permitted to work the controls for the Hoyer Lift, but was permitted to act as an assistant with Hoyer Lift transfers along with a trained staff member who was 18 or over. The ADON said CNA #1 should have been oriented to and been signed off as competent for assisting with Hoyer Lift transfers upon hire, and once she turned 18 should have completed another competency for the use of the Hoyer Lift controls, but had not. On 08/05/25, the Facility was found to be in Past Non-Compliance and presented the Surveyor with a plan of correction, with an effective date of 08/03/25, which addressed the areas of concern as evidenced by: A. 07/18/25, The Facility conducted an Ad-Hoc Quality Assurance Performance Improvement meeting, which indicated the Facility Leadership developed an action plan to correct the deficient practice, and ensure that residents who required two staff members assistance with Hoyer Lift transfers were provided the necessary level of assistance by staff. B. 07/18/25, The Facility Nursing staff conducted skin assessments and pain assessments on all residents whose transfer status required use of the Hoyer Lift. C. 07/18/25, Director of Nurses (DON)/designee began daily random audits of Hoyer Lift transfers to ensure two staff members were present. Audits will be ongoing daily on the 07:00 A.M., to 03:00 P.M., and 03:00 P.M., to 11:00 P.M. shifts for 30 days. D. 07/30/25, The Assistant Director of Nurses (ADON)/designee educated all licensed staff, CNAs, and therapy staff of the Facility policy and the requirement to always have two staff members present for all mechanical sling lift transfers. E. 08/03/25, The Assistant Director of Nurses (ADON)/designee conducted Hoyer Lift and gait belt transfer competencies with all CNAs which included review of the Care Card to determine how to safely transfer the resident and to get assistance as needed. F. The DON/designee will present the results of the daily Hoyer Lift transfer audits to the monthly Quality Assurance meeting, at which time further actions will be determined. G. The DON/designee are responsible for ongoing compliance.</p>		