STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225318	A. Building B. Wing	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mill Town Health and Rehabilitation	22 Maple Street Amesbury, MA 01913

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who had a diagnoses of diabetes with physician's orders related to monitoring his/her blood glucose levels and had been found on the floor after an unwitnessed fall, the Facility failed to ensure he/she was provided with care and services that met professional standards of nursing practice, when nurses 1) failed to recognize signs and symptoms of hypoglycemia (low blood sugar) and assess and treat him/her per physician's orders, and 2) failed to adequately assess and provide first aid for a potential burn, after being observed to have a reddened area after having been found down and lying up against a baseboard heater.Findings include:1) The Facility Policy, titled Hypoglycemia, dated as revised 06/19/24, indicated nursing staff would appropriately respond to and treat residents who experienced a hypoglycemia episode, and would refer to the hypoglycemia protocol.The normal range for fingerstick blood sugar (BS) is 90-150 mg/dL (5.0-8.3 mmol/L) for fasting measurements and 90-180 mg/dL (5.0-10.0 mmol/L) for non-fasting measurementsThe Facility's Hypoglycemia Protocol, dated as revised 06/19/24, indicated:-Prompt interventions would be provided for residents who experienced hypoglycemia.-Signs and symptoms of hypoglycemia included changes in behavior, numbness of the tongue and lips, trembling, weakness, dizziness, faintness, slurred speech, stupor, and unconsciousness.-Staff would perform a fingerstick to measure blood glucose.-If the resident's fingerstick blood glucose level was less than 70 milligrams per deciliter (mg/dL) nursing staff would immediately administer a rapidly absorbed simple carbohydrate such as juice or sugar packets, or if the resident was unconscious, administer intermuscular glucagon.-Nursing staff would notify the physician and obtain further instruction.According to Centers for Disease Control and Prevention (CDC).gov, signs and symptoms of a stroke can include:-Sudden numbness or weakness in the face, arm, or leg, especially on one side of the body.-Sudden confusion, trouble speaking, or difficulty understanding speech.-Sudden trouble seeing in one or both eyes.-Sudden trouble walking, dizziness, loss of balance, or lack of coordination.Resident #1 was admitted to the Facility in July 2017, diagnoses included dementia, chronic embolism and thrombosis of the lower extremities, diabetes, and chronic ulcer of the right calf.Review of Resident #1's Order Summary Report for January 2026, indicated he/she had the following Physician's Orders that were initiated 06/16/23:-If Resident #1's Fingerstick Blood Glucose is less than or equal to 70 milligrams per deciliter (mg/dL), and he/she is willing and able to swallow, administer 15 to 20 Grams (G) of carbohydrates and reassess every 15 minutes.-Check Fingerstick Blood Glucose every 15 minutes until EMS arrives as needed for unresponsiveness with blood glucose less than 70 mg/dL.-Glucagen (glucose) Hypokit solution, inject 1 mg intramuscularly as needed to fingerstick blood glucose under 70 mg/dL if resident #1 is unable or unwilling to swallow.Review of the Nurse Progress Note, dated 01/23/26, indicated that at 3:30 P.M., Resident #1 was found on the floor in his/her room, and was lying against the heater (baseboard). The Note indicated Resident #1 was slow to respond, the right side of his/her mouth had a slight droop, his/her hand grasps were equal however he/she was unable to (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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hold his/her right arm up. The Note indicated Resident #1 was transferred to the Hospital Emergency Department via 911.Review of the Fire Department Patient Care Report, dated 01/23/26, indicated Emergency Medical Services (EMS) assessed Resident #1 at the Facility at 3:50 P.M., [around 20 minutes after being found on the floor by nursing] and his/her fingerstick blood glucose measured 24 mg/dL. The Patient Care Report indicated EMS staff administered oral glucose and 1 mg intramuscular (IM) glucose. The Patient Care Report indicated that after treatment for hypoglycemia was administered, Resident #1 became more alert, was answering questions appropriately, and denied any numbness, tingling, dizziness, or weakness. The Patient Care Report indicated Facility nursing staff said they had not checked Resident #1's fingerstick blood glucose.Review of Resident #1's Medication Administration Record (MAR), dated 01/23/26, indicated that although Resident #1 was found on the floor and was noted to have a change in mental status, there was no documentation to support that nursing staff assessed Resident #1's fingerstick blood glucose to check for the potential of a hypoglycemia episode or provided treatment, per physician's orders.Review of Resident #1's Hospital Emergency Department (ED) Provider Note, dated 01/23/26, indicated he/she was transferred to the ED after an unwitnessed fall at the Facility, was diagnosed with hypoglycemia and EMS had treated Resident #1 for hypoglycemia prior to arrival at the ED and his/her mentation was appropriate upon arrival to the ED.During an interview on 02/03/26 at 10:33 A.M., Unit Manager #1 said that on 01/23/26 at 3:30 P.M., Resident #1 was found on the floor in his/her room by a physician. Unit Manager #1 said she immediately went to Resident #1's room and found him/her lying on the floor on his/her right side, leaning up against the baseboard heater. Unit Manager #1 said Resident #1 was slow to respond as though he/she was in a daze when she asked him/her questions. Unit Manager #1 said the right side of Resident #1's face was drooping, and he/she could not hold his/her right arm up. Unit Manager #1 said she thought Resident #1 was having a stroke, and said she called the Nurse Educator to help. Unit Manager #1 said she knew Resident #1 was diabetic but did not think to check his/her fingerstick blood glucose. Unit Manager #1 said when EMS arrived, they checked his/her fingerstick blood glucose and it was 24 mg/dL (low).During an interview on 02/03/26 at 12:00 P.M., the Nurse Educator said that at 3:30 P.M. on 01/23/26, Unit Manager #1 notified her that Resident #1 was having stroke-like symptoms. The Nurse Educator said Resident #1's symptoms included weakness, slurred speech, delayed response, and facial droop. The Nurse Educator said she asked what Resident #1's vital signs were and someone [exact name unknown] said they were stable. The Nurse Educator said she did not think to ask what Resident #1's fingerstick blood glucose was, but in hindsight she said she would have obtained his/her fingerstick glucose level. The Nurse Educator said symptoms of hypoglycemia can mimic symptoms of a stroke, and said nursing should have obtained Resident #1's fingerstick blood glucose and followed the Facility's hypoglycemia protocol.2) The Facility Policy, titled Burns: First Aid, dated 12/02/13, indicated nursing staff would assess and provide first aid for burn injuries to relieve pain and prevent infection.Review of Resident #1's Nurse Progress Note, dated 01/23/26, indicated that his/her right arm had a reddened area from having been up against the baseboard heater.Review of Resident #1's Hospital ED Provider Note, dated 01/23/26, indicated he/she was also diagnosed with a large burn injury with skin sloughing (shedding or rolling away) on his/her back and right arm.Review of Resident #1's Hospital Discharge Note, dated 01/24/26, indicated he/she was discharged to another hospital for specialized burn treatment to the burns on his/her back and arm.Review of Resident #1's Hospital admission History and Physical, dated 01/24/26, indicated he/she was admitted to the Hospital and diagnosed with deep partial thickness second and third degree burns to his/her back and upper right arm as a result of contact with a radiator baseboard.During an interview on 02/03/26 at 10:33 A.M., Unit Manager #1 (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	said when she went to Resident #1's room after being told he/she was on the floor, saw him/her lying up against the baseboard heater, knew the baseboard was hot so she placed her hand between Resident #1 and the baseboard heater. Unit Manager #1 said she could not keep her hand there for more than a few seconds because the baseboard was so hot.Unit Manager #1 said she knew she had to get Resident #1 away from the baseboard because he/she was directly on it and was at risk for a burn. Unit Manager #1 said she and two Certified Nurse Aides got him/her off the floor and back into bed. Unit Manager #1 said Resident #1 had a reddened area on the outside of his/her upper right arm that she thought was a burn from having been up against the baseboard but said she did not administer first aid to the burn and did not assess Resident #1's back for the potential of any other injuries.During an interview on 02/03/26 at 12:00 P.M., the Nurse Educator said that on 01/23/26 while responding to Resident #1's fall and change in condition, she was not aware that Resident #1 had been lying against the baseboard heater, was unaware of the potential burn area on his/her upper right arm area, and said first aid should have been administered to the burn.During an interview on 02/03/26 at 3:10 P.M., the Director of Nurses (DON) said symptoms of stroke and symptoms of hypoglycemia are often similar, and nursing staff should have obtained Resident #1's fingerstick blood glucose and followed the Facility's hypoglycemia protocol but had not.The DON said nursing staff should have provided first aid to Resident #1's burns but had not.

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on records reviewed and interviews, for one of three sampled residents (Resident #1), the Facility failed to ensure they maintained a complete and accurate medical record when nursing staff failed to document neurological signs following an unwitnessed fall.Findings include:The Facility Policy, titled Charting and Documentation, dated 06/2022, indicated that all services provided to the resident, observations, and any changes in the resident's medical or mental condition would be documented in the resident's medical record.The Facility Policy titled Falls, dated 06/2022, indicated that if a resident had an unwitnessed fall, the Neurological Assessment would be initiated, and neurological signs would be taken and documented for a minimum of 72 hours.The Facility Policy, titled Neurological Assessment, dated 09/01/04, indicated a neurological assessment was a simple, quick assessment tool used to establish a baseline and recognize neurological trends and changes in a resident's condition. The assessment included cognitive status, pupillary response, blood pressure, heart rate, temperature, respirations, and grip strength. Frequency of neurological checks would be as follows:-Every 15 minutes for one hour-Every hour for four hours-Every four hours for 24 hours-Every eight hours until a total of 72 hours had elapsed (longer if the resident remained unstable).Resident #1 was admitted to the Facility in July 2017, diagnoses included dementia, chronic embolism and thrombosis of the lower extremities, diabetes, and chronic ulcer of the right calf.Review of the Facility's Falls and Incident Assessment Tool, dated 01/22/26, indicated that at 4:15 P.M., Resident #1 was found sitting on his/her bathroom floor following an unwitnessed fall. The Assessment Tool indicated Resident #1's neurological signs were within normal limits upon initial assessment following the unwitnessed fall.Review of Resident #1's Neurological Assessment flow sheet, dated 01/22/26, indicated nursing documented three neurological assessments on 01/22/26. However, the space where the time of the assessments was supposed to be recorded, was instead filled in with his/her blood pressure, and there was no time documented for when the assessments were obtained. The only other neurological assessment documented was timed 03:00 A.M., on 01/23/26, with no other post fall neurological assessments documented by nursing on the flow sheet or in Resident #1's medical record.During an interview on 02/03/26 at 3:10 P.M., the Director of Nurses (DON) said nursing should have documented Resident #1's neurological signs, after his/her unwitnessed fall, according to facility policy but had not.