STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225328	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oaks, The	4525 Acushnet Avenue New Bedford, MA 02745

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. 48084 Based on record review and interview, the facility failed to provide care and services consistent with accepted standards of clinical practice for one Resident (#1), out of a total sample of 22 residents. Specifically, the facility failed to ensure an as needed (PRN) Tylenol order contained all necessary components for a valid complete medication order and to ensure the right dose was administered per the physician's order. Findings include: Review of the facility's policy titled Physician Orders, dated as last revised 2/26/24, indicated but was not limited to the following: -A physician, physician assistant, or nurse practitioner must provide orders for the resident's immediate care and ongoing care of the resident. -The facility is obligated to follow and carry out the orders of the prescriber in accordance with all applicable state and federal guidelines. -Physician orders include medications and treatments. Review of the facility's policy titled Administration of Medications, dated as last reviewed 9/16/24, indicated but was not limited to the following: -The facility will ensure all medications are administered safely and appropriately per physician order. -Staff who are responsible for medication administration will adhere to the 10 Rights of Medication Administration: Right Drug, Right Resident, Right Dose, Right route, Right time and frequency, Right Documentation, Right Assessment, Right to refuse, Right Evaluation, and the Right education and information. -Right Dose: Check the Medication Administration Record (MAR) and the doctor's order before medicating. If there is any doubt about the dose on the MAR or if there is a question on the drug, stop and verify all information before administering. (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	-A physician order that includes dosage, route, frequency, duration, and other required considerations including the purpose, diagnosis, or indication for use is required for administration of a medication. -Any order that is incomplete, illegible, or unclear, should be clarified. Review of the Massachusetts Board of Registration in Nursing Advisory Ruling #9324 titled Accepting, Transcribing and Implementing Prescriber Orders, dated as last revised 4/11/18, indicated but was not limited to the following: -Licensed Nurse accept, verify, transcribe, and implement orders from authorized prescribers. -The nurse is accountable for ensuring that any orders he or she implements are reasonable based on the nurse's knowledge of that particular patient's care needs at that time. -All Medication Orders: The minimum elements required for inclusion in a complete medication order include: a. Resident full name; b. Name of the medication; c. Dose and route of the medication; d. Frequency of the medication administration; e. A valid medication order date; f. Specific directions for administration; g. Signature of the duly authorized prescriber; and h. Signature of the individual accepting/verifying the order. Resident #1 was admitted to the facility in March 2023 with diagnoses including Parkinson's disease, restless leg syndrome, and gout (a complex form of arthritis causing pain). Review of the Minimum Data Set (MDS) assessment, dated 10/3/24, indicated Resident #1 scored 15 out of 15 on the Brief Interview for Mental Status (BIMS), indicating he/she was cognitively intact and was on a pain regimen. Review of the physician's orders for Resident #1 indicated but was not limited to the following: -Acetaminophen (Tylenol) oral tablet, give 2 tablets by mouth every 12 hours as needed for pain or fever. Do not exceed 3 grams in 24 hours. (start date 4/25/24-end date 7/19/24) The order failed to include the strength of the acetaminophen tablet. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the May and June MARs indicated the PRN acetaminophen was administered 5/1/24, 6/2/24, and 6/4/24. Review of the monthly pharmacist medication regimen reviews (MRR) indicated that on 6/14/24 and 7/17/24 it was recommended to clarify the acetaminophen order by adding the strength. During an interview on 12/11/24 at 10:58 A.M., Unit Manager #1 said all medication orders should have full instructions including the strength, dose, frequency, route, etc. and should not be administered if the order is incomplete; the order should have been clarified prior to administration, and she could not speak to why this order was not clarified or corrected until 7/19/24 because she was not in this role at that time. During an interview on 12/12/24 at 9:00 A.M., the Director of Nurses (DON) and Consulting Staff #1 said all orders should have a strength and dose included in the order and the order should have been clarified prior to administration. They said the acetaminophen should not have been administered per the order on the MAR as it was incomplete and missing the strength of the tablets.

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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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 48084 Based on record review and interview, the facility failed to ensure irregularities identified by the pharmacist during the monthly Medication Regimen Review (MRR) were reviewed and acted upon timely for three Residents (#1, #2, and #73), out of a total sample of five residents selected for unnecessary medication review. Specifically, the facility failed: 1. For Resident #1, to clarify the as needed (PRN) acetaminophen order by adding a strength and to add a stop date to the PRN Ativan/Lorazepam (anti-anxiety); 2. For Resident #2, to add a stop date to the PRN Trazodone (anti-depressant), PRN Ativan/Lorazepam, and PRN ABH (Ativan/Benadryl/Haldol) gel (anti-psychotic), and to reevaluate the continued need for prophylactic treatment with Methenamine (antibiotic) as a new order for Cefuroxime (antibiotic) prophylaxis was added indicating the Methenamine may not have been effective; and 3. For Resident #73, to review Seroquel as a possible contributor to a recent fall. Findings include: Review of the facility's policy titled Pharmacy Services and Medication Regimen Review, dated as last reviewed 9/16/24, indicated but was not limited to the following: -The facility maintains the resident's highest practicable level of physical, mental, and psychosocial well-being and prevents or minimizes adverse consequences related to medication therapy to the extent possible, by providing oversight by a licensed pharmacist, attending physician, medical director, and the director of nurses (DON). -The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. Review of the facility's policy titled Psychotropic Medication Use, dated as last revised 10/24/22, indicated but was not limited to the following: -Psychotropic drugs include but are not limited to antipsychotics, anti-anxiety, antidepressants, or sedative-hypnotics that affect brain activities associated with mental processes and behavior. -PRN psychotropic medications should be ordered for no more than 14 days. Each resident who is taking a PRN psychotropic drug will have his or her prescription reviewed by the physician or prescribing practitioner every 14 days and by the pharmacist every month. -For psychotropic medications, excluding antipsychotics, that the attending physician believes a PRN order for longer than 14 days is appropriate, the attending physician can extend the prescription beyond 14 days for the resident by documenting their rationale in the resident's medical record. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The facility should not extend PRN antipsychotic orders beyond 14 days. 1. Resident #1 was admitted to the facility in March 2023 with diagnoses including Parkinson's disease, gout (a complex form of arthritis causing pain), and anxiety. Review of the Minimum Data Set (MDS) assessment, dated 10/3/24, indicated Resident #1 was on a pain regimen and was taking anti-anxiety medication. Review of the June 2024 pharmacist MRR indicated the following: -6/14/24: recommendation made to clarify the Acetaminophen order by adding the strength and to add a stop date for PRN Ativan. Review of the Physician's Orders indicated but were not limited to the following: -Acetaminophen (Tylenol) oral tablet, give 2 tablets by mouth every 12 hours PRN for pain or fever. Do not exceed 3 grams in 24 hours. (4/25/24) -Lorazepam (Ativan) oral tablet 0.5 milligrams (mg), give one tablet by mouth every 12 hours as needed for anxiety. (5/26/24) Further review of the medical record including physician's orders, progress notes, and MRR reports indicated the following: -The physician signed the 6/14/24 MRR and indicated to add a strength of 325 mg to the acetaminophen order, to continue the Ativan for 30 days, and to re-evaluate the Ativan on 7/19/24. -No rationale was documented regarding the need to extend the PRN Ativan on the MRR or in the progress notes. -A physician's order was entered to reevaluate the PRN Ativan on 7/19/24. The facility failed to review and implement MRR recommendations. The facility failed to update the order in the medical record for acetaminophen to include the strength and it remained an incomplete order. The facility failed to update the order in the medical record with a stop/end date for the Ativan and it remained indefinite order. Review of the July 2024 pharmacist MRR indicated the following: -7/17/24, recommendation was made again to clarify the acetaminophen order by adding the strength, noting the physician had signed the recommendation on 6/21 and the order had not been processed. Review of the Physician's Orders indicated but were not limited to the following: (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Acetaminophen oral tablet, give 2 tablets by mouth every 12 hours as needed for pain or fever. Do not exceed 3 grams in 24 hours. (4/25/24) Further review of the medical record including physician's orders, progress notes, and MRR reports indicated the following: -The physician signed the 6/14/24 MRR to add a strength of 325 mg to the acetaminophen order on 6/21/24. The facility failed to update the order in the medical record for acetaminophen to include the strength until 7/19/24 after it was recommended a second time. Review of the August 2024 pharmacist MRR indicated the following: -8/7/24 recommendation made to add a stop date for PRN Ativan. Review of the Physician's Orders indicated but were not limited to the following: -Lorazepam (Ativan) oral tablet 0.5 mg, give one tablet by mouth every 12 hours as needed for anxiety. (5/26/24) Further review of the medical record including physician's orders, progress notes, and MRR reports indicated the following: -The PRN order Ativan from 5/26/24 remained active until 8/7/24. The facility failed to review and implement MRR recommendations. The facility failed to ensure the Ativan was reviewed on 7/19/24 and discontinued or extended if the physician deemed it necessary. The facility failed to ensure a rationale for continuation of the Ativan beyond 14 days was documented. 2. Resident #2 was admitted to the facility in September 2023 with diagnoses including dementia, anxiety, depression, and obstructive and reflux uropathy (condition where urine flow is blocked and flows backward to bladder and kidneys). Review of the MDS assessment, dated 9/5/24, indicated Resident #2 was taking antipsychotic, anti-anxiety, antidepressant, and antibiotic medications. Review of the May and June 2024 pharmacist MRRs indicated the following: -5/13/24: recommendation made to discontinue the PRN Trazodone or add a stop date that is less than 14 days from initiation. If the medication cannot be discontinued at this time, document the diagnoses specific condition, the intended duration of therapy, and the rationale for the extended time period prior to issuing a new order. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-6/14/24: recommendation regarding Trazodone repeated from May. Additional recommendation made for Ativan without a stop date indicating if the medication cannot be discontinued at this time, please document the indication for use, intended duration of therapy, and the rationale for the extended time period. Review of the Physician's Orders indicated but were not limited to the following: -The Trazodone orders were rewritten multiple times related to dose changes and the repeated recommendation was in reference to separate Trazodone orders without stop dates. -Lorazepam (Ativan) oral concentrate 2mg/milliliter (ml) give 0.25 ml sublingually every 4 hours as needed for agitation and a half hour before care for anxiety/agitation. (6/11/24) Further review of the medical record including physician's orders, progress notes, and MRR reports indicated the following: -The MRR reports provided were blank and unsigned by the physician. The facility failed to review and implement MRR recommendations. The facility failed to ensure PRN Trazodone medication orders had stop dates and a rationale for continuing a PRN psychotropic medication beyond 14 days was documented in the medical record. The facility failed to ensure PRN Ativan had a stop date and/or a rationale for continuing a PRN psychotropic medication beyond 14 days was documented in the medical record. Review of the July 2024 pharmacist MRR indicated the following: -7/17/24: recommendation to re-evaluate prophylaxis Methenamine (antibiotic) and to discontinue if appropriate due to having a new order for Cefuroxime (antibiotic) for prophylaxis indicating the Methenamine may not have been effective. Review of the Physician's Orders indicated but were not limited to the following: -Methenamine Hippurate oral tablet 1 gram (gm) give one tablet by mouth two times a day for preventative for urinary tract infection (UTI). (6/17/24) -Cefuroxime Axetil oral tablet 250 mg give one tablet by mouth once a day for prophylaxis for UTI. (6/24/24-end 7/10/24-rewritten) -Cefuroxime Axetil oral tablet 250 mg give one tablet by mouth once a day for prophylaxis for UTI. (7/10/24 end 7/22/24-rewritten) -Cefuroxime Axetil oral tablet 250 mg give one tablet by mouth once a day for prophylaxis for UTI. (7/22/24-start 8/6/24 after other antibiotic finished) Further review of the medical record including physician orders, progress notes, and MRR reports indicated the following: (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The MRR report provided was marked MLOA (medical leave of absence) and unsigned by the physician. Resident #2 was MLOA for 10 days and upon return had the same active orders for both Methenamine Hippurate and Cefuroxime Axetil. Review of the August 2024 pharmacist MRR indicated the following: -8/22/24: recommendation from July repeated. Additionally, he/she has a PRN order for an antipsychotic ABH (Ativan/Benadryl/Haldol) gel, without a stop date. Please discontinue or add stop date that does not exceed 14 days from initiation. If this PRN antipsychotic cannot be discontinued at this time, the prescriber should directly examine the resident to determine if the antipsychotic is still needed and document the specific condition being treated prior to issuing a new order. Centers for Medicare and Medicaid (CMS) requires that PRN orders for antipsychotic drugs be limited to 14 days. Review of the Physician's Orders indicated but were not limited to the following: -Methenamine Hippurate oral tablet 1gm give one tablet by mouth two times a day for preventative for UTI. (6/17/24) -Cefuroxime Axetil oral tablet 250 mg give one tablet by mouth once a day for prophylaxis for UTI. (7/22/24-start 8/6/24 after other antibiotic finished) -ABH Gel apply to skin topically every 24 hours PRN for anxiety/agitation and every 8 hours for agitation/anxiety (8/8/24-8/15/24-dose changed) -ABH Gel apply to skin topically as needed for anxiety/agitation give twice a day PRN and apply four times a day for agitation/anxiety (8/15/24) Further review of the medical record including physician orders, progress notes, and MRR reports indicated the following: -The MRR reports provided were blank unsigned by the physician. The facility failed to review and implement MRR recommendations. Review of the September 2024 pharmacist MRR indicated the following: -9/17/24: both recommendations from August were repeated. Review of the Physician's Orders indicated but were not limited to the following: -Methenamine Hippurate oral tablet 1gm give one tablet by mouth two times a day for preventative for UTI. (6/17/24) -Cefuroxime Axetil oral tablet 250 mg give one tablet by mouth once a day for prophylaxis for UTI. (7/22/24-start 8/6/24 after other antibiotic finished) (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-ABH Gel apply to skin topically as needed for anxiety/agitation give twice a day PRN and apply four times a day for agitation/anxiety (8/15/24) Further review of the medical record including physician orders, progress notes, and MRR reports indicated the following: -The MRR reports provided were blank unsigned by the physician. The facility failed to review and implement MRR recommendations. Review of the October 2024 pharmacist MRR indicated the following: -10/17/24: both recommendations from September repeated. Review of the Physician's Orders indicated but were not limited to the following: -Methenamine Hippurate oral tablet 1gm give one tablet by mouth two times a day for preventative for UTI. (6/17/24) -Cefuroxime Axetil oral tablet 250 mg give one tablet by mouth once a day for prophylaxis for UTI. (7/22/24-start 8/6/24 after other antibiotic finished) -ABH Gel apply to skin topically as needed for anxiety/agitation give twice a day PRN and apply four times a day for agitation/anxiety (8/15/24) Further review of the medical record including physician's orders, progress notes, and MRR reports indicated the following: -The MRR reports provided were signed by the physician and noted by Unit Manager #1 indicating the physician declined the recommendations. -The reason noted for the continued use of the prophylaxis antibiotic was documented as Urology recommendation. -The reason noted for the continued use of the PRN antipsychotic was documented as Hospice Medication. The facility failed to review and implement MRR recommendation for ABH Gel. Per CMS requirements antipsychotics must be limited to 14 days and a new order should not be written without the prescriber directly examining the resident and assessing the resident's condition. Review of the November 2024 pharmacist MRR indicated the following: -10/17/24: ABH recommendations from October were repeated. Additionally, the report indicated This is not exempt from CMS regulations. Review of the Physician's Orders indicated but were not limited to the following: (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-ABH Gel apply to skin topically as needed for anxiety/agitation give twice a day PRN and apply four times a day for agitation/anxiety (8/15/24) Further review of the medical record including physician's orders, progress notes, and MRR reports indicated the following: -The MRR reports provided were signed by the physician and noted by Unit Manager #1 indicating the physician declined the recommendations. -The reason noted for the continued use of the PRN antipsychotic was documented as Resident on Hospice. PRN is a hospice recommendation to assist with resident's behaviors. The facility failed to review and implement MRR recommendation for ABH Gel. Per CMS requirements antipsychotics must be limited to 14 days and a new order should not be written without the prescriber directly examining the resident and assessing the resident's condition. 3. Resident #73 was admitted to the facility in September 2023 with diagnoses including dementia with behavioral disturbances, Parkinson's disease, and abnormalities of gait and mobility. Review of the MDS assessment, dated 10/31/24, indicated Resident #73 was taking an antipsychotic medication. Review of the May 2024 pharmacist MRR indicated the following: -5/14/24: Resident #73 recently experienced a fall on 4/29. Review of the medical record identifying the following medications which may contribute to falls: Seroquel 12.5 mg daily at bedtime. Please evaluate these medications as possibly causing or contributing to falls and consider a trial discontinuation of Seroquel. Review of the Physician's Orders indicated but were not limited to the following: -Seroquel oral tablet 25 mg Give 12.5 mg by mouth at bedtime related to hallucinations (10/3/23) Further review of the medical record including physician's orders, progress notes, and MRR reports indicated the following: -The MRR report provided was blank and unsigned by the physician. The facility failed to review and implement MRR recommendations. Review of the June 2024 pharmacist MRR indicated the following: -6/14/24: recommendation from May was repeated. Additionally, noting another fall on 6/11 and Loratadine 10 mg daily (allergy medication) Review of the Physician's Orders indicated but were not limited to the following: -Seroquel oral tablet 25 mg Give 12.5 mg by mouth at bedtime related to hallucinations (10/3/23) (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Loratadine tablet 10 mg give one tablet by mouth one time daily for allergy symptoms (6/11/24) Further review of the medical record including physician's orders, progress notes, and MRR reports indicated the following: -The MRR report provided was signed by the physician indicating they declined the recommendation. During an interview on 12/10/24 at 2:15 P.M., Nurse #3 said the Unit Manager does the MRRs and she thinks they are kept in the charts. During an interview on 12/10/24 at 2:42 P.M., Unit Manager #1 said the MRRs are kept in the charts after completed and did not know why they were not all in there and readily available. (The Director of Nurses (DON) needed to print some MRRs from her email for review by the surveyor). During an interview on 12/10/24 at 4:03 P.M., the DON said the MRRs should be addressed every month by the unit managers. She said she was not aware recommendations were being repeated and not addressed as she does not have a tracking system in place to ensure they are all addressed because the unit managers handle them. During an interview on 12/11/24 at 10:58 A.M., Unit Manager #1 said the MRR should be reviewed every month and she could not speak to why they had not been addressed as she was not in this role at the time. Additionally, she said the process is the MRR reports are emailed and printed; she writes notes on them for the physician, and then they are reviewed by the physician within a week, orders implemented and then filed in the chart. During an interview on 12/11/24 at 2:06 P.M., the DON said the MRR should have been addressed timely and she could not speak to why they were not done as she was not in this role at that time to oversee them. She said the process is the MRR reports are emailed to her and then dispersed to the unit managers who take care of them. She said there is not a cross-checking process to ensure they are all reviewed and addressed but there should be.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 48084 Based on record review and interview, the facility failed to ensure the residents' medication regimen was free from unnecessary psychotropic (anti-anxiety, antidepressant, and antipsychotic) as needed (PRN) medications and they were limited to 14 days and not extended without the physician evaluating and documenting a rationale for continued use for three Residents (#1, #2, and #90), out of a total sample of five residents selected for unnecessary medication review. Specifically, the facility failed to ensure: 1. For Resident #1, PRN Ativan (anti-anxiety) was limited to 14 days and if the physician deemed it necessary to extend the PRN he/she documented in the medical record and a new order was written with an extended stop date; 2. For Resident #2, PRN Trazodone (antidepressant) and PRN Ativan were limited to 14 days and if the physician deemed it necessary to extend the PRN he/she documented in the medical record and a new order was written with an extended stop date and to ensure the PRN ABH (Ativan/Benadryl/Haldol) gel, (antipsychotic) was limited to 14 days and if the physician deemed it necessary to continue the PRN he/she documented in the medical record and a new order was written for a maximum of 14 days; and 3. For Resident #90, PRN Ativan was limited to 14 days and if the physician deemed it necessary to extend the PRN he/she documented in the medical record and a new order was written with an extended stop date. Findings include: Review of the facility's policy titled Psychotropic Medication Use, dated as last revised 10/24/22, indicated but was not limited to the following: -Facility should comply with the Psychopharmacological Dosage Guidelines created by the Centers for Medicare and Medicaid Services (CMS), the State Operations Manual, and all other Applicable Law relating to the use of psychopharmacologic medications including gradual dose reductions. -PRN psychotropic medications should be ordered for no more than 14 days. Each resident who is taking a PRN psychotropic drug will have his or her prescription reviewed by the physician or prescribing practitioner every 14 days. -For psychotropic medications, excluding antipsychotics, that the attending physician believes a PRN order for longer than 14 days is appropriate, the attending physician can extend the prescription beyond 14 days for the resident by documenting their rationale in the resident's medical record. -The facility should not extend PRN antipsychotic orders beyond 14 days. 1. Resident #1 was admitted to the facility in March 2023 with diagnoses including Parkinson's disease, gout (a complex form of arthritis causing pain), and anxiety. (continued on next page)

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	225328	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oaks, The	4525 Acushnet Avenue New Bedford, MA 02745

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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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Minimum Data Set (MDS) assessment, dated 10/3/24, indicated Resident #1 was taking anti-anxiety medication. Review of the Physician's Orders indicated but were not limited to the following: -Lorazepam (Ativan) oral tablet 0.5 milligrams (mg), give one tablet by mouth every 12 hours as needed for anxiety. (start 5/26/24 - end 8/7/24) -Lorazepam (Ativan) oral tablet 0.5 mg give one tablet by mouth every 12 hours as needed for anxiety until 8/21/24. (start 8/7/24 - end 8/21/24) -Lorazepam (Ativan) oral tablet 0.5 mg give one tablet by mouth every 12 hours as needed for anxiety until 10/19/24 (start 9/26/24 - end 10/19/24) -Lorazepam (Ativan) oral tablet 0.5 mg give 0.25mg tablet by mouth every 8 hours as needed for anxiety for 14days (start 10/22/24 - end 11/5/24) -Lorazepam (Ativan) oral tablet 0.5 mg give one tablet by mouth every 8 hours as needed for anxiety for 90 days (11/5/24) Review of the Medication Administration Record (MAR) indicated the following: -Resident #1 received the PRN Ativan greater than five times after the initial 14days (6/8/24). Review of the Physician's Progress Notes indicated the following: -May through August: failed to indicate a rationale was documented regarding the need to extend the PRN Ativan beyond 14 days and the order remained active with no stop date until 8/7/24 (74 days). -8/7/24: failed to indicate a rationale was documented regarding the need to extend the PRN Ativan for an additional 14 days. -8/13/24: indicated the desire to continue the PRN Ativan due to positive effects. (7 days after the order was written) -8/21/24, 8/28/24, and 9/20/24: failed to indicate Resident #1 was experiencing adverse effects since the Ativan had been completed on 8/21/24 or that the medication should be re-instated. -10/2/24, 10/21/24, and 10/22/24: failed to indicate a rationale was documented regarding the need to write a new order on 9/26/24 for PRN Ativan beyond 14 days. The order was written for 23 days. -11/5/24: indicated the desire to continue the PRN Ativan for 90 days. The facility failed to ensure the initial PRN Ativan order was not written for more than 14 days, was reviewed on or before 6/8/24 (day 14) and then discontinued or extended if the physician deemed it necessary. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility failed to ensure additional PRN Ativan orders were not written without a physician evaluation and documented rationale in the medical record. 2. Resident #2 was admitted to the facility in September 2023 with diagnoses including dementia, anxiety, depression, and obstructive and reflux uropathy (condition where urine flow is blocked and flows backward to bladder and kidneys). Review of the MDS assessment, dated 9/5/24, indicated Resident #2 was taking antipsychotic, anti-anxiety, and antidepressant medications. Further review of the MDS indicated the Resident was receiving Hospice services. Review of the Physician's Orders indicated but were not limited to the following: -Trazodone oral tablet give 25 mg by mouth twice a day PRN for anxiety/insomnia reevaluate in 14days. (start 4/23/24 - end 5/8/24) -Trazodone oral tablet 50 mg give 50 mg by mouth every 24 hours as needed for agitation. (start 5/8/24 - end 5/9/24) -Trazodone oral tablet 50 mg give one tablet by mouth every 12 hours as needed for agitation. (start 5/9/24 - end 5/22/24) -Trazodone oral tablet 50 mg give one tablet by mouth every 12 hours as needed for agitation until 5/23/24. Re-eval in 14 days (start 5/22/24 - end 5/23/24) -Trazodone oral tablet 50 mg tablet give one tablet by mouth every 24 hours PRN for agitation/anxiety for 30 days. (start 5/31/24 - end 6/1/24) -Trazodone oral tablet give 50 mg by mouth every 24 hours as needed for agitation/anxiety for 30 days and give half tablet three times a day. (start 6/1/24 - end 6/12/24) -Trazodone oral tablet give 25 mg by mouth daily PRN (start 6/12/24 - end 6/13/24) -Trazodone oral tablet give 25 mg by mouth every 24 hours PRN for anxiety/agitation (start 6/13/24 - end 6/17/24) -Trazodone oral tablet give 25 mg by mouth every 24 hours PRN for anxiety/agitation (start 6/17/24 - end 7/30/24) -Trazodone oral tablet give 25 mg by mouth every 24 hours PRN for care/agitation/anxiety for 90 days and give 25 mg by mouth two times a day. (start 7/30/24 - end 8/10/24) -Lorazepam (Ativan) oral concentrate 2 mg/milliliter (ml) give 0.25 ml sublingually every 4 hours as needed for agitation and a half hour before care for anxiety/agitation. (6/11/24) -ABH Gel apply to skin topically every 24 hours PRN for anxiety/agitation and every 8 hours for agitation/anxiety (8/8/24-8/15/24-dose changed) (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-ABH Gel apply to skin topically as needed for anxiety/agitation give twice a day PRN and apply four times a day for agitation/anxiety (8/15/24) Review of the MAR indicated the following: -Resident #2 received the PRN Trazodone one time after the initial 14 days. -Resident #2 received the PRN Ativan nine times after the initial 14 days. -Resident #2 received the ABH Gel one time after the initial 14 days. Review of the Physician's Progress Notes from 5/6/24 through 11/20/24 failed to indicate a rationale for continued and/or extended use of the PRN psychotropic medications. The facility failed to ensure PRN Trazodone medication orders had stop dates and a rationale for continuing a PRN psychotropic medication beyond 14 days was documented in the medical record. The facility failed to ensure PRN Ativan had a stop date and/or a rationale for continuing a PRN psychotropic medication beyond 14 days was documented in the medical record. The facility failed to ensure PRN ABH gel was limited to 14 days and if it could not be discontinued the prescriber should directly examine the resident to determine if the antipsychotic is still needed and document the specific condition being treated prior to issuing a new order. CMS requires that PRN orders for antipsychotic drugs be limited to 14 days. 3. Resident #90 was admitted to the facility in May 2023 with diagnoses including anxiety and respiratory failure. Review of the MDS assessment, dated 11/15/24, indicated Resident #90 was taking an antidepressant. Review of the Physician's Orders indicated but were not limited to the following: -Trazodone oral tablet 50 mg give 0.5 tablet by mouth every six hours as needed for anxiety/agitation for 14 days. (7/28/24-8/11/24) -Trazodone oral tablet 50 mg give 0.5 tablet by mouth every six hours as needed for anxiety (8/11/24-8/12/24) -Trazodone oral tablet 50 mg give 0.5 tablet by mouth every six hours as needed for anxiety until 8/27/24. (8/13/24-8/27/24) -Trazodone oral tablet 50 mg give 25 mg by mouth every six hours as needed for anxiety until 9/13/24. (8/30/24-9/13/24) -Trazodone oral tablet 50 mg give 25 mg by mouth every six hours as needed for anxiety. (9/17/24-9/18) (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Trazodone oral tablet 50 mg give 25 mg by mouth every six hours as needed for anxiety for 14 days. (9/18/24-10/2/24) Review of the MAR indicated he/she was administered Trazodone greater than 15 times after the initial 14 days (8/11/24) Review of the Physician's Progress Notes from 7/28/24 through 10/28/24 failed to indicate a re-evaluation and rationale for continued/extended use of the PRN Trazodone. Further review of the 8/12/24 progress note indicated re-evaluation of the Trazodone and indicated the plan was to increase the bedtime Trazodone. The facility failed to ensure PRN Trazodone medication orders had stop dates and a rationale for continuing a PRN psychotropic medication beyond 14 days was documented in the medical record. During an interview on 12/10/24 at 2:15 P.M., Nurse #3 said Psychotropic medications are limited to 14 days and if the physician wants to extend it they have to write a note when they evaluate the resident. During an interview on 12/10/24 at 2:42 P.M., Unit Manager #1 said all PRN psychotropic medications are limited to 14 days then they can extend them to 30 days and then 90 days after the physician re-evaluates and writes a note. She said they cannot be indefinite orders unless they are on hospice, then we can keep the orders. During an interview on 12/10/24 at 4:03 P.M., the Director of Nurses (DON) said psychotropic medications can be longer than 14 days if the doctor writes a note and the same goes for anti-psychotics. During an interview on 12/10/24 at 4:03 P.M., Consulting Staff #1 said antipsychotics cannot be extended. She said they must always be limited to 14 days and if the physician deems another course is needed up to a maximum of 14 days they can evaluate and write a new order, but they cannot be over 14 days and hospice is not a reason for a longer psychotropic order or an indefinite order. During an interview on 12/11/24 at 10:58 A.M., Unit Manager #1 said PRN psychotropic medications should be limited to 14 days and if the physician wants to extend it beyond that they must write a note in the medical record. She was not sure why there was no documentation in the medical records to support extending the PRNs. Additionally, she said she was not aware being on Hospice was not a valid reason to support extending PRN medications or to allow them not to have a stop date. During an interview on 12/11/24 at 2:06 P.M., the DON said the PRN psychotropic medications should be limited to 14 days and then the physician should be evaluating and writing a progress note if they decide to extend PRN psychotropics and did not know why they had not done so. Additionally, she said she was not aware an antipsychotics could not be extended or that the ABH Gel had no stop date.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46562 Based on observation, document review, record review, and interview, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment, and to help prevent the development and potential transmission of communicable diseases and infections when the facility was currently experiencing an outbreak of COVID-19 infection on one (Maplewood) of three units, and failed to adhere to infection control procedures during a wound dressing change for one Resident (#89) out of a sample size of 22 residents. Specifically, the facility failed to: 1. Ensure residents on the Maplewood Unit with potential COVID -19 exposure unit were tested at least every 48 hours on the affected unit until the facility went seven days without a new case; and 2. For Resident #89, the facility failed to adhere to infection control procedures to prevent potential cross contamination during a wound vac dressing change. Findings include: Review of the Massachusetts Department of Public Health (DPH) Memorandum titled Update to Infection Prevention and Control Considerations When Caring for Long-Term Care Residents, Including Visitation Conditions, Communal Dining, and Congregate Activities, dated May 10, 2023, indicated but was not limited to the following: - Long-term care facilities are required to perform outbreak testing of residents and staff as soon as possible when a case is identified. - Once a new case is identified in a facility, following outbreak testing, long-term care facilities should test exposed residents and staff at least every 48 hours on the affected unit until the facility goes seven days without a new case unless the DPH epidemiologist directs otherwise. - Residents and staff who are recovered from COVID-19 in the last 30 days can be excluded from this testing. Review of the facility's policy titled COVID -19 Outbreak Investigation, dated as revised 10/22/24, indicated but was not limited to: -the facility will perform COVID-19 outbreak investigations in accordance with local, state and federal regulations to mitigate the spread of COVID-19 within facility -an outbreak investigation is initiated when a single new case of COVID-19 occurs among residents or staff to determine if others have been exposed. During an interview on 12/9/24 at 2:07 P.M., the Infection Control Nurse said the facility was in a COVID-19 outbreak and initiated outbreak testing as of 12/2/24 on the Maplewood Unit. The Infection Control Nurse said residents on the Maplewood Unit were being tested every 48 hours until the facility went 7 days without a positive test, which had not occurred thus far. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Maplewood Unit Resident Testing indicated testing did not occur every 48 hours as required. Review of the Resident testing indicated: One of 28 residents was tested on [DATE], 12/4/24, and 12/9/24 (>48 hours from his/her previous test) One of 28 residents was tested on [DATE], 12/6/24, and 12/9/24 (>48 hours from his/her previous test) One of 28 residents was tested on [DATE], 12/4/24, 12/7/24 (>48 hours from his/her previous test), and 12/9/24 Twenty five of 28 residents were tested on [DATE], 12/4/24, 12/6/24, and 12/9/24 (>48 hours from his/her previous test) During an interview on 12/10/24 at 10:20 A.M., Nurse #1 and Nurse #2 said the prompt to test residents during an outbreak did not show up in the Resident Assessments, Medication Administration Record (MAR) or Treatment Administration Record (TAR). Nurse #1 and Nurse #2 said that during an outbreak they know to test residents on the unit because the unit manager or charge nurse communicates it to them that day. During an interview on 12/10/24 at 12:51 P.M., Unit Manager #1 said the residents on the Maplewood Unit should be tested for COVID-19 every 48 hours, and the entire floor had been tested on Friday and then again on Monday, we were supposed to do it on Sunday but did it on Monday instead. During an interview 12/9/24 at 4:40 P.M., the Director of Nurses (DON) said the facility was in a COVID-19 outbreak and testing was initiated on the Maplewood Unit on 12/2/24. The DON said testing was not scheduled in the Resident Assessments, MAR or TAR and the staff knew to test residents on the required days because they are told which units to test on which days. The DON said residents on the Maplewood Unit should have been tested every 48 hours until there was a seven-day span with no additional positive cases. During an interview on 12/10/24 at 12:42 P.M., the DON reviewed records for Resident #71 and #61 and said they should have been tested on the 8th, surveyor reported additional residents with concerns and DON to follow up. During an interview on 12/10/24 at 12:54 P.M., the DON said the residents on the Maplewood Unit should have been tested for COVID-19 on Sunday 12/8/24 but it did not occur until Monday 12/9/24. 41106 2. Review of the facility's policy titled Negative Pressure Wound Therapy, Long Term Care, not dated, indicated but was not limited to the following: -Negative pressure wound therapy (NPWT), also called vacuum-assisted closure, is an adjunct wound therapy used with traditional wound therapy (such as debridement, dressing changes, and antimicrobial therapy), to accelerate wound healing while maintaining a moist wound environment. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-NPWT is the application of continuous or intermittent sub atmospheric pressure (suction) to the surface of the wound to remove excess wound fluids that can cause maceration and delay healing, reduce edema and bacterial count, improve circulation to deliver oxygen and nutrients, stimulate granulation tissue formation and proliferation, and draw the wound edges together. -Gather and prepare the necessary equipment and supplies. -Organize the equipment and supplies on a clean surface. -Place a fluid-impermeable pad between the environment and equipment, if needed. -Arrange them in the order of use to avoid cross contamination while performing wound care. -Place a fluid impermeable pad under the wound to prevent soiling. -Apply a protective skin barrier, as needed and ordered, to the skin surrounding the wound that will come in contact with drainage, adhesive dressing or the suction tubing following the manufacturer's instructions. Let it dry for the time specified by manufacturer. Resident #89 was admitted to the facility in November 2024 with diagnoses which included laceration without foreign body left lower leg and local infection of the skin. Review of current Physician's Orders indicated but was not limited to the following: -Treatment: Location: Left lower leg (LLE) Etiology: Surgical debridement of laceration related to trauma. Clean with Wound cleanser spray. Apply NPWT/Vac per manufacturer's guidelines at 125 mmHG setting continuous. Every day shift, every Monday, Wednesday, and Friday for wound treatment. Order Date 12/6/2024. On 12/9/24 at 1:35 P.M., the surveyor observed the Infection Control (IC) Nurse perform NPWT Vac dressing change and made the following observations: -Resident #89 was sitting in a wheelchair with the LLE supported on the left leg rest with no fluid impermeable pad between the LLE and the floor. -The dressing supplies were in a pile on the Resident's bed in direct contact with the blanket (Clean barrier was not established). -A large package of 4 x 4 gauze was on the ground in front of the IC Nurse (Clean barrier was not established). -IC Nurse removed the 4 x 4 gauze from the package sitting on the floor to clean the wound bed. -During the cleaning of the wound bed, there was visible blood running down Resident #89's LLE onto the floor. -IC Nurse sprayed Skin prep around the wound with the wound bed open and susceptible to over spray. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-IC Nurse removed gloves, sanitized hands, and applied a new pair of gloves. -IC Nurse opened the clean dressing supplies which were in contact with the Resident's bed blanket, allowing the clear dressing and the black foam to contact the outside of the packages and the bed blanket. -IC Nurse cut four strips of clear dressing and placed them directly on the bed in contact with the blanket. The clear dressing strips were then applied to the skin surrounding the open wound bed. -IC Nurse cut the black foam dressing to the wound size and then placed it on the bed, in contact with the outside packaging. The black foam dressing was then placed in direct contact with the wound bed and held in place by clear dressing strips which had contacted the outside packing and the bed blanket. -IC Nurse handled the outside surfaces of multiple packages of supplies which were in direct contact with the bed blanket. -IC Nurse cut additional clear dressing strips from supplies that were open and had contacted the bed blanket. The clear dressing strips were then applied to the wound area for additional coverage to complete the seal. -During the dressing change, the IC Nurse was not observed to change his gloves after handling the dressing supplies which were in direct contact with the Resident's bed blanket. During an interview on 12/10/24 at 4:01 P.M., the IC Nurse said he normally does not establish a clean surface and probably should have, but they are not always available. He said Resident #89 usually does not bleed like that and he sanitized the floor after he completed the dressing change. He said when he was spraying the edges of the wound with the skin prep, he tried to shield the wound bed from the over spray. Additionally, he said he often does the dressing changes by himself because there is not always someone available, but sometimes he gets help. During an interview on 12/11/24 at 10:19 A.M., the Corporate Staff Development Coordinator (SDC) Nurse said she is aware of the infection control issues with the dressing change and the policy should have been followed. She said the facility has enough supplies and resources for the dressing change to be performed correctly, and a clean surface barrier should have been established for the dressing change.