

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225335	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Regalcare at Greenfield		STREET ADDRESS, CITY, STATE, ZIP CODE 95 Laurel Street 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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42741</p> <p>Based on observation, interview, and record review, the facility failed to provide assistance with activities of daily living (ADLs) care for four Residents (#41, #84, #9, and #19) out of a total sample of 19 residents, who required staff assistance for personal hygiene and grooming.</p> <p>Specifically,</p> <ol style="list-style-type: none"> For Residents #41 and #84, the facility failed to ensure the Residents were provided with assistance for nail care. For Residents #9 and #19, the facility failed to ensure the Residents were provided assistance with grooming of unwanted facial hair. <p>Findings include:</p> <p>Review of the facility policy titled Activities of Daily Living, revised 3/22, indicated the following:</p> <ul style="list-style-type: none"> -Residents will be provided with care, treatment, and services as appropriate to maintain or improve as able, their ability carry out activities of daily living (ADLs). -Residents who are unable to carry out activities of daily living independently will receive the services necessary for activities of daily living. -Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care including appropriate support and assistance with: <ul style="list-style-type: none"> >Hygiene (bathing, dressing, grooming, and oral care) . <p>Review of the facility policy titled Dignity, revised 4/22, indicated the following:</p> <ul style="list-style-type: none"> -Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. <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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-When assisting with care, residents are supported in exercising their rights. For example, residents are:</p> <ul style="list-style-type: none"> >Groomed as they wish to be groomed (hair styles, nails, facial hair, etc.) . <p>1a. Resident #41 was admitted to the facility in October 2024 with diagnoses including Acute Osteomyelitis of the right lower limb.</p> <p>Review of Resident #41's most recent comprehensive Minimum Data Set (MDS) Assessment, dated 10/27/24, indicated the Resident:</p> <ul style="list-style-type: none"> -required supervision or touching assistance for personal care which included nail care, -he/she had clear speech, usually understood and usually understands, -scored a 12 out of 15 on the Brief Interview of Mental Status (BIMS) exam indicating he/she was moderately cognitively impaired. <p>Review of Resident #41's Kardex (sheet utilized by Certified Nurses Aide [CNAs] that indicates a resident's level of care) indicated Resident #41 needed limited assistance (the Resident was highly involved in his/her daily care but required physical help at times).</p> <p>Review of Resident #41's Care Plan titled Resident has ADL Self-Care Deficit, initiated 10/22/24, indicated a goal of:</p> <ul style="list-style-type: none"> -Resident will receive assistance as needed in ADL activities. <p>Review of Resident #41's January 2025 CNA ADL Documentation from 1/1/25 through 1/27/25 indicated:</p> <ul style="list-style-type: none"> -for 25 of 27 days, Resident #41 needed some form of staff assistance for ADL care. <p>On 1/23/25 at 8:36 A.M., the surveyor observed Resident #41's fingernails to be long and had dark brown debris visible under his/her fingernails. During an interview at the time, Resident #41 said he/she would like to have his/her fingernails trimmed and cleaned.</p> <p>On 1/27/25 at 9:59 A.M., the surveyor observed Resident #41's fingernails to have jagged edges and remained with dark brown debris under the fingernails. During an interview at the time, the Resident said no staff had offered him/her fingernail care since he/she was admitted to the facility.</p> <p>During an interview on 1/27/25 at 10:14 A.M., Activities Assistant (AA) #1 said a hand care activity was provided regularly and this included soaking the fingers and nails, cleaning the fingernails, applying lotion to the hand, and nail polish if wanted. AA #1 said no staff had expressed that Resident #41 would benefit from the hand care activity, so he/she was not on the list for the hand care activity.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 1/27/25 at 10:18 A.M., with the Infection Preventionist (IP), who was working as a CNA, the IP said CNAs should be checking the Resident's fingernails daily during ADL care and should clean the fingernails as needed. The IP further said if the Resident was not diabetic, the CNAs could clip the Resident's fingernails and if the Resident was diabetic, the Resident's Nurse could clip the fingernails. The surveyor and the IP observed Resident #41's fingernails and the IP said Resident #41's fingernails appeared dirty with dark debris under the fingernails, some fingernails were jagged, and fingernail care should have been provided to the Resident.</p> <p>1b. Resident #84 was admitted to the facility in December 2024 with diagnoses including breast cancer.</p> <p>Review of Resident #84's most recent comprehensive MDS Assessment, dated 12/18/24, indicated the Resident:</p> <ul style="list-style-type: none"> -required partial to moderate assistance for personal care which included nail care. -had clear speech, was able to be understood, and understands. -scored a 14 out of 15 on the BIMS exam indicating he/she was cognitively intact. <p>Review of Resident #84's Kardex indicated Resident #84 was an assist of one staff member for personal care.</p> <p>Review of Resident #84's Care Plan titled Resident has ADL Self-Care Deficit, initiated 12/16/24, indicated the Resident was an assist of one staff member for personal care.</p> <p>Review of Resident #84's January 2025 CNA ADL Documentation from 1/1/25 through 1/27/25 indicated:</p> <ul style="list-style-type: none"> -for 23 of 27 days, Resident #84 needed some sort of staff assistance for ADL care. <p>During an observation and interview on 1/23/25 at 9:50 A.M., the surveyor observed Resident #84's fingernails to be very long extending well past the fingertips. Resident #84 said due to edema in his/her arm he/she was unable to maintain his/her fingernails and they needed to be clipped. During the observation, the IP entered the room and Resident #84 said to the IP that he/she needed his/her fingernails clipped. The IP said she would let the Resident's Nurse know.</p> <p>On 1/23/25 at 3:07 P.M., the surveyor observed Resident #84's fingernails remained unclipped and long. The surveyor relayed to three CNA's who were sitting at the charting area, that Resident #84 would like his/her fingernails trimmed.</p> <p>During an observation and interview on 1/27/25 at 2:07 P.M., the surveyor observed Resident #84's fingernails to be long extending past the fingertips and some nails were jagged. Resident #84 said he/she tried to clip his/her fingernails but due to the edema in his/her hand he/she was not able to clip his/her fingernails and they were now jagged in some areas.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 1/27/25 at 4:07 P.M., the surveyor and CNA #2 observed Resident #84's fingernails. CNA #2 said Resident #84's fingernails were long and jagged and should have been clipped. CNA #2 further said CNA's should provide daily fingernail care including soaking the fingernails if needed, cleaning the fingernails, and if the Resident was not diabetic, they could be clipped or if the Resident was diabetic the CNA should let the Nurse know the Resident's fingernails needed to be clipped. CNA #2 was observed notifying the Nurse following the observation that Resident #84 needed his/her fingernails clipped.</p> <p>During an interview on 1/28/25 at 10:58 A.M., the Director of Nursing (DON) said hand care including caring for a Resident's fingernails should be done weekly but if the Resident's fingernails were observed to be dirty or jagged the fingernails should be cleaned and clipped that day.</p> <p>51571</p> <p>2a. Resident #9 was admitted to the facility in September 2023 with diagnoses including Dementia and Major Depressive Disorder.</p> <p>Review of Resident #9's ADL Care Plan, initiated 10/4/23 and revised 10/6/23, indicated the following:</p> <ul style="list-style-type: none"> -The Resident requires assist with bathing. -The Resident is dependent for personal hygiene. <p>Review of Resident #9's MDS Assessment, dated 12/25/24, indicated the Resident:</p> <ul style="list-style-type: none"> -was severely cognitively impaired as evidenced by a BIMS score of six out of 15 total possible points. -required substantial/maximal assist for showering and bathing. -required substantial/maximal assistance for personal hygiene (grooming). -did not exhibit any refusals of care during the observation period for the assessment. <p>Review of Resident #9's January 2025 CNA Documentation Survey Report for Personal Hygiene from 1/1/25 through 1/28/25 indicated:</p> <ul style="list-style-type: none"> -The Resident required varied levels of assistance from partial/moderate assistance to dependent assistance from staff for personal hygiene, including grooming. -The Resident did not exhibit any refusals of care relative to personal hygiene. <p>On 1/24/25 at 10:23 A.M., the surveyor observed Resident #9 sitting in a wheelchair, dressed for the day and had facial hair underneath his/her chin.</p> <p>On 1/28/25 at 8:57 A.M., Resident #9 was observed in the dining room, sitting in a wheelchair and was dressed for the day. The Resident was observed with facial hair remaining under his/her chin.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/28/25 at 9:40 A.M., CNA #4 said Resident #9 required substantial/maximum assistance from staff with personal care. CNA #4 said Resident #9 was cooperative with care and had never refused care and was currently dressed for the day.</p> <p>During an interview on 1/28/25 at 9:48 A.M., CNA #3 said she did not remove the Resident's facial hair because some residents did not want the facial hair removed. CNA #3 said Resident #9 could ask staff to have his/her facial hair removed if needed. CNA #3 said usually the residents, or their family members would ask staff to remove facial hair then the staff would do it. When the surveyor asked Resident #9 if he/she had any concerns about the facial hair underneath his/her chin, the Resident said that he/she would like to have the facial hair under his/her chin removed.</p> <p>On 1/28/25 at 9:54 A.M., the surveyor observed CNA #3 and CNA #4 assist the Resident #9 to his/her room.</p> <p>On 1/28/25 at 10:08 A.M., the surveyor observed Resident #9 seated in a wheelchair near the nurses station and no longer had facial hair underneath his/her chin.</p> <p>50563</p> <p>2b. Resident #19 was admitted to the facility in July 2024 with diagnoses including Acute and Chronic Respiratory Failure with Hypoxia.</p> <p>Review of Resident #19's MDS assessment dated [DATE], indicated the Resident:</p> <ul style="list-style-type: none"> -was cognitively intact as evidenced by a BIMS score of 13 out of a possible score of 15. -required partial or moderate assistance with personal hygiene activities. <p>Review of Resident #19's ADL Flow Sheet indicated the Resident:</p> <ul style="list-style-type: none"> -was last showered on 1/22/25. -typically required partial or moderate assistance with personal hygiene. <p>During an observation and interview on 1/23/25 at 9:10 A.M., the surveyor observed Resident #19 had visible facial hair on his/her face. Resident #19 said he/she preferred to have facial hair removed but staff do not always offer to help him/her shave.</p> <p>On 1/24/25 at 10:24 A.M., the surveyor observed Resident #19 lying in bed with visible facial hair on his/her face.</p> <p>During an observation and interview on 1/24/25 at 2:55 P.M., the surveyor observed Resident #19 remained with facial hair. Resident #19 said that he/she would like to be shaved but no-one had offered.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/24/25 at 3:08 P.M., CNA #1 said that they do not typically remove facial hair for residents on the evening (3:00 P.M. through 11:00 P.M.) shift. CNA #1 further said that if a resident had expressed a desire to have facial hair removed on the day (7:00 A.M. through 3:00 P.M.) shift but the staff were unable to assist that resident with facial hair removal that day shift, staff would relay this to the evening shift and they would assist with shaving at that time. CNA #1 said she did not recall the day shift staff ever informing her that Resident #19 desired to be shaved or that day shift staff could not complete this task.</p> <p>During an interview on 1/24/25 at 3:08 P.M., Unit Manager (UM) #1 said that the standard procedure was that resident's facial hair was removed on their shower day and then more frequently based on observation of hair growth between shower days. UM #1 observed Resident #19 and said she could tell he/she needed to have his/her facial hair removed.</p> <p>During an interview on 1/28/25 at 10:53 A.M., the DON said the expectation was that the CNAs should observe residents for facial hair and ask if the resident desires to have their facial hair removed every day if facial hair was present. If a resident refused to have their facial hair removed it would be documented in the CNA charting.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>50563</p> <p>Based on observation, and interview, the facility failed to ensure medications were stored according to professional standards of practice for one unit (4th floor) out of three units.</p> <p>Specifically, for the 4th floor unit, the facility failed to:</p> <ul style="list-style-type: none"> -store medications in pharmacy approved and pharmacy labeled containers. -accurately label medications for precautions and safe administration. <p>Findings include:</p> <p>Review of the facility policy titled Medication Storage, revised March 2022, indicated the following:</p> <ul style="list-style-type: none"> -Drugs and biologicals shall be stored in the packaging, containers or other dispensing systems in which they are received. -Only the issuing pharmacy is authorized to transfer medications between containers. <p>On 1/23/25 at 1:35 P.M., the surveyor observed the following during a medication cart observation on the 4th floor unit:</p> <ul style="list-style-type: none"> -multiple sandwich bags that contained medications, and a piece of paper indicating the medication names. -the sandwich bags were rubber-banded together in the bottom drawer of the medication cart with a resident's name attached to the rubber-band. -no evidence of pharmacy packaging or pharmacy labels. <p>During an interview on 1/23/25 at 1:42 P.M., Nurse #1 said that the medications should not be stored in this manner. Nurse #1 further said the medications should either have been sent home with the resident's family or destroyed upon receipt.</p> <p>During an interview on 1/28/25 at 10:53 A.M., the surveyor reviewed the observation of medications stored in sandwich bags with the Director of Nursing (DON). The DON said the expectation if medications were received in this type of storage, they should be destroyed immediately. The DON further said that medications stored in this manner could not be accurately identified and staff could not verify the medications were prescribed for that resident.</p>		

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<p>F 0847</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>42741</p> <p>Based on record review, and interview, the facility failed to ensure that the facility's Arbitration Agreement contained specific language as required pertaining to communication with federal, state, or local officials, for three Resident's (#13, #81, #237) out of a total sample of three residents.</p> <p>Specifically, the facility failed to ensure that the Arbitration Agreements signed by Resident's #13, #81, #237 and/or their Representative's, explicitly stated that the Resident or anyone else (e.g., Resident's Representative) maintained the right to communicate with federal, state, or local officials such as federal and state surveyors, other federal or state health department employees and Representative(s) of the Office of the State Long Term Care Ombudsman.</p> <p>Findings include:</p> <p>Review of the facility's Admission Packet, Exhibit C, Arbitration Agreement, undated, did not indicate the resident or anyone else (e.g., resident's representative) maintained the right to communicate with federal, state, or local officials such as federal and state surveyors, other federal or state health department employees and representative of the Office of the State Long Term Care Ombudsman.</p> <p>Review of signed arbitration agreements for Residents #13, #81, and #237 indicated the following:</p> <ul style="list-style-type: none"> -Resident #13's Resident Representative signed the Arbitration Agreement on 4/10/24 -Resident #81's Resident Representative signed the Arbitration Agreement on 10/31/24 -Resident #237 signed the Arbitration Agreement on 3/18/21. <p>Further review of the Arbitration Agreements indicated the signed Arbitration Agreements were missing information stating the Resident and/or Resident Representative maintained the right to communicate with federal, state, or local officials such as federal and state surveyors, other federal or state health department employees and Representative(s) of the Office of the State Long Term Care Ombudsman.</p> <p>During an interview on 1/23/25 at 3:26 P.M., the Administrator reviewed the signed Arbitration Agreements and said that the signed Arbitration Agreements did not indicate the Resident and/or the Resident Representative's maintained the right to communicate with federal, state, or local officials such as federal and state surveyors, other federal or state health department employees and Representative of the Office of the State Long Term Care Ombudsman.</p> <p>(continued on next page)</p>		

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<p>F 0847</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 1/27/25 at 2:47 P.M., the Administrator said the facility's Arbitration Agreement did not contain all the necessary components and he needed to update the Arbitration Agreement to include that the resident or anyone else (e.g., resident's representative) maintained the right to communicate with federal, state, or local officials such as federal and state surveyors, other federal or state health department employees and Representative of the Office of the State Long Term Care Ombudsman.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50563</p> <p>Based on observation, interview, and record review, the facility failed to adhere to infection control standards to prevent the transmission of communicable diseases and infections for one Resident (#19) out of a total sample of 19 Residents.</p> <p>Specifically, for Resident #19, the facility failed to ensure that the Resident's indwelling urinary catheter bag and catheter tubing were maintained off the floor to stop the risk of contamination and spread of infections.</p> <p>Findings include:</p> <p>Review of the AHRQ (Agency for Healthcare Research and Quality) Safety Program for Long-Term Care: HAIs/CAUTI (Healthcare Associated Infections/Catheter Associated Urinary Tract Infections) power point titled Catheter Care and Maintenance (https://www.ahrq.gov), dated March 2017, indicated the following:</p> <p>-The catheter itself can act as a key highway or interstate for microbes [bacterial organisms that can cause infection] to get into that resident.</p> <p>>Probably the most common way microbes get in once an indwelling urinary catheter is in place, is by the outside surface of the catheter.</p> <p>>Bacteria and other pathogens are able to use the outer surface of the catheter to work their way up the urethra, and into the bladder.</p> <p>Review of the facility policy titled Indwelling Catheter Care, revised April 2022, indicated the following:</p> <p>- .always keep the drainage bag below the level of the resident's bladder and off the floor.</p> <p>Resident #19 was admitted to the facility in July 2024 with diagnoses including Obstructive and Reflex Uropathy.</p> <p>Review of Resident #19's Minimum Data Set (MDS) assessment dated [DATE] indicated the Resident:</p> <p>-was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 13 out of a possible score of 15.</p> <p>-had an indwelling urinary catheter.</p> <p>On 1/24/25 at 10:24 A.M., the surveyor observed Resident #19 lying in bed with the urinary catheter bag secured to the bed frame in a manner where the urinary catheter bag and catheter tubing were laying on the floor.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/24/25 at 2:55 P.M., the surveyor observed Resident #19 lying in bed and the urinary catheter bag was secured to the bed with the urinary catheter bag and catheter tubing laying on the floor.</p> <p>During an interview on 1/24/25 at 2:56 P.M., the surveyor and Nurse #2 observed Resident #19's urinary catheter bag. Nurse #2 said that the urinary catheter bag should not be positioned on the floor. Nurse #2 performed hand hygiene, donned a gown and gloves and removed and repositioned the urinary catheter bag off the Resident's bedroom floor.</p> <p>During an interview on 1/28/25 at 10:53 A.M., the Director of Nursing (DON) said the expectation for urinary catheter bag and catheter tubing positioning was that the equipment should be positioned off the floor as the floor was dirty and this was an infection control concern relative to the potential for contamination.</p>