

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225339	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Medford Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Winthrop Street Medford, MA 02155	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48671</p> <p>Based on observation, record review and interview the facility failed to ensure residents were provided a dignified existence and self-determination, out of a total sample of 25 residents. Specifically:</p> <ol style="list-style-type: none"> 1. The facility failed to ensure staff spoke with one Resident (#59) with respect and courtesy. 2. The facility failed to ensure staff received permission to look through and remove personal effects for one Resident (#49). 3. The facility failed to ensure staff spoke in a language understood by residents during care and resident areas. , <p>Findings Include:</p> <p>Review of the facility policy Maintaining Resident Dignity dated 3/20/24, indicated:</p> <p>-The facility promotes care for Resident's in a manner and in an environment that maintains or enhances each Resident's dignity and respect in full recognition of his or her individuality.</p> <p>Areas of focus include:</p> <ol style="list-style-type: none"> 6. Respecting the Resident's room and personal space. <p>Respecting Resident's Social Status</p> <ol style="list-style-type: none"> 1. Respecting resident's social status includes speaking respectfully, listening carefully, treating resident with respect (e.g., addressing the resident with a name of the Resident's choice, not excluding Resident's from conversation or discussing Resident's in community setting); and focusing on resident as individuals when they talk to them and addressing Resident's as individuals when providing care and services. <p>Activities</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Respecting the dignity of individuals and groups engaged in formal and informal activities is essential to Residents' quality of life and satisfaction with the nursing home experience.</p> <p>Respecting The Resident's Room and Personal Space</p> <p>-Staff strive to create a dignified, homelike environment in the facility for the Resident's, one essential aspect of the process includes the resident's room and personal space.</p> <p>Best Practices may include:</p> <ol style="list-style-type: none"> Staff members knocking on the resident's door and waiting for a reply. For Resident's not able to reply, knocking and announcing one's presence while slowly enter the room. Attempting to make eye contact with the resident and stating identity and purpose for entering the room. Staff requesting permission before picking up or moving an item on the Resident's nightstand or bureau drawers or closets. There may be special significance attached to the particular item and the resident may want to keep the item in that location. Respecting the Resident's private space and property (e.g., not moving or inspecting resident's personal possessions without permission) <p>1. Resident #59 was admitted to the facility in August 2023 with diagnoses including dementia, residual schizophrenia, cerebral infarction, and adult failure to thrive.</p> <p>Review of Resident #59's most recent Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #59 scored 14 out of a possible 15 on the Brief Interview for Mental Status exam, indicating he/she is cognitively intact. The MDS also indicated Resident #14 requires maximum assistance with self-care activities.</p> <p>During an observation on 7/10/24 at 1:14 P.M., Resident #59 was observed sitting outside in the designated smoking area with 13 other Resident's. Resident #59 finished smoking a cigarette and asked the Activities Director for another cigarette. The surveyor heard the Activities Director say, No that's it, you don't have anymore cigarettes!. Resident #59 became agitated, raised his/her voice and said he/she has more cigarettes and paid \$20.00 for more cigarettes. The Activities Director responded to the Resident saying, No you didn't stop asking, and then called another staff member on the phone. A second staff member brought over a new pack of cigarettes and gave one to Resident #59. The Activities Director then walked away from Resident #59 while another staff member assisted the Resident.</p> <p>During an observation on 7/10/24 at 1:28 P.M. the Activities Director was observed pushing Resident #59 in his/her wheelchair from the outside smoking area back into the facility. The Activities Director said to Resident #59, You're all done!, and proceeded to push the wheelchair through the sliding glass doors, back into the facility. Resident #59 said he/she was not done and wanted to sit in the cool area he/she was wheeled into before being pushed back into his/her room. The Activities Directed told the Resident No and proceeded to push him/her towards a second door. Resident #59 said No, let me cool off!, and the Activities Directed replied with Fine!, and stopped pushing the wheelchair.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 7/10/24, at 1:30 P.M., the Activities Director began shouting No, no, no you have Resident's outside. Where should you be right now?, to Activities Assistant #1 who was inside speaking to Resident #59 while wiping down clothing protectors. Resident #59 was observed shaking his/her head and appeared frustrated with the Activities Director.</p> <p>During an observation on 7/11/24, at 12:07 P.M., the Activities Director was observed walking by Resident #59 who was sitting in the hall. Resident #59 said I want to go out for a cigarette. The surveyor heard the Activities Director shout from the elevator You get three that's it! and proceeded to go down the elevator.</p> <p>During an interview on 7/12/24 at 7:56 A.M., the Activities Director said Resident #59 has a short temper and staff are aware of approaches that work to redirect the resident and that she feels guilty responding to him/her the way she did. The Activities Director said she has a lot going on and should not be so short with the Resident and take time to speak calmly and address his/her needs.</p> <p>During an interview on 7/12/24 at 9:41 A.M., the Director of Nursing (DON) said staff should be professional and should speak to all Resident's in a respectful and dignified manner. The DON said Resident's and staff should treat each other with respect in front of one another and take the time to speak with Resident's and not just walk by. Staff should try to de-escalate any behaviors and not ignore them.</p> <p>2. Resident #49 was admitted to the facility in January 2017 with diagnoses including aphasia, dysphagia, vascular dementia, major depressive disorder, and muscle weakness.</p> <p>Review of Resident #49's most recent Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #49 was unable to complete a Brief Interview for Mental Status exam. The MDS also indicated Resident #49 is dependent on staff for all self-care activities. Further review of the MDS indicated Resident #49 is a Portuguese speaking resident.</p> <p>During an interview on 7/10/24 at 8:35 A.M., Resident # 49's roommate, Resident #65 reported that Corporate Nurse #1 entered the room on 7/9/24 and began removing lotions and creams from Resident #49's personal belongings. Resident #65 said two creams were removed from Resident #49's bureau. Resident #65 said the Corporate Nurse attempted to go through his/her belongings looking for things that shouldn't be there and wanted to go through the bureau. Resident #65 said he/she told the corporate nurse no and to not open his/her bureau or go through any personal items in the room.</p> <p>During an interview on 7/11/24 at 9:44 A.M., Corporate Nurse #1 said she did go into Resident #49's room on 7/10/24 and removed house stock items. The surveyor and Corporate Nurse walked into Resident #49's room as the corporate nurse said she was not familiar with Resident #49. The surveyor asked Corporate Nurse #1 how she communicated with Resident #49, and she reported she asked Resident #49 if she could remove items and he/she said yes. The surveyor then asked the corporate nurse if she used a communication book during her interaction and she said no and that she was not aware that Resident #49 had a communication book or spoke another language.</p> <p>During an interview on 7/12/24 at 9:46 A.M., the Director of Nursing (DON) said items should not be removed from resident rooms without consent and said all staff should communicate with residents and family members appropriately.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/12/24 at 9:52 A.M., Corporate Director #1 said Resident #49 is nonverbal, uses a binder to communicate, and staff should ask permission first before removing any items, explain the process and use the correct communication methods appropriate for the resident.</p> <p>36876</p> <p>3. During initial interviews, multiple residents reported staff speaking foreign languages during care and in the hallways of the units. One resident reported that he/she felt uncomfortable when staff speak in a language other than English because he/she thought they could be talking about him/her.</p> <p>Review of the Resident Council Meeting minutes dated 4/10/24, 5/8/24 and 6/12/24 indicated that residents reported staff speaking foreign languages had been discussed.</p> <p>On 7/11/24 at 7:50 A.M., the surveyor observed staff speaking in a language other than English in the hallways on the [NAME] Unit where nearby residents could hear the conversation.</p> <p>On 7/11/24 at 10:41 A.M., the surveyor observed staff speaking in a language other than English in doorway of resident room on Mystic Unit while residents were in the room.</p> <p>On 7/11/24 at 11:10 A.M., the surveyor observed staff speaking in a language other than English in the hallway on the [NAME] Unit where nearby residents could hear the conversation.</p> <p>During an interview on 7/12/24 at 8:25 A.M., the Corporate Director said staff should not be speaking in languages other than English in front of residents.</p>		

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<p>F 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give residents a notice of rights, rules, services and charges.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49880</p> <p>Based on observation, interview and policy review the facility failed to ensure that residents are informed of their rights and of all rules and regulations governing resident conduct and responsibilities during their stay in the facility. Specifically, 22 out of 22 residents who attended the Resident Council Meeting on 7/10/24 said that they were not aware of the Resident's rights and that they are not reviewed regularly with them.</p> <p>Findings Include:</p> <p>Review of facility policy titled Resident Rights, dated as 5/9/24, indicated the following:</p> <p>-[The Facility] will ensure that each resident remains informed of his/ her rights, as well as all the rules and regulations governing resident conduct and responsibilities during their stay.</p> <p>-To assure that our residents, staff, and visitors are continually informed and aware of resident rights, grievance procedures, responsibilities to the facility, etc., large print copies are posted or available in several areas which may include the main lobby area, resident's lounges, employee's lounge, activity room and nurses' station.</p> <p>Review of Resident Council Meeting minutes from January 2024- June 2024 failed to indicate that any resident rights were reviewed during the meeting.</p> <p>During the Resident Group Interview held on 7/10/24 at 10:30 A.M., the Resident Council President said that he/she was not aware of the Resident's Rights. He/she said that they may have been reviewed upon admission to the center but that was many years ago, and no one has reviewed any resident rights since then. Twenty two out of 22 Residents in the meeting agreed that they were not aware of their rights in the center and no one in attendance in the meeting could identify where to find a copy of Resident's Rights in the center. The residents who attended the meeting further said they don't know if they are able to exercise their rights because they do not know what they are.</p> <p>On 7/11/24 during a tour of the first- floor [NAME] Unit there were no postings of Resident Rights, where many residents who attended the resident council meeting reside, including the Resident Council President.</p> <p>During an interview on 7/11/24 at 7:53 A.M., the Activities Director said that at least one staff member is invited to attend the monthly resident council meetings to take notes, but it is not necessarily her. She said she has been the Director since April 2024 but has only attended one meeting. She said that during that meeting no Resident's Rights were reviewed.</p> <p>During an interview on 7/11/24 at 7:58 A.M., Social Worker #2 said that she typically attends the resident council meetings as the note taker. She said that Resident's Rights are not typically reviewed in the meetings.</p> <p>(continued on next page)</p>

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<p>F 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/11/23 at 10:13 A.M., the Corporate Director said that residents should be aware of their rights and where to find them in the facility. She said that they are reviewed at admission but should continue to be reviewed so residents are aware of their rights.</p>

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49880</p> <p>Based on record review and interviews the facility failed to ensure grievances voiced in the monthly Resident Council meetings were adequately addressed or resolved.</p> <p>Findings Include:</p> <p>Review of facility policy titled Grievance policy, dated as effective June 2021, indicated the following:</p> <p>-All residents at [the facility] shall be afforded the right to voice their grievances/ concerns with the expectation of a resolution, without the fear of discrimination or reprisal. Grievances can range from issues with care and treatment, to the behavior of staff and/ or of other concerns during their stay.</p> <p>-A grievance investigation and subsequent final report should be completed no later than seven (7) days from the receipt.</p> <p>Included in the grievance book provided to the survey team from the facility included Standards of Practice for resident and family grievances, undated. This standard of practice indicated the following:</p> <p>-Standard: it is policy of this facility to provide an opportunity for residents and/or their family members to express concerns to staff at any time. Our goal is to resolve resident and family concerns on a timely basis by utilizing resources within the facility. Through an interdisciplinary approach, improvements will be made to maximize the care of the resident and maintain the highest quality of care.</p> <p>Review of the Resident Council meeting minutes from January 2024 to June 2024 indicated the following:</p> <p>-Concerns with call light response time in January 2024, February 2024, March 2024 and April 2024.</p> <p>-Concerns with staff using cell phones and ear buds in resident care areas, sometimes while caring for residents including during the medication pass in January 2024, February 2024, March 2024, April 2024, May 2024 and June 2024.</p> <p>-Concerns with receiving scheduled showers in February 2024, March 2024, April 2024, May 2024.</p> <p>-Concerns with staff speaking foreign languages, other than English, in resident care areas in March 2024, April 2024, May 2024 and June 2024.</p> <p>During initial screening on 7/9/24 residents expressed the following concerns:</p> <p>-Two residents on the Pleasant View Unit expressed concerns with staff response to call lights.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Four residents on the Mystic unit expressed concerns with staff response to call lights.</p> <p>-Two residents on the Mystic unit expressed concerns with staff speaking foreign languages in resident care areas.</p> <p>-Two residents on the [NAME] unit expressed concerns with not receiving showers.</p> <p>-Three residents expressed concern with staff speaking foreign languages in resident care areas.</p> <p>During the Resident Group Interview on 7/10/24 residents expressed the following concerns:</p> <p>-11 out of 22 residents said that call lights are not answered timely. It was expressed that this was across all shifts and days. Residents also expressed that when the light is answered they are often told I'm not your Certified Nurses Assistant (CNA), so I'll get them to help you.</p> <p>-7 out of 22 residents expressed that they are not receiving showers regularly in the facility. One resident said that it has been over 3 weeks since he/she had a shower. Two residents expressed feeling as though they need to beg staff to provide them with showers.</p> <p>-19 out of 22 residents expressed that staff often congregate either right outside or sometimes in their rooms, speaking languages other than English, or talking loudly on their cell phones. Residents expressed often feeling as if the staff are talking about them in languages other than English.</p> <p>Review of the grievance book provided by the facility to the survey team indicated the following:</p> <p>-No grievances were filed in the month of May.</p> <p>-One grievance was filed in the month of June.</p> <p>During an interview on 7/11/24 at 11:53 A.M., the Director of Nurses, Administrator and Corporate Director were made aware of the concerns that came out of the Resident Group Interview. They said that if the same concerns are coming up month after month in the Resident Council meetings, then the concerns or grievances are not being addressed. The Administrator said the residents may need more communication about the process and the resolution of the grievance. The Corporate Director said that some staff are still learning English, but should not be speaking foreign languages in a resident care area.</p> <p>During an interview on 7/12/24 at 7:46 A.M., Social Worker #2 said that following the note taking for the Resident Council meeting minutes she lets the corresponding Department Head know about the concerns or grievances discussed in the meeting. She said that formal grievances are not filed based on the concerns brought up in Resident Council. She said that if the same issues are coming up month after month, they need a tighter system to resolve the resident's concerns and to follow up with them.</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>49880</p> <p>Based on observations, record review, policy review and interview, the facility failed to identify and assess the use of side rails as a potential restraint for one Resident (#47) out of a total sample of 25 residents.</p> <p>Findings Include:</p> <p>Review of facility policy titled Restraints, dated 2/2/24 indicated the following:</p> <p>-1. A physical restraint is any manual method or physical or mechanical device, material or equipment or material attached or adjacent to the resident's body that the individual cannot remove easily, which restrict freedom of movement or normal access to one's body. Any device that prevents a resident from freely and easily arising out of a chair or bed is considered a restraint.</p> <p>-3. Devices that restrict the resident's movements for resident safety are considered a restraint:</p> <p>-Bedrails (Resident must be able to easily and voluntarily get in and out of bed using a bedrail; must be able to easily and voluntarily release the bedrail)</p> <p>-14. A bed mobility assessment will be completed for each resident to assess the need for side rails. Full or half side rails can be a restraint and the dangers of side rail use should be carefully addressed before applying them to a resident's bed.</p> <p>Review of facility policy titled Side Rail Policy/ Bed Safety, dated as revised 7/30/18, indicated the following:</p> <p>-Our facility shall strive to provide a safe sleeping environment for the resident.</p> <p>-If side rails are used, there shall be an interdisciplinary assessment of the resident, consultation with the Attending Physician, and input from the resident and/ or legal guardian.</p> <p>Resident #47 was admitted to the facility in November 2020 with diagnoses that include severe protein malnutrition, dementia, restlessness and agitation and low back pain.</p> <p>Review of Resident #47's most recent Minimum Data Set (MDS) Assessment, dated 5/23/24, indicated a Brief Interview for Mental Status (BIMS) score of 1 out of a possible 15, indicating that the Resident has severe cognitive impairment. The MDS also indicated that Resident #47 is dependent for activities of daily living (ADLS) and substantial/max assistance for bed mobility.</p> <p>On 7/9/24 at 8:29 A.M., Resident #47 was observed laying in his/her bed. Both the head of the bed and foot of the bed were elevated and the Resident was in the divot of the bed. Bilaterally, both exits to the bed were blocked by 1/2 side rails.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/9/24 at 9:18 A.M., Resident #47 was observed laying in bed. Both the head of the bed and foot of the bed were elevated. Bilaterally, both exits to the bed were blocked by 1/2 side rails.</p> <p>On 7/10/24 at 7:29 A.M., Resident #47 was observed laying in bed with the foot of the bed elevated. One foot, which had an offloading boot applied, was caught in one of the bilateral 1/2 side rails.</p> <p>On 7/11/24 at 6:39 A.M., Resident #47 was observed laying in bed sleeping with the head of the bed elevated, bilateral 1/2 side rails are in place and up.</p> <p>Review of Resident #47's physician's orders indicated the following:</p> <p>-1/4 side rails as enablers, dated 2/1/24.</p> <p>Review of Resident #47's physician's orders failed to indicate an order for 1/2 side rails.</p> <p>Review of Resident #47's Nursing Annual/Quarterly Assessment, dated 5/16/24, indicated that no devices (including side rails) are being used and that a bed rail evaluation was not completed.</p> <p>Review of Resident #47's active ADL care plan indicated 1/4 side rails as enablers, dated 2/1/24.</p> <p>Review of Resident #47's active care plans failed to indicate a plan of care for restraints.</p> <p>Review of Resident #47's medical record failed to indicate an assessment to determine if the use of bilateral 1/2 side rails would be a potential restraint. Further review failed to indicate an interdisciplinary bed rail assessment was completed.</p> <p>During an interview on 7/11/24 at 8:35 A.M., Unit Manager #1 said that the side rails on Resident #47's bed look like 1/2 rails but she doesn't think they are.</p> <p>During an interview on 7/11/24 at 8:42 A.M., Certified Nursing Aid (CNA) #8 said that Resident #47's side rails are longer than other residents because he/she is restless and moves around a lot in bed. She said that sometimes Resident #47 tries to swing his/her legs out of the bed on one side and his/her head on the other, so she feels the side rails keep him/her safe. She further said that the side rails on Resident #47's bed appear to cover half the length of his/her bed.</p> <p>During an interview on 7/11/24 at 8:47 A.M., the Corporate Director said no side rail assessment was completed to evaluate the use of side rails for Resident #47. She said she agrees it is not 1/4 rails on the bed as per the physician's orders and that their was no restraint risk assessment completed to assess the potential for the current side rails to act as a restraint.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>45763</p> <p>Based on employee record review and interview, the facility failed to implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property. Specifically, the facility failed to complete a CORI (criminal offender registry information) check before hire for two of the 13 employee files reviewed.</p> <p>Findings Include:</p> <p>Review of the facility policy, titled The seven (7) components of a systemic approach to abuse prohibition, effective 3/2/24, indicated, but was not limited to, the following:</p> <p>1. Screen:</p> <p>- All potential employees for a history of abuse neglect, or mistreating residents as defined by the applicable requirements. This includes attempting to obtain information from previous and/or current employers and checking with the appropriate licensing boards and registries. (sic.)</p> <p>c. Complete the CORI check and review findings - all applicants with history of abuse, allegations abuse, mistreatment, or neglect or 2) misappropriation of resident property or exploitation will not be eligible for hiring. (sic.)</p> <p>Review of Certified Nursing Aide (CNA) #5's employee file indicated that CNA #5 was hired in August of 2022. Further review of CNA #5's employee file failed to indicate that a CORI check was ever completed.</p> <p>Review of CNA #5's timecards indicated the CNA had worked as recently as 7/11/24.</p> <p>Review of CNA #7's employee file indicated that CNA #7 was hired in March 2004. Further review of CNA #7's employee file failed to indicate that a CORI check was ever completed.</p> <p>Review of the CNA assignments indicated that CNA #7 had worked as recently as 7/8/24.</p> <p>During interviews on 7/12/24 at 8:34 A.M., and 11:36 A.M., Human Resources said that CORI checks should be completed before a prospective employee can begin working and she could not find CORI checks for CNA #5 or CNA #7.</p>		

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NAME OF PROVIDER OR SUPPLIER Medford Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Winthrop Street Medford, MA 02155	

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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>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45343</p> <p>Based on record review and interviews the facility failed to ensure a resident-centered personalized care plan was developed and/or implemented for two Residents (#114 and #107) out of a total sample of 25 residents. Specifically:</p> <ol style="list-style-type: none"> 1. For Resident #114, the facility failed to apply booties per his/her physician's order. 2. For Resident #107, the facility failed to implement a rehab screening per the plan of care. <p>Findings include:</p> <p>Review of the facility policy Adaptive Devices/Equipment, dated 5/2024, indicated the following:</p> <p>Policy:</p> <p>-The goal of [NAME] Rehabilitation and Nursing center is to ensure residents requiring the use of adaptive equipment and devices will have the equipment available in accordance with the MD orders and residents plan of care.</p> <p>Procedure:</p> <p>-[NAME] Rehab and Nursing Center will assess the need for adaptive equipment-adaptive devices and equipment include splints, boots, air mattresses etc.</p> <p>-Once the device has been ordered by the MD/NP, nursing will assess for placement and function and document in the resident record.</p> <ol style="list-style-type: none"> 1. Resident #114 was admitted to the facility in April 2023, with diagnoses including paraplegia, rhabdomyolysis, and post laminectomy syndrome. <p>Review of Resident #114's most recent Minimum Data Set Assessment (MDS), dated [DATE], indicated that Resident #114 had a Brief Interview for Mental Status exam score of 14 out of 15 indicating he/she is cognitively intact.</p> <p>On 7/9/24 at 8:51 A.M. and 12:45 P.M., 7/10/24 at 7:35 A.M., and 7/11/24 at 6:55 A.M., Resident #114 was observed lying in his/her bed without his/her bilateral lower extremity booties. On 7/10/24 at 3:02 P.M., Resident #114 was observed sitting up in his/her wheelchair without his/her bilateral lower extremity booties.</p> <p>Review of Resident #114's physician's orders indicated the following:</p> <p>- Apply Prevalon boots (Heel Protectors) to bilateral feet at all times (when in bed and out of bed) as resident tolerates. May remove for hygiene and care, every shift for Preventive Treatment, initiated 6/6/24.</p> <p>(continued on next page)</p>

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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>During an interview on 7/11/24 at 8:24 A.M., Nurse #1 said if a resident has an order for booties, it should be indicated on the Treatment Administrative Record (TAR) and should be applied per the physician's orders.</p> <p>During an interview on 7/11/24 at 9:23 A.M., the Director of Nursing said a resident should be assessed, the staff will be educated on the application of the booties, and a plan of care should be developed and followed per the physician's orders.</p> <p>Review of the medical record failed to indicate Resident #114 refused to wear his/her booties or that his/her booties were applied to his/her feet daily.</p> <p>36876</p> <p>2. Resident #107 was admitted to the facility in November 2022 with diagnoses including Alzheimer's disease and vascular dementia.</p> <p>Review of the Resident #107's most recent Minimum Data Set assessment dated [DATE] indicated Resident #107 is severely cognitively impaired and requires assistance with bathing, dressing and toileting.</p> <p>Review of Resident #107's clinical record indicated he/she sustained a fall on 1/10/24 resulting in hospitalization and a diagnoses of nasal fracture and sutures.</p> <p>Review of Resident #107's fall investigation and fall care plan indicated that in response to the fall, the facility interventions included a referral to rehab.</p> <p>Review of Resident #107's physical therapy notes indicated he/she was not evaluated or screened by physical therapy until 2/13/24.</p> <p>During interviews on 7/10/24 at 11:49 A.M. and 7/11/24 at 7:10 A.M., the Rehab Director said that referrals to screen residents after a fall can be relayed verbally, by phone or through written requests. The Rehab Director said that the department attempts to screen residents within 24 hours of the request. The Rehab Director said that Resident #107 had not been seen by the rehab department in January 2024.</p> <p>During an interview on 7/12/24 at 8:25 AM the Corporate Director said that rehab referrals after a resident sustains a fall are usually completed within 24 hours of the request. She was not aware that Resident #107 did not receive a rehab evaluation per his/her plan of care until 2/13/24.</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48671</p> <p>Based on observation and interview, and record review, the facility staff failed to provide the necessary services to ensure one Resident (#49) was able to effectively communicate his/her needs out of a total sample of 25 Residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled Communication with Residents- Staff with Limited English Proficiency, dated 5/4/24, indicated the following:</p> <p>-It is the policy of the facility to ensure that all staff members, including those with limited English proficiency (LEP), can effectively communicate with residents to provide the highest standard of care and service. This policy aims to promote understanding, ensure accurate information exchange, and maintain safety and well-being of all residents.</p> <p>Procedure:</p> <p>2. Provision of Language Assistance Services</p> <p>-Provide access to professional interpreter for LEP staff when necessary.</p> <p>-Utilize bilingual staff members to assist with communication, ensuring they are proficient in both languages.</p> <p>-Provide translated written materials in the primary languages spoken by staff with LEP.</p> <p>4. Use of Interpretation Services</p> <p>-Utilize telephone or video interpretation services when on-site interpreters are not available.</p> <p>5. Clear and Effective Communication</p> <p>-Use visual aids, gestures, and written materials to support verbal communication.</p> <p>7. Monitoring and Evaluation</p> <p>-Regularly review and assess the effectiveness of communication strategies and language assistance services.</p> <p>- Make necessary adjustments to the policy and procedures based on feedback and evaluation results.</p> <p>Responsibilities</p> <p>(continued on next page)</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Management: Responsible for implementing and overseeing this policy providing resources for language assistance services and ensuring compliance.</p> <p>Human Resources: Responsible for assessing language proficiency during hiring, providing access to training, and maintaining records of language assistance services.</p> <p>Resident #49 was admitted to the facility in January 2017 with diagnoses including aphasia, dysphagia, vascular dementia, major depressive disorder, and muscle weakness.</p> <p>Review of Resident #49's most recent Minimum Data Set Assessment (MDS), dated [DATE], indicated Resident #49 was unable to complete a Brief Interview for Mental Status exam. The MDS also indicated Resident #49 is dependent on staff for all self-care activities. Further review of the MDS indicated Resident #49 is a Portuguese speaking resident.</p> <p>Review of Resident #49's communication care plan indicated the following:</p> <ul style="list-style-type: none"> -Resident has a communication problem related to Expressive Aphasia, Portuguese primary language, and Neurological symptoms due to cerebral infarct. Primary language is Portugese [SIC], dated as revised 7/2/24. - Residents primary language is Portuguese Creole - utilize staff and family members to assist with communication as able, dated as revised on 1/09/23. -Speak on an adult level, speaking clearly and slower than normal, dated 11/29/21. -Utilize translation service as needed, dated 7/0/24. -Converse with [Resident] while providing care, dated 10/13/23. -Turn [Resident] TV on in the a.m. on Spanish channel, dated 10/13/23. -Give clear explanation of all care activities prior to an as they occur during each contact, dated 8/11/23. -Identify yourself at each interaction. Face him/her when speaking and make eye contact. Reduce any distractions- turn off TV, radio, close door etc., dated as revised 12/2/21. <p>Review of Resident #49's active ADL flow sheet (form indicating type and level of care assistance needed), failed to indicate Resident #49's primary language is Portuguese.</p> <p>During an observation on 7/9/24 at 8:27 A.M., Resident #49 was observed laying in bed. There was no communication book visible in the room.</p> <p>During an observation on 7/10/24 at 8:35 A.M., Resident #49 was observed sitting up in bed. Certified Nursing Assistant (CNA) #1 entered the room and was observed placing folded towels on Resident #49's bed, then walked into the Resident's bathroom, began gathering personal care items, and then walked out of the room. CNA #1 did not knock on the door, introduce herself, or speak to Resident #49 during the observation. There was no communication book visible in the room.</p> <p>(continued on next page)</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 7/10/24 at 11:08 A.M., Resident #49 was observed laying in bed. There was no communication book visible in the room.</p> <p>During an observation on 7/11/24 at 9:01 A.M., Resident #49 was observed sitting up in bed eating breakfast with CNA #11. There was no communication book visible in the room. CNA #11 was not speaking to Resident #49 during the meal observation.</p> <p>During an observation on 7/12/24 at 12:18 P.M., the surveyor observed CNA #1 sitting next to Resident #49, spooning food into the Resident's mouth. CNA #1 did not explain what was on the lunch tray and made no attempts to communicate with the Resident during lunch. There was no communication book visible in the room.</p> <p>During an interview on 7/10/24 at 12:38 P.M., CNA #9 said Resident #49 can hear and understand very little English but can communicate well in Portuguese.</p> <p>During an interview on 7/10/24 at 12:18 P.M., CNA #1 was asked how she communicates with Resident #49, and she replied I don't know, he/she can hear but I turn him/her. I don't know. His/her daughter comes in to do that. CNA #1 was unable to provide any further details and denied the use of a communication book when asked.</p> <p>During an interview on 7/10/24 at 2:17 P.M., Nurse #2 said Resident #49 can understand Portuguese and some Spanish and that he/she doesn't communicate very well but can understand if you ask questions in his/her language and nod his/her head.</p> <p>During an interview on 7/11/24 at 9:17 A.M., Unit Manager #2 said Resident #49 has a communication book that staff can use to communicate because he/she does not speak English. Unit Manager #2 said she expects staff to use the book to communicate with Resident #49 and said staff should be speaking with Residents during mealtimes and when providing care.</p> <p>During an interview on 7/12/24 at 9:46 P.M., Director of Nurses (DON) said Resident #49 should have a communication book at the bedside and staff should be utilizing translation services to communicate with the Resident. The DON said communication care plan should be followed by all staff.</p> <p>During an interview on 7/12/24 at 9:48 A.M., Corporate Director #1 said Resident #49 is nonverbal, uses a binder to communicate, and she expects all staff to explain the procedures and follow the plan of care when communicating with the Resident.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>48671</p> <p>Based on observation, interview, and record review, the facility failed to ensure nursing implemented a physician's order for Continuous Positive Airway Pressure (CPAP) mask to be worn at bedtime for one Resident (#117), out of a total sample of 25 residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Continuous Positive Airway Pressure (CPAP), dated 11/28/23, indicated the purpose of CPAP is to improve ventilation and oxygenation in an effort to avoid respiratory failure, intubation, and/or hospitalization in residents who present with chronic heart failure (CHF), obstructive sleep apnea (OSA), pulmonary edema or other causes of severe respiratory impairment.</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. Review residents' chart for order, diagnosis, indications, settings, supplemental oxygen and other applicable information. 2. CPAP order should be transcribed onto TAR (Treatment Administration Record). Specific CPAP pressures (settings) should be documented on TAT; Supplemental oxygen liter flow as well as any other appropriate clinical data should be documented on TAR. 3. Order CPAP thru vendor (if needed) and give ordered settings; if resident using their won CPAP check settings are consistent with current order and Nurse Manager/designee should adjust as needed. <p>12. CPAP should be documented on TAR by a licensed nurse.</p> <p>Resident #117 was admitted to the facility in April 2024 with diagnoses including obesity, anxiety disorder, gastro-esophageal reflux disease and primary hypertension.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 5/2/24, indicated Resident #117 had a Brief Interview for Mental Status (BIMS) score of 11 out of a possible 15 which indicated moderate cognitive impairment.</p> <p>Review of Resident #117's active physician orders, dated 6/25/24, indicated:</p> <ul style="list-style-type: none"> - Continuous Positive Airway Pressure (CPAP) machine to be worn at bedtime at 4-20 cm pressure, check placement every evening and night shift for CPAP. - CPAP-Daily cleaning of CPAP. Wash mask with warm soapy water, rinse and hang up to dry daily in the morning. Clean canister with water and refill with distilled water. - CPAP: Weekly cleaning: wash filter on the back of machine with warm water, squeeze it dry and use a towel to remove moisture, soak mask, tubing and chamber in 1 cup of vinegar and 3 cups of water for 30 minutes and then air dry. Every day shift every Sun for C-PAP CARE, dated 6/26/24. <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the plan of care related to CPAP /BiPap Therapy Obstructive Sleep Apnea, dated 7/3/23, indicated: Encourage Resident's use of CPAP/BiPAP.</p> <p>Review of the June and July 2024 Medication Administration Record (MAR) and TAR failed to indicate documentation of the CPAP machine.</p> <p>Further review of the June and July 2024 MAR and TAR indicated the following: Unscheduled other Orders CPAP: 4-16 cmH2O (inhalation & exhalation).</p> <p>During an observation on 7/9/24 at 7:30 A.M., Resident #117 was sleeping in bed without the CPAP facemask applied to his/her face. The CPAP machine was off, and the facemask was in a bag located on the nightstand.</p> <p>During an observation on 7/10/24 at 7:31 A.M., Resident #117 was sleeping in bed without the CPAP facemask applied to his/her face. The CPAP machine was off, and the facemask was in a bag located on the nightstand.</p> <p>During an interview on 7/10/24 at 9:43 A.M., Resident #117 said staff never put the CPAP facemask on at night and that he/she has asked staff to apply the facemask.</p> <p>During an observation on 7/11/24 at 7:15 A.M., Resident #117 was sleeping in bed without the CPAP facemask applied to his/her face. The CPAP machine was off, and the facemask was in a bag located on the nightstand.</p> <p>The CPAP facemask remained in the same position throughout the survey and remained in the same bag and location on the nightstand, visible to staff.</p> <p>During an interview on 7/10/24 at 12:37 A.M., Certified Nurses Aid (CNA) #9 said Resident #117 wears a CPAP at night to help him/her sleep.</p> <p>During an interview on 7/10/24 at 2:13 P.M., Nurse #2 said Resident #117 did not have on a CPAP facemask this morning and said evening staff apply the facemask at bedtime and staff remove it in the morning. Nurse #2 said Resident #2 has orders for CPAP to be applied and that orders should be followed.</p> <p>During an interview on 7/11/24 at 8:46 A.M., Unit Manager #2 said Resident #117 should be wearing his/her CPAP at bedtime and said staff need to follow physician's orders. Unit Manager #2 said Nurses need to document in the MAR and TAR to ensure orders are followed.</p> <p>During an interview on 7/12/24 at 9:34 A.M., The Director of Nurses (DON) said Resident #117 should be wearing his/her CPAP and orders must be followed. The DON said the facility reached out to the resident's prior assisted living facility, obtained the sleep study information, and ordered the CPAP machine so Resident #117 could use it. The DON said physician orders and care plan's are expected to be followed.</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45343</p> <p>Based on record review, policy review and interview the facility failed to ensure a plan of care was developed for Trauma Informed Care, with individualized interventions, for one Resident (#114) who had a history of trauma out of a total sample of 25 residents. Specifically, for Resident #114, the facility failed to develop a comprehensive trauma care plan, with individualized triggers.</p> <p>Findings include:</p> <p>Review of the facility policy titled Trauma Informed Care, dated 5/2024, indicated the following:</p> <p>Policy:</p> <p>-[NAME] Rehab and Nursing Center ensures that residents who are trauma survivors receive culturally competent, trauma informed care in accordance with professional standards of practice and accounting for resident's experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.</p> <p>Purpose:</p> <p>-To train and assist staff to avoid re-traumatization of those residents who have survived trauma and create an environment where the resident feels safe and secure. Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.</p> <p>-Upon admission the facility will assess each resident with a mental or psychosocial adjustment difficulty or a history of trauma and/or post-traumatic stress disorder in order to ensure they receive appropriate treatment and services. A questionnaire in PCC will be utilized for each resident by the social services department in order to identify the trauma and/or pot-traumatic disorder and to gather trigger information so that our understanding their traumatic events can be detailed and specific. Additional information may be obtained from the medical record, physical and emotional assessments, from the resident, from family members who have shared this information.</p> <p>-Trauma specific interventions for a resident will be placed in their individualized person-centered care plan upon admission and assessment. Care plans and interventions will be reviewed quarterly and more often, if necessary, based on any change in the residents' physical and psychosocial well-being. As we evaluate our interventions, we will be sensitive to the need for professional referral to psychological/mental health services and personnel as well as ways to communicate our plans to staff in order to enlist their support.</p> <p>Resident #114 was admitted to the facility in April 2023, with diagnoses including traumatic Post-Traumatic Stress Disorder (PTSD), bipolar, and schizophrenia.</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #114's most recent Minimum Data Set (MDS) assessment, dated 7/4/24, indicated that Resident #114 had a Brief Interview for Mental Status exam score of 14 out of 15 indicating he/she is cognitively intact.</p> <p>Review of Resident #114's care plan failed to indicate the development of a comprehensive trauma informed care plan with identified resident specific triggers and interventions for his/her diagnosis of PTSD.</p> <p>During an interview on 7/11/24 at 8:18 A.M., Nurse #1 said if a resident is identified with PTSD, there should be a care plan developed with specific triggers for staff to better care for the resident.</p> <p>During an interview on 7/11/24 at 8:46 A.M., Social Worker #1 said a care plan should be developed with specific identified triggers and if the resident does not want to discuss the trauma and/or identify triggers we respect the residents wishes as not to retraumatize them. Social Worker #1 was asked if a resident chooses not to discuss the trauma or identify triggers would that be documented in the medical record, she said yes.</p> <p>During an interview on 7/11/24 at 9:19 A.M., the Director of Nursing said if PTSD is identified following a trauma informed assessment a care plan will be developed with triggers identified and if the resident chooses not to discuss the trauma or identify triggers, their wish is respected, and it should be documented in the medical record.</p> <p>Review of the medical record failed to indicate the resident declined to discuss his/her trauma or identify triggers.</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45763</p> <p>Based on record review and interview, the facility failed to have sufficient nursing staff to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Specifically, the facility failed to meet the facility-determined minimum for nursing staff on the weekends.</p> <p>Findings Include:</p> <p>Review of the facility assessment indicated the following:</p> <p>ii. Attach or describe individual staff assignments.</p> <p>- Administrator, Director of Nursing (DON), and Unit Managers meet daily to make sure staff assignments can meet our resident needs. We aim to have consistent RN (Registered Nurse) and CNA (Certified Nursing Aide) assignments as often as possible.</p> <p>During offsite preparation, the CASPER Payroll-Based Journal (PBJ) Staffing Data Report submitted by the facility for fiscal year (FY) Quarter 2, 2024 (January 1 - March 31) was reviewed. The facility's report triggered that the facility reported excessively low weekend staffing.</p> <p>During an interview on 7/11:00/24 at 9:28 A.M., Nurse #1 said that weekends are tough in regard to staffing.</p> <p>During an interview on 7/12/24 at 11:00:08 A.M., the Scheduler said it's hard to get enough nurses on the schedule.</p> <p>During an interview on 7/12/24 at 9:48 A.M. the Administrator provided the surveyor with a nursing schedule denoted with the minimum number of nursing staff needed to care for residents at the facility daily. The Administrator said that the minimum nursing staffing levels, with the exception of having three supervisors working, would also be expected to be met on the weekends.</p> <p>Review of the provided nursing schedule indicated the following minimum number of staff needed daily:</p> <p>-The [NAME] Unit required one charge nurse, two nurses, one nursing aide (NA), and six CNAs from 7:00 A. M. to 3:00 P.M., two nurses and five CNAs from 3:00 P.M. to 11:00 P.M., and two nurses and two CNA's from 11:00 P.M., to 7:00 A.M.</p> <p>-The Pleasant View Unit required two nurses, one NA, and four CNAs from 7:00 A.M. to 3:00 P.M., two nurses and five CNAs from 3:00 P.M., to 11:00 P.M., and one nurse and two CNAs from 11:00 A.M., to 7:00 A.M.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The Mystic Unit required one charge nurse, two nurses, one nurse aide, and four CNAs from 7:00 A.M. to 3:00 P.M., two nurses and three CNAs from 3:00 P.M., to 11:00 P.M., and one nurse and two CNAs from 11:00 P.M., to 7:00 A.M.</p> <p>Review of the weekend staff schedule for May and June of 2024 indicated that the facility was staffed below their determined minimum for 13 of 18 weekend days.</p>

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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>45763</p> <p>Based on record review and interviews, the facility failed to ensure proper hiring and use of five out of seven Certified Nursing Aides (CNAs) reviewed. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> 1) Ensure that two of seven CNA's reviewed were not employed as CNA's for more than four months after hire without having completed the competency evaluation program approved by the State. 2) Ensure that three of seven CNA's reviewed were not employed as CNAs prior to enrolling in a State-approved training and competency evaluation program. <p>Findings Include:</p> <p>Review of the Massachusetts Nurse Aide Registry information for employers indicated the following:</p> <ul style="list-style-type: none"> - You can employ a Nurse Aide who has not yet completed training for no more than 90 days. The Nurse Aide must not be used on a temporary, per diem, leased, or any basis other than a permanent employee. You can employ a Nurse Aide who has not yet taken and passed the CNA test for no more than 4 months. <p>Review of the facility policy, titled Competency of Nursing Staff, effective 3/20/24, indicated, but was not limited to, the following:</p> <ul style="list-style-type: none"> - All nursing staff must meet the specific competency requirements of their respective licensure and certification requirements defined by State law. <p>Review of the facility policy, titled Nurse Aide Qualifications and Training Requirements, effective 7/12/24, indicated, but was not limited to, the following:</p> <ul style="list-style-type: none"> - Nurse Aide is defined as any individual providing nursing or nursing-related services to residents in our facility who is not a licensed health professional, a registered dietitian, or someone who volunteers to provide such services without pay. - Individuals applying for the position of nurse aide must: <ol style="list-style-type: none"> f. Must have a valid, unencumbered CNA license. g. For new nurse aide graduates from nurse aide school, should only work as a Nurse Aide no more than 4 months from the Nurse Aide graduation date. <p>1a) Review of CNA #5's employee file indicated the CNA was hired on 8/15/22 for the position of CNA.</p> <p>Review of the Massachusetts Nurse Aide Registry failed to indicate that CNA #5 was ever issued a Nurse Aide Certification.</p> <p>(continued on next page)</p>

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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Facility's Nursing Aides Tracker Sheet indicated that CNA #5 had passed the knowledge exam on 4/3/24 but still needed to schedule the skills test.</p> <p>Review of CNA #5's timecards indicated that CNA #5 had worked as a CNA for a total of 1,012.75 hours in the last six months, after over a year without having passed the CNA test.</p> <p>Review of the CNA assignment sheets indicated that CNA #5 was assigned to provide care to an assignment of residents on four separate days since 7/4/24, after over a year without having passed the CNA test.</p> <p>1b) Review of CNA #2's employee file indicated the CNA was hired on 2/21/24 for the position of CNA. Further review of CNA #2's employee file indicated the CNA had failed to pass the Certified Nurse Aide Knowledge exam on 5/25/24.</p> <p>Review of the Massachusetts Nurse Aide Registry failed to indicate that CNA #2 was ever issued a Nurse Aide Certification.</p> <p>Review of CNA #2's timecards indicated that CNA #2 had worked as a CNA for a total of 87 hours after 6/21/24 (four months after hire) without having passed the CNA test.</p> <p>Review of the CNA assignment sheets indicated that CNA #2 was assigned to provide care to an assignment of residents for a total of 7 days since 7/4/24 (greater than four months after hire) without having passed the CNA test.</p> <p>2a) Review of CNA #4's employee file indicated that the CNA was hired on 2/20/24 for the position of CNA.</p> <p>Review of the Massachusetts Nurse Aide Registry failed to indicate that CNA #4 was ever issued a Nurse Aide Certification.</p> <p>Review of the Facility's Nursing Aides Tracker Sheet indicated that CNA #4 was hired on 2/20/24 but did not begin the CNA class until 4/16/24.</p> <p>Review of CNA #4's timecards indicated that CNA #4 had worked as a CNA for a total of 382 hours after being hired on 2/20/24, and before beginning the CNA class on 4/16/24.</p> <p>Review of the Nursing Schedule indicated CNA #4 was scheduled to work 31 times as a CNA in February and March of 2024, prior to beginning the CNA class.</p> <p>2b) Review of CNA #1's employee file indicated that the CNA was hired on 3/5/24 for the position of CNA.</p> <p>Review of the Massachusetts Nurse Aide Registry failed to indicate that CNA #1 was ever issued a Nurse Aide Certification.</p> <p>Review of the Facility's Nursing Aides Tracker Sheet indicated that CNA #1 was hired on 3/5/24 but did not begin the CNA class until 4/16/24.</p> <p>(continued on next page)</p>		

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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Nursing Schedule indicated CNA #1 was scheduled to work 15 times as a CNA in March of 2024, prior to beginning the CNA class.</p> <p>Review of CNA #1's timecards indicated that CNA #1 had worked as a CNA for a total of 262.5 hours before beginning the CNA class.</p> <p>2c) Review of CNA #3's employee file indicated that the CNA was hired on 6/11/24 for the position of CNA.</p> <p>Review of the Massachusetts Nurse Aide Registry failed to indicate that CNA #3 was ever issued a Nurse Aide Certification.</p> <p>Review of the Facility's Nursing Aides Tracker Sheet indicated that CNA #3 did not begin the CNA class until 7/9/24.</p> <p>Review of the CNA assignment sheets indicated that CNA #3 was assigned to provide care to an assignment of residents on three separate days between 7/4/24 and 7/9/24 before beginning the CNA class.</p> <p>Review of CNA #3's timecards indicated that CNA #3 had worked as a CNA for a total of 153 hours before beginning the CNA class.</p> <p>During an interview on 7/11/24 at 1:33 P.M., the scheduler said she tracks CNA's who were hired but have not completed the CNA class via the Nursing Aides Tracker Sheet. The scheduler said CNAs should not work until they have been enrolled in the CNA class. The scheduler said for those CNAs enrolled in the CNA class must pass the knowledge and skills exams within four months, and that if they have not passed the exams within four months, they must be taken off the schedule.</p> <p>During an interview on 7/11/24 at 2:52 P.M., the Administrator said that upon hire CNAs should already be enrolled in the CNA class, and that CNAs should not be working as CNAs until they enroll in the CNA class. The Corporate Director said that if a CNA failed to pass the CNA exams within four months the CNA must be suspended from working until they complete the CNA class and pass the exam.</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36876</p> <p>Based on record review and interview, the facility failed to develop and implement a care plan related to suicidal and homicidal ideation for one Resident (#56) out of a total of 25 sampled residents.</p> <p>Findings include:</p> <p>Resident #56 was admitted to the facility in November 2017 with diagnoses including psychotic disorder with delusions, major depressive disorder and anxiety disorder.</p> <p>Review of Resident #56's most recent Minimum Data Set assessment dated [DATE] indicated he/she scored 13 out of a possible 15 on the Brief Interview for Mental Status Exam indicating intact cognition.</p> <p>Review of the Resident #56's nurse progress notes indicated:</p> <p>5/31/24 6:37 P.M.: Abrupt behavioral shift, yelling and striking out on staff. Pt (patient) declared that he/she intended to end his/her own life and that he/she would kill everyone if he/she managed to obtain his/her uncle's gun from the CIA. Order obtained to send resident to ER (emergency room) for additional assessment.</p> <p>Review of Resident #56's care plans on 7/9/24 failed to indicate any care plan identifying Resident #56's suicidal or homicidal ideations which resulted in his/her subsequent hospitalization .</p> <p>During an interview on 7/11/24 at 7:10 A.M., Social Worker #1 said that the expectation would be for staff to initiate a care plan if a resident has expressed suicidal or homicidal comments resulting in a hospitalization , the expectation would be for a care plan to be initiated</p> <p>During an interview on 7/12/24 8:25 A.M., the Corporate Director said that care plans should be initiated for residents who express suicidal or homicidal ideation.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48671</p> <p>Based on observation, interview, and record review, the facility failed to accurately document a diagnosis of chronic obstructive sleep apnea for one Resident (#117) out of a total sample of 25 Residents.</p> <p>Findings include:</p> <p>Resident #117 was admitted to the facility in April 2024 with diagnoses including obesity, anxiety disorder, gastro-esophageal reflux disease and primary hypertension.</p> <p>Review of the Minimum Data Set Assessment (MDS), dated [DATE], indicated Resident #117 had a Brief Interview for Mental Status (BIMS) score of 11 out of a possible 15 which indicated moderate cognitive impairment.</p> <p>Review of the clinical pre-admission paperwork, dated 4/17/27, indicated: -Diagnoses of Chronic Obstructive Sleep Apnea</p> <p>Review of the physician admission note, dated 4/25/24, indicated: Resident with medical history significant for type 2 diabetes, obesity, hyperlipidemia, major depressive disorder, anxiety disorder, sleep apnea, cataracts, hypertension, GERD, unspecified cellulitis, muscle weakness, functional urinary frequency.</p> <p>Review of the physician progress note, dated 5/7/24, indicated: Resident had sleep study done at [Hospital] results pending. Narcolepsy in conditions classified elsewhere without cataplexy - G47.429-Complained of increased daytime sleepiness currently taking 200 mg daily, patient complained of waking up during the night and having difficulty falling back asleep, will monitor patient status.</p> <p>Review of the sleep study documentation, dated 6/24/24, indicated:</p> <p>-Sleep Study performed on 11/16/23.</p> <p>-There was evidence of moderate obstructive sleep apnea.</p> <p>-Treatment of sleep apnea is recommended with CPAP (Continuous Positive Airway Pressure), Auto-PAP 4-16 cm H2O is recommended.</p> <p>Further review of the sleep study documentation indicated the facility received the paperwork on 6/24/24 and noted a new CPAP was sent to the facility.</p> <p>Review of the active physician orders, dated 6/25/24, indicated: Continuous Positive Airway Pressure (CPAP) machine to be worn at bedtime at 4-20 cm pressure, check placement every evening and night shift for CPAP.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the plan of care related to CPAP /BiPap Therapy Obstructive Sleep Apnea, dated 7/3/23, indicated: Encourage Resident's use of CPAP/BiPAP.</p> <p>During an interview on 7/11/24 at 8:50 A.M., Unit Manager #2 said Resident #117 should have a diagnosis of sleep apnea noted in his/her chart as active and that she was aware of the CPAP machine and orders in place.</p> <p>During an interview on 7/12/24 at 9:38 A.M., The Director of Nurses (DON) said Resident #117 should have a diagnosis for sleep apnea as indicated on the admission paperwork and physician progress note.</p>