

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225341	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Williamstown Commons Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 25 Adams Road Williamstown, MA 01267	

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 0646</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the appropriate authorities when residents with MD or ID services has a significant change in condition.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42690</p> <p>Based on record review and interview, the facility failed to notify the State Mental Health Authority for a resident review (person-centered assessment taking into account all relevant information) after a significant change in mental condition occurred for one Resident (#56) out of a total sample of 26 residents.</p> <p>Specifically, the facility failed to complete and request a Preadmission Screening and Resident Review Level II screen (PASRR- an evaluation done to determine if a resident has an intellectual or developmental disability and/or serious mental illness[SMI] and if a Resident is in need of additional specialized support services at the facility) after Resident #56 received emergency mental health interventions and experienced limitations in major life activities due to mental illness.</p> <p>Findings include:</p> <p>Review of the facility policy titled Preadmission Screening and Resident Review (PASRR), revised on 9/22/23 indicated the following in part:</p> <p>-Resident-Significant Change</p> <p>--Referral to DDS (Department of Developmental Services)/DMH (Department of Mental Health) by Affiliate is necessary when resident has experienced a significant change in condition (mental illness or health status) that may impact the residents PASRR disability status, the appropriateness of SNF (Skilled Nursing Facility) placement and/or specialized services.</p> <p>--Requires interdisciplinary review or revision of the care plan; and may result in a positive Level I Screen for SMI (Serious Mental Illness) .or may result in a change in previous PASRR determinations.</p> <p>Resident #56 was admitted to the facility in October 2024 with diagnoses that included Schizoaffective Disorder (mental health condition that is marked by a mix of schizophrenia symptoms, such as hallucinations and delusions, and mood disorder symptoms) and Dementia.</p> <p>Review of the PASRR Level I Screen (initial pre-screening completed prior to admission to a Nursing Facility) dated 10/7/24, indicated the following:</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 0646</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident #56 had a documented SMI (Schizoaffective Disorder)</p> <p>-In the past two years the Resident did not have any treatments due to SMI.</p> <p>-In the past six months or currently, the Resident did not have limitations in major life activities due to SMI.</p> <p>-Negative Level I Screen result, indicating a Level II PASRR evaluation was not needed.</p> <p>Review of the Behavioral Health note dated 10/11/24 indicated the following:</p> <p>-Family used to be able to get him/her to take his/her medications but this no longer works. Patient has been physically assaultive towards staff. He/she is verbally assaultive towards others, refusing care, therapy, and medications. Disorganized thinking, pressured speech, paranoid - send to hospital.</p> <p>Review of the hospital discharge paperwork dated 11/6/24 indicated the following in part:</p> <p>-Resident was admitted on [DATE] due to agitation and paranoia,</p> <p>-Psychiatry evaluated patient, recommended long-acting medications,</p> <p>-Resident was not cooperative and was agitated.</p> <p>During an interview on 12/4/24 at 8:40 A.M., Social Worker (SW) #1 said that Resident #56 had been to the facility before, but since the Resident had not been taking his/her medications at home, his/her behaviors had increased this time around.</p> <p>SW #1 reviewed the Resident's medical record and said that the only completed PASRR was the one that was completed for the initial admission, and that a new one had not been completed after being sent out to the hospital due to increased agitation.</p> <p>During a follow up interview on 12/04/24 4:15 P.M., SW#1 said that she spoke with her team and concluded that the PASRR Resident review (Level I Screening Form required if Significant Change in Condition: newly indicated Serious Mental Illness (SMI), exacerbation of SMI, or improvement/decline in condition), should have been completed and then submitted to the PASRR office as the Resident had a significant change in his/her SMI indicating that a Level II PASRR should have been requested.</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>45435</p> <p>Based on observation, interview and records reviewed, the facility failed to provide respiratory care and services based on professional standards of practice for two Residents (#47 and #62), of three applicable residents, out of a total sample of 26 residents.</p> <p>Specifically, the facility failed to:</p> <ul style="list-style-type: none"> -Change the Oxygen tubing as ordered by the Physician. -Follow infection control measures related to the care, handling, and/or storage of nebulizers (delivery device used to administer medication in the form of an aerosol that is inhaled into the lungs) to prevent contamination and the spread of infections. <p>Findings include:</p> <p>Review of the facility policy, titled Oxygen Administration, dated 10/9/13 indicated the following:</p> <ul style="list-style-type: none"> -Oxygen is set up, delivered, and monitored by a licensed nurse or respiratory therapist. -Replace Oxygen set up every seven days. Date and store Oxygen set up in treatment bag when not in use. <p>1. Resident #47 was admitted to the facility January 2024 with diagnoses including Chronic Obstructive Respiratory Disease (COPD-a group of lung diseases that block airflow and make it difficult to breath) and Respiratory Failure (occurs when the respiratory system cannot maintain normal levels of Oxygen and Carbon Dioxide in the blood).</p> <p>Review of the Minimum Data Set (MDS) Assessment, dated 9/28/24, indicated the Resident:</p> <ul style="list-style-type: none"> -had intact cognition as evidenced by a score of 15 out of a possible 15 on the Brief Interview for Mental Status (BIMS) Assessment. - used Oxygen. <p>Review of the Physician's orders, dated December 2024, indicated the following:</p> <ul style="list-style-type: none"> -Continuous Oxygen at two liters via nasal cannula (a thin flexible tube that goes into the nose), start date 1/19/24. -Replace Oxygen tubing every seven days, on Wednesday, night shift, start date 1/19/24. -Albuterol Sulfate 0.0083% Solution (a medication used to prevent and treat wheezing and shortness of breath), one vial by inhalation three times a day, start date 1/19/24. <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>-Replace nebulizer mask and tubing weekly on Wednesday, night shift. Change mask and tubing every seven days, start date 6/11/24.</p> <p>On 12/3/24 at 10:18 A.M., Resident #47 was observed sitting up in bed wearing Oxygen at two liters via nasal cannula. The surveyor observed the Oxygen tubing and humidification bottle to be dated 11/20/24. The humidification bottle was observed to be empty.</p> <p>During an interview on 12/3/24 at 10:30 A.M., Nurse #1 said that she had noticed the dry humidification bottle and old tubing during her medication pass and was in the process of changing it. She said that the tubing should be changed every seven days and should have been done by the night nurse on 11/27/24 but had not been.</p> <p>On 12/4/24 at 3:14 P.M, Resident #47 was observed sitting up in bed wearing Oxygen at two liters via nasal cannula. The surveyor observed a nebulizer machine and tubing on the Resident's bedside table. The nebulizer tubing was not dated, and not stored in a bag. The Resident said he/she had used the nebulizer in the morning.</p> <p>2. Resident #62 was admitted to the facility May 2019 with diagnosis including Vascular dementia (a condition that involves problems with reasoning, planning, judgment, memory and other thought processes caused by brain damage from impaired blood flow to the brain) and Pulmonary Fibrosis (a lung disease that causes scarring, making it hard to breath).</p> <p>Review of the MDS Assessment, dated 10/18/24 indicated the Resident:</p> <p>-had moderately impaired cognition as evidenced by a score of nine out of a possible score of 15 on the BIMS Assessment.</p> <p>-used Oxygen.</p> <p>Review of the Physician's orders, dated December 2024, indicated the following:</p> <p>-Continuous Oxygen at two liters via nasal cannula, start date 6/11/24.</p> <p>-Replace Oxygen tubing every seven days, on Wednesday, night shift, start date 6/11/24.</p> <p>On 12/3/24 at 9:14 A.M., Resident #62 was observed laying in bed wearing Oxygen at two liters via nasal cannula. The nasal cannula was observed to be undated.</p> <p>On 12/3/24 at 2:58 P.M., Resident #62 was observed laying in bed wearing Oxygen at two liters via nasal cannula. The nasal cannula and the nebulizer tubing were observed to be dated 12/2.</p> <p>During an interview on 12/4/24 at 3:52 P.M., Unit Manager (UM) #1 reviewed the surveyor's findings of the Oxygen and nebulizer tubing for Resident #47 and #62. UM#1 said the Oxygen tubing should have been changed every seven days, and labeled with the day it was opened. She said the nebulizer should have been dated and stored in a drawstring bag when not in use.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>42690</p> <p>Based on interview and record review, the facility failed to ensure that an as needed (PRN) psychotropic medication (medication that affect the mind, emotions, and behavior) was limited to 14 days for one Resident (#9), of five applicable residents reviewed, out of a total sample of 26 residents.</p> <p>Specifically, the facility failed to ensure that PRN Ativan (Lorazepam: anti-anxiety medication) was limited to 14 days and if not limited, included a Physician determined duration for continued use of the medication.</p> <p>Findings include:</p> <p>Review of the facility policy titled Psychotropic Medications, revised on 8/6/24, indicated the following:</p> <ul style="list-style-type: none"> -As needed (PRN) medications will require a 14-day order -For psychotropic medications other than antipsychotics, for use beyond the initial PRN 14-day order, a prescriber must document the rationale for continuance, and the anticipated duration. <p>Resident #9 was admitted to the facility in November 2024 with the following diagnoses: Anxiety, Depression, and Bipolar Disorder (a mental health condition that causes extreme mood swings).</p> <p>Review of the November 2024 Medical Administration Record (MAR) indicated the following:</p> <ul style="list-style-type: none"> - PRN Ativan administered nine times: 11/19/24, 11/20/24, 11/22/24, 11/25/24, 11/16/24, 11/28/24 (x2) 11/29/24 and 11/30/24. -Ativan 1 milligram (mg) tablet oral twice daily as needed for anxiety disorder. Order date 11/18/24 with no stop date. <p>During an interview on 12/4/24 at 11:26 A.M., Unit Manager (UM) #2 reviewed the November 2024 MARs and said that the Resident does use the PRN Ativan and that the PRN Ativan should either have a stop date or be reevaluated at day 14, but it did not as required.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42690</p> <p>Based on observation, interview, and record review, the facility failed to maintain a clean and sanitary environment in the facility main kitchen where resident food for consumption was prepared.</p> <p>Specifically, the facility failed to ensure all kitchen equipment was clean and sanitary, including the stove top, oven, and the dishwashing machine.</p> <p>Findings include:</p> <p>During an observation and interview on 12/3/24 at 7:20 A.M., the Food Service Director (FSD) and surveyor observed the following:</p> <ul style="list-style-type: none"> -Dried elbow noodles and food debris on the left side of the stove top in between the stove top and oven -Built up food debris and drippings on the stove -Right side of the oven, located to the left of the stove top to have dark, grease markings and dried food debris -Dishwasher to have large amounts of white build up with drip like markings on both sides of the dishwasher. <p>The FSD said that the white material on the dishwasher was lime build up and was due to an ongoing water treatment issue.</p> <p>The FSD director said that the food debris in the oven/stove top area and the lime covering the sides of the dishwasher should not be there as there is a cleaning schedule in place. The surveyor requested a copy of the cleaning schedule and log.</p> <p>During a follow-up interview on 12/5/24 at 2:38 P.M., the FSD and Dietician said that there was a cleaning schedule that was utilized, however Kitchen staff had COVID, and the cleaning schedule fell to the wayside. The FSD and Dietician provided the last documented evidence of the cleaning log dated 9/18/24, indicating no additional cleaning logs were available to show that the kitchen had routinely been cleaned and sanitized. The FSD said that all parts of the kitchen should be cleaned every day. He said that staff should make sure their workspace was clean and sanitary after each meal or when they are done in that work area and that the oven and stove were not cleaned as required.</p>		