

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Abbott Skilled Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 28 Essex Street Lynn, MA 01902	

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 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>Based on observation, interviews and records reviewed, the facility failed to implement written policies and procedures for the investigation of allegations of abuse, protection of residents during investigations, reporting of allegations and investigative findings, and taking corrective actions to protect other residents from potential abuse, for one Resident (#192), out of a total sample of 13 residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled Freedom from Abuse, Neglect, & Exploitation, dated 8/1/22, indicated, but was not limited to:</p> <ul style="list-style-type: none"> -The Facility will provide an environment in which the resident is free from abuse, neglect, mistreatment, misappropriation of resident property, or exploitation, including but not limited to freedom from corporal punishment, and voluntary seclusion, and any physical or chemical restraint that is not required to treat their residents' medical symptoms. -Performing internal facility investigations of alleged violations and identification of staff members responsible for investigating incidents and the reporting of the same to proper authorities. -Protecting residents from harm during an investigation of alleged abuse. -Reporting of all alleged violations of resident abuse to appropriate per state agencies utilizing the proper online reporting system with the same with the simultaneous development of corrective actions determined as part of the internal facility investigation to prevent further occurrences of abuse. <p>Abuse Prevention</p> <ul style="list-style-type: none"> -It will be the facilities responsibility to identify, correct, and intervene in situations where Abuse, Mistreatment, Neglect, Exploitation, Harm, Willful Acts and/or Misappropriate of Resident Property occur. <p>Identification</p> <ul style="list-style-type: none"> -The following require an incident report, supervisory follow-up and a comprehensive internal facility investigation which shall be performed with subsequent timely notification to the appropriate agencies as warranted. <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Abbott Skilled Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 28 Essex Street Lynn, MA 01902	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Abuse/Potential Abuse</p> <ul style="list-style-type: none"> -Willful infliction of injury (physical abuse) -Intimidation (Verbal Abuse) -Unreasonable confinement (Involuntary Seclusion) -Punishment with resulting physical harm, pain or mental anguish (Physical Abuse) -Deprivation by an individual of goods and services necessary to maintain physical and mental well-being (Neglect). -Injuries of unknown origin including bruises, skin tears, laceration, etc. <p>Investigations</p> <ul style="list-style-type: none"> -Any incidents of actual suspected abuse must have an incident report completed in addition to the incident report the supervisory personnel are responsible to ensure that the internal investigation regarding the incident occurs timely and appropriate interventions are put into place to ensure residents safety or protect the resident from additional harm. -These interventions will include the obtaining of statements from witnesses of incidents, the outcome of the supervisory investigation and the timely notification of administrative personnel regarding the incident to ensure that a comprehensive internal facility investigation is completed in a timely fashion and appropriate staff interventions are included in the residence comprehensive plan of care -The executive director shall assume the overall responsibility to ensure that incident reports are accurately completed and personal statements are obtained timely to ensure proper completion of the internal facility investigation the executive director shall ensure that the appropriate agency agencies are notified in writing as warranted of abuse allegations in all investigatory findings by utilizing the state documentation tool the initial report shall be submitted to the department immediately but not later than two hours after the allegation is made a final report will be submitted to DPH within five business days of the incident if alleged violation is verified appropriate corrective action will be taken. <p>Reporting/Response</p> <ul style="list-style-type: none"> -All alleged violations of incidents included within the definition of abuse, mistreatment, neglect, involuntary seclusion or misappropriation of resident property shall be reported to the Department of Public Health, Division of Health Care Quality upon receipt of the facility's report of basic findings. The facility must then begin an internal investigation of the incident. <p>Resident #192 was admitted to the facility in May 2025 and has diagnoses that include muscle weakness, osteoarthritis of right and left knee (joint disease), thrombocytopenia (low platelet count), dementia and protein-calorie malnutrition.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Abbott Skilled Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 28 Essex Street Lynn, MA 01902	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the most recent Minimum Data Set (MDS) assessment, dated 5/11/25, indicated that Resident #192 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 3 out of 15, and required substantial/maximum assistance with activities of daily living.</p> <p>On 5/20/25 at 1:56 P.M., the surveyor along with Unit Manager #1, Certified Nursing Assistant (CNA)#1 and CNA #2 observed Resident #192's skin. Resident #192 had bruising and open areas observed to his/her bilateral upper extremities. During the observation CNA #1 and CNA #2 said they reported the bruising and open skin area to the right arm to Nurse #1 yesterday while providing care.</p> <p>During an interview on 5/20/25 at 2:08 P.M., Unit Manager #1 said she was not aware of the bruising and skin areas and said nursing staff should have reported the bruising and open areas yesterday. Unit Manager #1 said the findings are concerning and an investigation should have been started to determine how the bruising and open skin areas occurred.</p> <p>During an interview on 5/20/25 at 2:15 P.M., the Director of Nurses (DON) said the bruising and open skin areas observed today by the Unit Manager are concerning and said when the nurse was notified by the CNA yesterday, the Nurse should have performed a skin assessment and documented the findings and reported it so we could investigate how the Resident developed the bruising and open areas.</p> <p>During an interview on 5/20/25 2:20 P.M., Resident Representative #1 who is the Residents Healthcare Proxy, said she noticed the bruising and bloody area to the Resident's right wrist yesterday and said she asked the staff about it, but they did not know how it occurred.</p> <p>During an interview on 5/20/25 2:38 P.M., Nurse #1 said she saw dark bruising and a large open skin area on the right wrist yesterday in the shape of a U with dried blood and said it was the first time she noticed it. Nurse #1 said she probably should have reported it but said she didn't know if it was new or not. Nurse #1 said she did not document the area and did not report the bruising or open skin area to the right wrist.</p> <p>During an interview on 5/21/25 at 10:58 A.M., the Director of Nurses (DON) said the injuries to Resident #192 are unknown and need to be investigated and reported. The DON said she has to go back and get statements from staff who took care of the Resident as part of the investigation process. The DON said she would have expected the skin areas and bruises to be documented on a skin check when the nurse observed the areas on 5/19/25. The DON said bruises and open skin areas must be reported and investigated and should be done timely right then and there. The DON said she observed the areas on Resident #192 on 5/20/25.</p> <p>During an interview on 5/21/25 at 11:00 A.M., The Administrator said the facility must report and investigate all injuries of unknown origin and said she expects staff to report and document any bruising or open areas. The Administrator said CNA's had reported that they saw the areas the day prior on 5/19/25, and that the nurse confirmed she didn't do anything about it and did not report it. The Administrator said reporting to state agency is pending an investigation and said investigations must be started immediately for concerns for abuse and neglect.</p> <p>The facility failed to provide any initial investigation into the injuries of unknown origin reported on 5/19/25 and did not have any investigation information related to the bruising and open skin observations found on 5/20/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Abbott Skilled Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 28 Essex Street Lynn, MA 01902	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Health Care Facility Report System (HCFRS) on 5/21/25 failed to indicate the facility reported the incident to the state agency.</p> <p>Refer to F609, F610, F684</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Abbott Skilled Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 28 Essex Street Lynn, MA 01902	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on observations, records reviewed and interviews, the facility failed to report allegations of potential abuse (injuries of unknown source) to the State Agency for one Resident (#192) out of a total sample of 13 residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled Freedom from Abuse, Neglect, & Exploitation, dated 8/1/22, indicated, but was not limited to:</p> <ul style="list-style-type: none"> -Reporting of all alleged violations of resident abuse to appropriate per state agencies utilizing the proper online reporting system with the same with the simultaneous development of corrective actions determined as part of the internal facility investigation to prevent further occurrences of abuse. -The executive director shall assume the overall responsibility to ensure that incident reports are accurately completed and personal statements are obtained timely to ensure proper completion of the internal facility investigation the executive director shall ensure that the appropriate agency agencies are notified in writing as warranted of abuse allegations in all investigatory findings by utilizing the state documentation tool. The initial report shall be submitted to the department immediately but not later than two hours after the allegation is made. A final report will be submitted to DPH within five business days of the incident. If alleged violation is verified, appropriate corrective action will be taken. <p>Reporting/Response</p> <p>-All alleged violations of incidents included within the definition of abuse, mistreatment, neglect, involuntary seclusion or misappropriation of resident property shall be reported to the Department of Public Health, Division of Health Care Quality upon receipt of the facility's report of basic findings. The facility must then begin an internal investigation of the incident.</p> <p>Resident #192 was admitted to the facility in May 2025 and has diagnoses that include muscle weakness, osteoarthritis of right and left knee (joint disease), thrombocytopenia (low platelet count), dementia and protein-calorie malnutrition.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 5/11/25, indicated that Resident #192 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 3 out of 15, and required substantial/maximum assistance with activities of daily living.</p> <p>On 5/20/25 at 1:56 P.M., the surveyor along with Unit Manager #1, Certified Nursing Assistant (CNA)#1 and CNA #2 observed Resident #192's skin. Resident #192 had bruising and open areas observed to his/her bilateral upper extremities. During the observation CNA #1 and CNA #2 said they reported the bruising and open skin area to the right arm to Nurse #1 yesterday while providing care.</p> <p>During an interview on 5/20/25 at 2:08 P.M., Unit Manager #1 said staff must report injuries of unknown origin and said bruising and open skin areas must be investigated and reported.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Abbott Skilled Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 28 Essex Street Lynn, MA 01902	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Health Care Facility Report System (HCFRS) on 5/20/25 failed to indicate the facility reported the allegation to the state agency.</p> <p>During an interview on 5/21/25 at 10:59 A.M., the Director of Nurses (DON) said the injuries to Resident #192 are unknown and need to be investigated and reported The DON said she observed the areas on Resident #192 on 5/20/25 but did not report the it to the state agency and said they are starting the investigation process now.</p> <p>During an interview on 5/21/25 at 11:03 A.M., The Administrator said the facility must report and investigate all injuries of unknown origin for suspected and abuse must be reported. The Administrator said reporting to state agency is pending and if blatant abuse is identified it needs to be reported in two hours and if not blatant abuse it must be reported within 24 hours.</p> <p>Review of the Health Care Facility Report System (HCFRS) on 5/21/25 failed to indicate the facility reported the allegation to the state agency.</p> <p>Refer to F610, F684</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Abbott Skilled Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 28 Essex Street Lynn, MA 01902	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on observation, interviews and records reviewed, the facility failed to Initiate an investigation of an alleged violation of abuse including injuries of unknown source for one Resident (#192) out of a total sample of 13 residents. Specifically for Resident #192 who on 5/19/25, was found to have bruising and open skin areas to his/her upper extremities, the facility failed to prevent further potential abuse or mistreatment while the investigation of an alleged violation is in progress.</p> <p>Findings include:</p> <p>Review of the facility policy titled Freedom from Abuse, Neglect, & Exploitation, dated 8/1/22, indicated, but was not limited to:</p> <ul style="list-style-type: none"> -The Facility will provide an environment in which the resident is free from abuse, neglect, mistreatment, misappropriation of resident property, or exploitation, including but not limited to freedom from corporal punishment, and voluntary seclusion, and any physical or chemical restraint that is not required to treat their residents' medical symptoms. -Performing internal facility investigations of alleged violations and identification of staff members responsible for investigating incidents and the reporting of the same to proper authorities. -Protecting residents from harm during an investigation of alleged abuse. <p>Abuse Prevention</p> <ul style="list-style-type: none"> -It will be the facilities responsibility to identify, correct, and intervene in situations where Abuse, Mistreatment, Neglect, Exploitation, Harm, Willful Acts and/or Misappropriate of Resident Property occur. <p>Identification</p> <ul style="list-style-type: none"> -The following require an incident report, supervisory follow-up and a comprehensive internal facility investigation which shall be performed with subsequent timely notification to the appropriate agencies as warranted. <p>Abuse/Potential Abuse</p> <ul style="list-style-type: none"> -Willful infliction of injury (physical abuse) -Intimidation (Verbal Abuse) -Unreasonable confinement (Involuntary Seclusion) -Punishment with resulting physical harm, pain or mental anguish (Physical Abuse) -Deprivation by an individual of goods and services necessary to maintain physical and mental well-being (Neglect) <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Abbott Skilled Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 28 Essex Street Lynn, MA 01902	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Injuries of unknown origin including bruises, skin tears, laceration, etc.</p> <p>Investigations</p> <p>-Any incidents of actual suspected abuse must have an incident report completed in addition to the incident report the supervisory personnel are responsible to ensure that the internal investigation regarding the incident occurs timely and appropriate interventions are put into place to ensure residents safety or protect the resident from additional harm.</p> <p>-These interventions will include the obtaining of statements from witnesses of incidents, the outcome of the supervisory investigation and the timely notification of administrative personnel regarding the incident to ensure that a comprehensive internal facility investigation is completed in a timely fashion and appropriate staff interventions are included in the residence comprehensive plan of care</p> <p>Resident #192 was admitted to the facility in May 2025 and has diagnoses that include muscle weakness, osteoarthritis of right and left knee (joint disease), thrombocytopenia (low platelet count), dementia and protein-calorie malnutrition.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 5/11/25, indicated that Resident #192 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 3 out of 15, and required substantial/maximum assistance with activities of daily living.</p> <p>On 5/20/25 at 1:56 P.M., the surveyor along with Unit Manager #1, Certified Nursing Assistant (CNA)#1 and CNA #2 observed Resident #192's skin. Resident #192 had bruising and open areas observed to his/her bilateral upper extremities. During the observation CNA #1 and CNA #2 said they reported the bruising and open skin area to the right arm to Nurse #1 yesterday while providing care.</p> <p>During an interview on 5/20/25 at 2:08 P.M., Unit Manager #1 said staff must report injuries of unknown origin and said bruising and open skin areas must be investigated and reported.</p> <p>During an interview on 5/21/25 at 10:59 A.M., the Director of Nurses (DON) said the injuries to Resident #192 are unknown and need to be investigated and reported The DON said she observed the areas on Resident #192 on 5/20/25 but did not report the it to the state agency and said they are starting the investigation process now.</p> <p>During an interview on 5/21/25 at 11:03 A.M., The Administrator said the facility must report and investigate all injuries of unknown origin for possible suspected and abuse must be reported.</p> <p>The Administrator said reporting to state agency is pending an investigation and said investigations must be started immediately for concerns for abuse and neglect.</p> <p>The facility failed to provide any initial investigation into the injuries of unknown origin reported on 5/19/25 and did not have any investigation information related to the bruising and open skin observations found on 5/20/25.</p> <p>Refer to F684</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Abbott Skilled Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 28 Essex Street Lynn, MA 01902	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observations, interviews and records reviewed, the facility failed to provide care, consistent with professional standards of practice one Resident (#192) out of a total sample of 13 residents. Specifically, for Resident #192 the facility failed to identify a change in his/her skin condition and failed to ensure weekly skin checks were completed.</p> <p>Findings include:</p> <p>Resident #192 was admitted to the facility in May 2025 and has diagnoses that include muscle weakness, osteoarthritis of right and left knee (joint disease), thrombocytopenia (low platelet count), dementia and protein-calorie malnutrition.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 5/11/25, indicated that Resident #192 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 3 out of 15, and required substantial/maximum assistance with activities of daily living.</p> <p>Review of the Nursing admission progress note dated 5/5/25, indicated the following: Skin check which revealed Stage 1 pressure ulcer to left buttocks and bilateral heels. New order for skin prep every shift. Multiple purpura (red or purple discolored spots on skin) and bruising noted to extremities.</p> <p>Review of Resident #192's physician orders indicated the following:</p> <p>-Skin check weekly sat (Saturday) 3:00 P.M. to 11:00 P.M., every evening shift, every Sat for skin prevention. Dated: 5/5/25.</p> <p>Review of Resident #192's Medical Record on 5/20/25, failed to indicate the physician order for weekly skin checks were completed as ordered. Further review of the medical record indicated the last documented skin assessment was on 5/5/25.</p> <p>Review of the Nurse Practitioner (NP) progress note dated 5/9/25 & 5/14/25 indicated the Residents skin is warm, dry, intact ecchymosis (skin discoloration) to right lower extremity.</p> <p>During an interview on 5/20/25 at 1:23 P.M., Nurse #1 said the physician order for weekly skin checks was not completed and said there is no skin assessment documented since admission. Nurse #1 reviewed the online medical record with the surveyor and Nurse #1 said the Medication Administration Record was checked off as completed on 5/10/25 and 5/17/25 but no skin assessment was completed as ordered and contained no documented skin assessment details.</p> <p>During an interview on 5/20/25 at 1:26 P.M., Unit Manager #1 reviewed Resident #192's medical record with the surveyor and said Resident #192 did not have a skin assessments completed as ordered and said nurses must document a skin assessment including the type of wounds, location, measurements and observations on the skin assessment. Unit Manager #1 said physician orders for weekly skin checks must be completed as ordered and documented in the medical record.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Abbott Skilled Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 28 Essex Street Lynn, MA 01902	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/20/25 at 1:56 P.M., the surveyor along with Unit Manager #1, Certified Nursing Assistant (CNA)#1 and CNA #2 observed Resident #192's skin. Resident #192 was observed lying in bed with his/her feet flat on the bed. Unit Manager #1 inspected both heels and said both heels and coccyx are clean, dry and intact. Observations to Resident #192 lower legs included, right lower leg had faded yellow, light purple bruising scattered over the right knee area, scattered bruising with discoloration to the right lower leg with dark purple, dark pink, and lighter pink areas extending down the lower leg. The outer right lower extremity had larger dark purple, dark pink bruising. The left lower leg had fading yellow and light purple scattered bruising. The top of the left big toe was red, with dark pink skin across the top and bottom and appeared swollen. The toenail had dark brown and black broken pieces with flaky, yellow, dried skin. The left foot, second toe, had two dark pink and red round areas located on top of the toes with dark yellow, light brown thick flaky skin across the tops of the toes. As CNA #1 and CNA#2 proceeded to reposition the Resident, the Resident said My wrists are so sore. Ouch, ouch, ouch it hurts! It hurts!. Unit Manager #1 proceeded to lift the Residents right shirt sleeve. The Residents right wrist had numerous dark pink and purple bruises extending over the upper side of the right hand. The bruising extended to the wrist and outer lower forearm, with three open skin areas with bright red dried, blood with darker edges. There was a large bruise observed on the inner side of the forearm that extended from the front (anterior) side of the elbow between the arm and lower forearm to the wrist and contained multiple darker bruised areas throughout the lower arm. Unit Manager #1 proceeded to lift the Residents left shirt sleeve. The Residents' left wrist had numerous dark pink and purple bruises extending over the upper side of the right wrist. The bruising extended to the wrist and outer lower forearm, with two open skin areas with dark red dried, blood with darker edges.</p> <p>During the observation CNA #1 and CNA #2 said they reported the bruising and open skin area to the right arm to Nurse #1 yesterday while providing care.</p> <p>During an interview on 5/20/25 at 2:08 P.M., Unit Manager #1 said she was not aware of the open skin areas and bruising and said nursing staff should have reported the bruising and open areas and said the Resident is in pain and said the findings are concerning. Unit Manager #1 said the physician and family should have been notified and an investigation should have been started to determine how the bruising and skin tears occurred.</p> <p>During an interview on 5/20/25 at 2:15 P.M., the Director of Nurses (DON) said nursing should have completed the physician order for weekly skin checks and documented the skin assessment findings in the medical record.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Abbott Skilled Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 28 Essex Street Lynn, MA 01902	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews and records reviewed, the facility failed to implement the infection prevention and control program. Specifically, the facility failed to implement an infection control surveillance plan for identifying, tracking, monitoring and/or reporting of infections, communicable diseases and outbreaks among residents and staff.</p> <p>Findings include:</p> <p>Review of the facility policy titled Infection Control, undated, indicated the following:</p> <ul style="list-style-type: none"> -The facility has an established infection control program which has been designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. <p>Infection Control Program</p> <ul style="list-style-type: none"> -Investigates, controls, and prevents infection in the facility. -Decides what procedures, such as isolation, should be applied to an individual resident and maintains a record of incidents and corrective actions related to infections. <p>Review of the facility policy titled Infection Prevention and Control Manual, dated 10/4/20, indicated the following:</p> <ul style="list-style-type: none"> -The Infection Preventionist (IP) will track/monitor surveillance of healthcare acquired, and community acquired infections -The IP will investigate outbreaks and implement infection prevention interventions within the guidance of CDC/CMS/OSHA/DPH (Center for Disease Control, Centers for Medicare & Medicaid Services, Occupational Safety and Health Administration, Department of Public Health) -The IP will assist with reporting an outbreak of communicable diseases to the county state health departments as required after consultation with administrations and the Medical Director. <p>Review of the facility's Facility Assessment, dated June 2024, indicated the following:</p> <ul style="list-style-type: none"> -Infection Control Program Evaluation (Infection Risk Assessment) -Ongoing monitoring identifies staff, volunteer, visitor may have a contagious condition. -Infection control risk assessment is done yearly to determine any needs. -The facility tracks all infections that occur. -A line listing is completed monthly to track and trend infections and antibiotic use. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Abbott Skilled Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 28 Essex Street Lynn, MA 01902	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility's binder titled Infection Control Line Listings provided by the Director of Nursing, indicated documents titled Monthly Infection Control Log (Line List) for the month of March 2025. The March Monthly Line Listing indicated 20 Residents with GI (gastrointestinal) infections and eight employees with GI infections, N/V (nausea/vomiting) loose watery stools was handwritten on the top of the form. The Line Listing failed to include Resident and Employee specific infection control criteria, including Nursing Home Acquired, Hospital Acquired or Community Acquired Infection information, isolation type, antibiotic information with start/stop dates, X-Ray, or Culture Results (Organism Identified) and classification. The line listing criteria fields were left blank and contained no information.</p> <p>The Infection Control Line Listing Binder did not contain any Infection Control Surveillance information or plan for identification related to the outbreak during March 2025.</p> <p>During an interview on 5/21/25 at 9:53 A.M., the Infection Preventionist said they did not report the gastrointestinal outbreak and said she does not have information regarding how it started and said numerous residents and staff had symptoms including nausea, vomiting and diarrhea. The IP said she did not have any information regarding measures implemented or surveillance information from the outbreak that happened and said infection control measures should have been implemented and documented as part of the infection control program.</p> <p>During an interview on 5/21/25 at 10:21 A.M., the Director of Nurses (DON) said, the facility should have reported and documented the gastrointestinal outbreak and contacted the local health department for guidance to rule out Norovirus (contagious virus that causes vomiting and diarrhea) as the facility had numerous employees and residents with symptoms. The DON said they did not obtain cultures to test for Norovirus and said outbreaks and infections must be tracked, reported documented.</p>		