

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Bourne Manor Extended Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Mac Arthur Boulevard Bourne, MA 02532	

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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49424</b></p> <p>Based on interviews and observations, the facility failed to ensure it provided a clean, comfortable, and homelike environment for the residents residing on two units (Units 2 and 3) out of three units.</p> <p>Findings include:</p> <p>On 1/22/25 at 9:30 A.M., on Unit 2, the surveyor made the following observations:</p> <ul style="list-style-type: none"> <li>-Hallway: Broken tray table; door had a metal strip peeling away from wood (separated approximately 4 inches); and outside of room [ROOM NUMBER], a broken dial thermostat with wires exposed.</li> <li>-Main Dining Area: Stained and sagging ceiling tiles (approximately 10); a hole approximately 5 inches tall with a crack that expanded 12 inches high in the wall. There was loose plaster surrounding the hole above the slotted heat vent.</li> <li>-Three Stairwell Doors had brown-stained Velcro stop sign banners with varying sizes of stains covering the sign.</li> <li>-Kitchenette: The top of the microwave was bubbled and had metal flakes peeling away from it.</li> <li>-room [ROOM NUMBER]: Missing closet doors</li> <li>-room [ROOM NUMBER]: Broken blinds</li> <li>-room [ROOM NUMBER]: Cracked floor tiles</li> <li>-room [ROOM NUMBER]: Missing closet doors</li> <li>-room [ROOM NUMBER]: Broken tray table; Threshold to the room had missing floor tiles with exposed flooring leaving approximately a one-inch-deep gap between carpeting in hallway and tile in the room; Scrapes and scuffs on walls.</li> <li>-room [ROOM NUMBER]: Scrapes and scuffs on walls</li> </ul> <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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/23/25 at 4:20 P.M., the Maintenance Director said this unit can be harder to identify issues with since the residents can't tell us when things are broken. He said he does round but has missed the concerns the surveyor identified. He said he prioritizes repairs based on safety rather than aesthetics.</p> <p>During an interview on 1/23/25 at 4:30 P.M., the Administrator said she agrees and is aware the unit needs a lot of work and repairs. The expectation is the environment is clean and in good repair to create a homelike environment for the residents. She said all the items that were broken need to be repaired. She said that it is a large building and can be difficult to keep up with routine things like paint, walls, and repairs. She said the Maintenance department focuses on safety concerns and there is not much time for routine maintenance. She said there should be a better process in place for identifying these concerns.</p> <p>49428</p> <p>On 1/22/25 through 1/24/25, the surveyor observed that room [ROOM NUMBER], on Unit 3, had a fabric covered, wooden-framed chair, with severely worn fabric at the seat area, especially the front center and right hand portions. The wooden arms were scratched/scraped and revealed the bare wood underneath. The chair was facility owned and intended for visitor use.</p> <p>During an interview on 1/23/25 at 12:20 P.M., Nurse #2 said that the chair was extremely worn and should be replaced.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>36542</p> <p>Based on observation, record review, and interview, the facility failed to ensure all drugs and biologicals were stored in a safe and secure manner as required. Specifically, the facility failed to ensure medications were not left unattended in Resident #124's room.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Storage of Medications, revised 6/10/22, indicated the following:</p> <ul style="list-style-type: none"> <li>-Purpose: medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel</li> <li>-medication supplies are locked or attended by persons with authorized access</li> </ul> <p>Resident #124 was admitted to the facility in October 2024 following a fracture of the right hip.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 11/3/24, indicated Resident #124 scored 11 out of 15 on the Brief Interview for Mental Status (BIMS), indicating moderate cognitive impairment.</p> <p>During an interview with observation on 1/22/25 at 8:40 A.M., Resident #124 said he/she had pain and the staff had been putting a white patch on his/her back. At this time, the surveyor observed two packages of Lidocaine Patch 5% (used to relieve pain) on the nightstand next to Resident #124's bed. One of the packages had been cut open and contained a white patch and the other package was closed.</p> <p>On 1/23/25 at 12:38 P.M., the surveyor observed the same two packages of Lidocaine Patch 5% on the nightstand next to Resident #124's bed.</p> <p>Review of the medical record indicated Resident #124 had a physician's order for Lidocaine Patch to be applied every morning at 9:00 A.M. and removed at 8:00 P.M.</p> <p>Review of the Self-Administration of Meds (medications) form, dated 10/29/24, indicated Resident #124 did not wish to administer their own medications.</p> <p>During an interview on 1/23/25 at 12:42 P.M., Nurse #1 reviewed the medical record and confirmed Resident #124 had an order for a Lidocaine Patch. She said she had administered medications to the Resident this morning and had not noticed the open and unopened Lidocaine Patches on the nightstand. She said the patches should not have been left in the Resident's room.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/23/25 at 2:10 P.M., the Infection Control Preventionist said the patches should not have been left at the bedside and the nurses entering the Resident's room should have noticed they were on the nightstand.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>15214</p> <p>Based on observation, record review, and interviews, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and potential transmission of communicable disease and infection, for two Residents (#76 and #105), of a total sample of 24 sampled residents. Specifically, the facility failed:</p> <ol style="list-style-type: none"> <li>1. For Resident #76, to ensure the Resident's respiratory equipment was maintained in a safe, clean and sanitary condition; and</li> <li>2. For Resident #105, to ensure proper infection control measures, specifically handwashing, were implemented during a gastrostomy tube dressing change.</li> </ol> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the facility's policy titled Clinical Policy and Procedure Manual, undated, indicated but was not limited to:</li> <li>14. Replace entire set-up every seven days. Date and store in treatment bag when not in use.</li> </ol> <p>Resident #76 was admitted to the facility in June 2022 with diagnoses which included malignant neoplasm of the right bronchus or lung and acute respiratory failure with hypoxia.</p> <p>Further record review indicated that the Resident was undergoing chemotherapy treatments for lung cancer which lowers the immune system placing the Resident at increased risk of infection.</p> <p>According to the American Cancer Society, May 1, 2020, patients who undergo chemotherapy have the potential side effect of infection.</p> <p>Review of Resident #76's Physician's Orders indicated:</p> <p>-Oxygen, 0-4 liters per minute via nasal cannula to maintain an oxygen saturation rate of 88%, via an oxygen concentrator.</p> <p>On 1/22/25 at 9:07 A.M., the surveyor observed Resident #76's nasal cannula lying directly on the soiled/stained bed and not contained in a bag per the facility policy. The oxygen concentrator was running at 2.5 liters; however, the Resident was not in the room at that time.</p> <p>On 1/24/25 at 8:08 A.M., the surveyor observed Resident #76's nasal cannula laying on the unmade bed, the nebulizer mask on top of the nightstand, not contained in a bag per the facility policy, and the incentive spirometer laying on the stained floor with the mouthpiece touching the floor.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/28/25 at 12:30 P.M., the Director of Nursing (DON) said that respiratory equipment/ Oxygen tubing should go in a bag at the bedside when not being worn. The DON said that the Resident may have left it on the bed himself/herself but it should be stored in the bag. An Incentive Spirometer is usually stored on the bedside not on the floor. The DON said that nursing needs to make sure that respiratory equipment is stored properly in accordance with their policy, in order to prevent contamination.</p> <p>2. Review of Lippincott Nursing Procedures, 9th Ed. (2023), Enteral Gastrostomy and Jejostomy Tubefeeding and Care, the following procedures for changing a gastrostomy tube dressing are to be followed:</p> <p>For site care</p> <ul style="list-style-type: none"> <li>-Perform hand hygiene.</li> <li>-Put on gloves to comply with standard precautions.</li> <li>-Gently remove the dressing to prevent skin stripping or tearing and discard it in an appropriate receptacle. 19, 34 Don't cut away the dressing over the catheter, because you might cut the tube or the sutures holding the tube in place.</li> <li>-Remove and discard your gloves.</li> <li>-Perform hand hygiene.</li> <li>-Put on a new pair of gloves.</li> </ul> <p>Resident #105 was admitted to the facility in October 2023.</p> <p>Review of the medical record indicated that the Resident had a gastrostomy tube for all nutrition and hydration, and treatment to the gastrostomy tube was provided by nursing daily.</p> <p>On 1/23/25 at 12:15 P.M., the surveyor observed Nurse #2 perform the dressing change to the Resident's gastrostomy tube. Nurse #2 sanitized her hands and donned non-sterile gloves. Nurse #2 then removed the soiled drain sponge containing a moderate amount of tan drainage and disposed of it in the trash. She then proceeded to don (apply) a new pair of gloves without sanitizing her hands. She then proceeded to clean around the gastrostomy tube with dermal cleanser, patted the area dry with 4x4 gauze, applied bacitracin ointment around the gastrostomy tube, and taped a drain sponge in place around the gastrostomy tube.</p> <p>During an interview on 1/23/25 at 12:20 P.M., Nurse #2 said that she should have sanitized, or washed her hands, after removing the soiled drain sponge, prior to donning clean gloves to perform the treatment to the Resident's gastrostomy tube.</p> <p>During an interview on 1/28/25 at 10:45 A.M., the DON said that it is her expectation that the nurse use alcohol-based hand rub or wash her hands after removing the soiled dressing/gloves and before donning new, clean gloves.</p>