STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225363	A. Building B. Wing	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Linda Manor Extended Care Facility	349 Haydenville Road Leeds, MA 01053

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44337 Based on record review, and interview, the facility failed to notify the Physician of the unavailability of an ordered medication for one Resident (#1) out of a total sample of 24 residents. Specifically, the facility staff failed to notify the Physician when Resident #1's Fluoxetine (a psychotropic medication used to treat Depression) medication was unavailable to be administered in accordance with his/her Physician orders, resulting in the Resident not receiving five scheduled doses of Fluoxetine medication. Findings include: Resident #1 was admitted to the facility in June 2024, with a diagnosis of Depression (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life). Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated that Resident #1 was moderately cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of nine out of a total score of 15. Review of the current Physician's orders dated 7/8/24, indicated: -Fluoxetine 40 mg (milligram) capsule orally in the morning 7 A.M.-11 A.M., and at bedtime 7 P.M.-11 P. M., initiated on 6/11/24. Review of the July 2024 Medication Administration Record (MAR) indicated the letter H (held, not administered) documented in the spaces corresponding to the administration times for the Fluoxetine on: -7/1/24 at bedtime -7/2/24 at bedtime -7/3/24 for morning -7/5/24 for both morning and bedtime scheduled doses (continued on next page)

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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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further Review of the July 2024 MAR indicated that the Fluoxetine medication was administered to the Resident on 7/4/24. During an interview on 7/3/24 at 1:59 P.M., Nurse #1 said that the H documented on the MAR next to the Fluoxetine medication indicated that the medication was held and not administered. Nurse #1 said that she did not administer the Fluoxetine to Resident #1 this morning (7/3/24) as ordered because the medication was not available from the pharmacy. Nurse #1 said that she notified the pharmacy of the missing medication for Resident #1. Review of the clinical record progress notes did not indicate that Resident #1's Physician had been notified that the ordered Fluoxetine medication had not been administered as scheduled on 7/1/24, 7/2/24, 7/3/24 and 7/5/24. During an interview on 7/8/24 at 12:31 P.M., the surveyor and Unit Manager (UM) #1 reviewed Resident #1's MAR and UM #1 said that the H documented on the Resident #1's MAR next to the Fluoxetine indicated that the medication had been held and not administered. UM #1 said when the medication was held and not administered to Resident #1 as ordered, the Nurse should have notified the Physician and documented the Physician notification in the nursing progress notes. UM #1 said that she could not provide any evidence that Resident #1's Physician had been notified when the Fluoxetine medication was held and not administered as ordered to Resident #1 on 7/1/24, 7/2/24, 7/3/24 and 7/5/24.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44129 Based on record review and interview, the facility failed to ensure that the Minimum Data Set (MDS) assessments were accurately coded for four Residents (#88, #12, #89, and #110) out of a total sample of 24 residents. Specifically, the facility failed to: 1. Accurately code that Resident #88 was receiving Hemodialysis (also known as dialysis: a procedure where a machine with a special filter called a dialyzer is used to remove waste products and fluids from the blood). 2. Accurately code an indwelling urinary catheter (a tube inserted into the bladder used to drain urine outside the body) usage for Resident #12 and Resident #89. 3. Accurately code the discharge disposition for Resident #110. Findings include: 1. Resident #88 was admitted to the facility in May 2023, with a diagnosis of End Stage Renal Disease (ESRD - a medical condition where the kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis or a kidney transplant to maintain life) and was dependent on Hemodialysis treatments. Review of the MDS assessment dated [DATE], indicated Resident #88 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of a total 15 points. Review of the quarterly MDS assessment dated [DATE], did not indicate that Resident #88 received Hemodialysis treatments. Review of the annual MDS assessment dated [DATE], did not indicate that Resident #88 received Hemodialysis treatments. During an interview on 7/2/24 at 4:41 P.M., Resident #88 said he/she has been going to dialysis every Tuesday, Thursday and Saturday for a year and a half. During an interview on 7/3/24 at 8:25 A.M., the surveyor and the Clinical Reimbursement Coordinator (CRC) reviewed the MDS Assessments dated 3/8/24 and 5/30/24. The CRC said the MDS assessments were not coded to reflect that the Resident had been receiving dialysis treatments. The CRC further said she needed to review Resident #88's medical record to determine the accuracy of the MDS assessments dated 3/8/24 and 5/30/24. During a follow-up interview on 7/3/24 at 2:40 P.M., the CRC said the MDS Assessments dated 3/8/24 and 5/30/24 were inaccurate and that Resident #88 was receiving dialysis treatments during the assessment periods in question. 45429 (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2a) Resident #12 was admitted to the facility in February 2022, with a diagnosis of urinary retention (condition that occurs when an individual is unable to empty their bladder completely or partially of urine) Review of Resident #12's care plans indicated that the Resident had a care plan for urinary catheter, last revised 3/28/24. Review of Resident #12's MDS assessment dated [DATE], indicated that the Resident did not have a catheter. Review of Resident #12's Physician's orders for July 2024 indicated the following: -Foley Catheter (a sterile tube that in inserted into your bladder to remove urine) care every shift -May change Foley catheter as needed for occlusion, leakage or accidental removal -Foley- site care every shift During an interview on 7/8/24 at 1:39 P.M., the MDS Nurse said that the MDS was inaccurately coded and that Resident #12's MDS should have been coded as the Resident having a urinary catheter. 44337 2b) Resident #89 was admitted to the facility in May 2023 with a diagnosis of acute on chronic respiratory failure (a life-threatening condition where the lungs cannot provide enough oxygen to the body or remove enough carbon dioxide from the body, that can trigger serious complications for the individual). Review of Resident #89's MDS assessment dated [DATE], indicated that the Resident had an indwelling urinary catheter. Review of the Physician's orders dated 7/1/24 through 7/31/24 did not indicate an order for the placement of an indwelling urinary catheter. During an interview on 7/8/24 at 9:11 A.M., Unit Manager (UM) #1 said that Resident #89's indwelling urinary catheter had been discontinued in July 2023. During an interview on 7/8/24 at 2:37 P.M., the MDS Nurse said that Resident #89's indwelling urinary catheter had been discontinued in July 2023 and the MDS dated [DATE] had been coded inaccurately. The MDS Nurse said Resident #89 should not have been coded as having an indwelling urinary catheter. 42690 3. For Resident #110 the facility failed to accurately code Resident #110's discharge status. Resident #110 was admitted to the facility in March 2024. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Nurse's Note dated 4/5/24, indicated the Resident was discharged home with discharge instructions, medication and belongings. Review of the MDS assessment dated [DATE], indicated the discharge status for Resident #110 was for a short-term general hospital discharge. During an interview on 7/9/24 at 1:38 P.M., the MDS Nurse said that Resident #110 had a planned discharge home to the community and that the discharge status should be coded to reflect a discharge to home to the community. The surveyor and the MDS Nurse reviewed the MDS assessment dated [DATE] and the MDS Nurse said that the MDS Assessment was coded as though the Resident had been sent out to the hospital for a short-term general hospital stay, which was not correct.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44337 Based on observation, interview, record and policy review, the facility failed to provide nutrition care and services for one Resident (#264) out of a total sample of 24 residents, when the Resident was determined to be at risk for malnutrition. Specifically, the facility staff failed to perform monthly weight measurements for Resident #264 as ordered for June 2024, resulting in a significant weight loss being missed and a delay of nutritional interventions. Findings include: Review of the facility policy titled Nutrition Management last revised June 2022 indicated the following: -staff will consistently observe and monitor residents for changes and implement revisions to care plan as needed. -to recognize, evaluate and address the nutritional needs of every resident, including but not limited to, the resident at risk or currently experiencing impaired nutrition. -address any immediate concern with the dietician and physician. -use the Dietician Consult Request to initiate a consult with Dietician when indicated for unplanned weight loss or gain of 5% in one month, 7.5% in three months and 10% in six months. -monitor resident's weight as ordered at a minimum monthly unless contraindicated by advanced directives. Resident #264 was admitted to the facility in April 2024 with diagnoses including displaced fracture of the left humerus (when the bones in the upper arm separated after they were broken and formed a gap), left maxillary fracture (broken facial bone) and Diabetes Mellitus (DM - disease in which the body's ability to produce or respond to the hormone insulin is impaired resulting in elevated blood glucose [sugar] levels in the blood). Review of the Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #264 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of a total score of 15 and at risk for malnutrition (lack of proper nutrition caused by not eating enough food). On 7/2/24 at 10:16 A.M., the surveyor observed Resident #264 sitting on the edge of the bed with a breakfast meal on the bedside table. Resident #264 said that the food is terrible, and he/she has lost about twenty pounds since he/she was admitted to the facility. Review of the Physician's orders dated July 2024 indicated: -an order for a House Diet with controlled carbohydrates regular consistency, initiated on 4/29/24. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-an order to obtain weights monthly on the first Saturday of every month, initiated on 5/28/24. Review of the Initial Nutritional History/assessment dated [DATE], indicated the following Dietician recommendations: -encourage adequate oral intake -monitor intake, weight and labs Review of the Weight Report provided by the facility indicated the following weights for Resident #264: -4/30/24: 130.0 pounds (lbs) -5/4/24: 130.0 lbs -5/18/24: 130.0 lbs -7/6/24: 112.0 pounds (weight loss of 18 lbs from 5/18/24, verified with a re-weigh) Further review of the Weight Report provided no evidence that Resident #264 had been weighed monthly as ordered in June 2024. During an interview on 7/9/24 at 7:18 A.M., The Director of Nursing (DON) #2 said Resident #264 had a Physician's order to be weighed monthly and should have been weighed for the month of June but was not weighed as ordered. DON #2 said that the facility was not aware of Resident 264's weight loss until it was identified on 7/8/24. DON #2 also said that the Dietician was notified of the weight loss on 7/8/24 and interventions were put into place. During a telephone interview on 7/9/24 at 10:50 A.M., the facility Dietician said she attends weekly risk meetings at the facility and reviews the facility weight report for all residents in the facility. The Dietician said the weekly report she uses to monitor resident weights does not indicate if a weight measurement was not performed as ordered. The Dietician said that Resident #264 should have been weighed in June 2024 but could not provide any evidence in the clinical record that Resident #264 had been weighed in June 2024 as ordered. The Dietician also said she was notified of Resident #264's significant weight loss on 7/8/24, and had put interventions into place at that time.

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45429 Based on observation, interview and record review, the facility failed to provide dental care and services as required for one Resident (#16) out of a total sample of 24 residents. Specifically, the facility staff failed to provide assistance with scheduling and maintaining dental services for Resident #16, when the Resident had consents for dental care and services. Findings include: Review of the facility policy titled, Consulting Services, Podiatry/Dental/Optometry/Audiology, dated 11/22/16, indicated the following: -The facility has a contract with credentialed providers for in house services of dental. -Services are offered to all residents as a means of providing the highest practicable level of functioning and care. -Residents/representatives are provided information about consulting services on admission and at any time the need arrives. -Residents/representatives provide written consent to treatment prior to initiation of services. -Appointments are arranged by facility staff. -Transportation is arranged by facility staff for outside appointments. -Credentialed Consultant documents, care and services provided, are in the medical record. Resident #16 was admitted to the facility in March 2015, with diagnoses including Aphasia (a language disorder that affects how one communicates) and Hemiplegia (paralysis of one side of the body). Review of Resident #16's most recent Minimum Data Set assessment (MDS), dated [DATE], indicated that Resident #16: -was unable to complete the Brief Interview for Mental Status (BIMS) exam because they were rarely or never understood. -was dependent on staff assistance with oral hygiene. On 7/2/24 at 9:59 A.M., the surveyor observed Resident #16 on the Sunrise Unit. The surveyor observed that the Resident's teeth were stained brown and coated with debris. (continued on next page)

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/2/24 at 2:38 P.M., Resident #16's daughter said that she did not feel the facility staff were taking good care of the Resident's teeth. The Resident's daughter also said that she was unsure if the Resident had seen the Dentist and wanted Resident #16 to be seen for dental services. Review of Resident #16's medical record indicated Consent Forms dated 11/30/15, 9/5/18, and 12/15/20, requesting dental services for Resident #16. Review of Resident #16's medical record failed to indicate whether Resident #16 was seen by the Dentist. During an interview on 7/8/24 at 9:49 A.M., Unit Manager (UM) #1 said that Resident #16 had not been seen by the Dentist since 2020. During an interview on 7/8/24 at 12:10 P.M., the Corporate Quality Improvement Nurse said that Resident #16 had not been seen by the Dentist and should have been.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 42690 Based on policy review, observation and interview, the facility failed to maintain sanitary conditions for two (Meadowview and Forestview) applicable unit kitchenettes out of a total of three unit kitchenettes. Specifically, the facility failed to maintain sanitary conditions for two of the two applicable unit kitchenette microwaves located on Meadowview and Forestview to prevent contamination and the spread of food-borne infections. Findings include: Review of the facility policy titled Dietary: Sanitary Conditions, revised on 9/21/22, indicated that when cleaning fixed equipment (.equipment that cannot readily be immersed in water), the removable parts are washed and sanitized and non-removable parts are cleaned with detergent and hot water, rinsed, air-dried and sprayed with a sanitizing solution. Review of the Housekeeping responsibilities for Forestview and Meadowview units, indicated that housekeeping staff are to ensure that all areas on the units are clean and kept up: this includes .kitchenettes. On 7/9/24 at 9:45 A.M., the surveyor observed splattered food and built up debris on the interior top and sides of the microwave in the kitchenette located on Meadowview. On 7/9/24 at 9:50 A.M., the surveyor observed splattered food and built up debris on the interior top and sides of the microwave in the kitchenette located on Forestview. During an interview on 7/9/24 at 10:17 A.M., Housekeeper #1 said that the microwaves in the two kitchenettes that have microwaves should be checked daily and cleaned if needed. The surveyor and Housekeeper #1 observed the splattered food particles and built up debris covering the top and sides of the interior of both microwaves on the Meadowview and Forestview units. Housekeeper #1 said that the two microwaves did not appear to have been cleaned for quite some time judging by the amount of built up debris and food splatter. Housekeeper #1 said the microwaves on the Forestview and Meadowview units should have been cleaned as they are supposed to be checked daily, and deep cleaned monthly.