

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2024
NAME OF PROVIDER OR SUPPLIER Mayflower Place Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 579 Buck Island Road West Yarmouth, MA 02673	

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 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>37183</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who was assessed by nursing as being at high risk for falls, and whose comprehensive plan of care indicated he/she required the use of a mat on the floor next to his/her bed for safety, the Facility failed to ensure to staff consistently implemented and followed safety interventions identified in his/her plan of care related to the use of floor mat(s) while in bed.</p> <p>Findings include:</p> <p>Review of the Facility's Policy, titled Comprehensive Care Plans, dated July 2023, indicated the interdisciplinary team will develop and implement an individualized interdisciplinary plan of care for each resident that includes instructions needed to provide effective and person-centered care.</p> <p>Resident #1 was admitted to the Facility in January 2024, diagnoses included dementia with anxiety, psychotic disorder with delusions, acute posthemorrhagic anemia, restlessness and agitation, restless leg syndrome, acute respiratory failure with hypoxia and history of COVID-19.</p> <p>Review of Resident #1's Fall Risk Care Plan, dated 02/03/24, indicated that his/her interventions included for staff to place a mat on the floor.</p> <p>Review of Resident #1's Certified Nurse Aide (CNA) Care Plan (used as a reference guide by CNA's), dated 02/03/24, indicated that his/her interventions included a mat on the floor for safety.</p> <p>However, further review of Resident #1's Fall Risk Care Plan and CNA Care Plan indicated there was no specific location designated (left or right side) as to where the placement of the floor mat should be, or if there should be floor mats on both sides of the bed.</p> <p>Review of Resident #1's Fall Risk Assessment, dated 02/20/24, indicated he/she was assessed by nursing as being at high risk for falls.</p> <p>Review of Resident #1's Fall Incident Report, dated 5/14/24 at 9:30 P.M., indicated that he/she rolled out of bed (on to the floor) striking the left side of his/her head, and sustained a skin tear to the left side of his/her head.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2024
NAME OF PROVIDER OR SUPPLIER Mayflower Place Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 579 Buck Island Road West Yarmouth, MA 02673	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a Nurse Progress Note, dated 5/14/24, (written by Nurse #3), indicated that Resident #1 rolled out of bed and hit his/her head.</p> <p>Review of Nurse #3's Written Witness Statement, dated 5/14/24, indicated that Resident #1 rolled out of bed, was observed on the floor next to the bed on his/her left side with his/her head on the leg of the overbed tray table. The Statement indicated that there was no floor mat was in place at the time of the fall.</p> <p>During a telephone interview on 06/13/24 at 11:43 A.M., Nurse #3 said that on 05/14/24, Resident #1 was very agitated and restless and she assisted CNA #1 with his/her care. Nurse #3 said that she noticed that the floor mat was not on the floor next to Resident #1's bed and said she asked CNA #1 to place the mat on the floor next to the left side of the bed. Nurse #3 said she left the room and a said that a little while later, CNA #1 called out for help and when she entered Resident#1's room, he/she was on the floor. Nurse #3 said that the floor mat was not on the floor next to Resident #1's bed when she went into his/her room after the fall occurred.</p> <p>During a telephone interview on 06/12/24 at 2:20 P.M., CNA #1 said that on 05/14/24 Resident #1 was very agitated, the nurse assisted her with his/her care. CNA #1 said that Resident #1 was kicking his/her legs and swinging his/her arms in the bed, then threw his/her upper body out of bed and fell out of bed onto the floor. CNA #1 said that there was no floor mat on the floor next to the bed when he/she fell out of bed onto the floor. CNA #1 said that the floor mat was tucked behind the wheelchair. CNA #1 could not explain why the floor mat was not on the floor by Resident #1's bed.</p> <p>During a telephone interview on 06/13/24 at 2:12 P.M., The Director of Nurses (DON) said that at the time of Resident #1's fall on 5/14/24, the floor mat was not on the floor by Resident #1's bed. The DON said that the floor mat was part of Resident #1's care plan as a fall safety intervention and said her expectation was that staff follow the plan of care.</p>