

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2024
NAME OF PROVIDER OR SUPPLIER Neville Center at Fresh Pond for Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 640 Concord Avenue Cambridge, MA 02138	

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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>37330</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who had an activated Health Care Proxy, and upon admission had given signed consent for him/her to be administered the COVID-19 Vaccination, the Facility failed to ensure he/she was given the vaccine, increasing Resident #1 risk for acquiring the infection.</p> <p>Findings include:</p> <p>Review of the Facility's Policy, titled Coronavirus/COVID-19 Disease: Vaccination-Resident and Staff, dated 04/01/24, indicated the Facility will offer an updated 2023-2024 COVID-19 vaccine to residents and staff who have not received a monovalent vaccine, and who wish to be considered Up to Date with COVID-19 vaccine administration.</p> <p>Resident #1 was admitted to the Facility in September 2024, diagnoses included moderate dementia with mood disturbance, cognitive communication deficit, syncope and collapse, repeated falls, hypertension heart disease, delusional disorder, weakness, major depression disorder, anxiety, and difficulty with walking.</p> <p>Review of Resident #1's Medical Record indicated Resident #1's Health Care Agent Activation Form (the doctor determines that the person is incapacitated and can no longer make their own healthcare decisions) was signed by Resident #1's Physician on 09/04/24.</p> <p>Review of Resident #1's Medical Record indicated Resident #1's COVID-19 Vaccination Consent and Administration Form was signed, per Director of Nurses (DON) on 09/03/24, to give consent for Resident #1 to receive the COVID-19 vaccine.</p> <p>Review of Resident #1's Medical Record indicated Resident #1 had last received a COVID-19 Vaccination while in the community on 10/10/23.</p> <p>Further review of Resident #1's Medical Record indicated he/she did not receive the COVID-19 vaccine at the Facility, and Resident #1 tested positive for COVID-19 on 11/06/24.</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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 12/18/24 at 12:37 P.M., the Unit Manager said she was aware Resident #1's Health Care Agent had signed Resident #1's COVID-19 Vaccination Consent Form on 09/03/24. The Unit Manager said she was waiting for the Facility to hold a COVID-19 Vaccination Clinic to administer the COVID-19 vaccine to Resident #1. The Unit Manager said it had been her practice was to hold onto the Residents' COVID-19 Vaccination Consent Forms until a COVID-19 Vaccination Clinic was scheduled at the facility.</p> <p>The Unit Manager said when the Facility's COVID-19 Vaccination Clinic was scheduled, she would then notify the Infection Control Nurse how many vaccines were needed and would obtain Physicians' Order for administration when the vaccine was delivered to the Facility. The Unit Manager said this was the Facility's COVID-19 Vaccination process. The Unit Manager said she was not aware of the Facility's COVID-19 Vaccination Policy and Procedures and had not reviewed the Facility's Policy.</p> <p>During an interview on 12/03/24 at 5:29 P.M., the Director of Nursing (DON) said she was informed on 11/18/24 that Resident #1's Health Care Agent had completed Resident #1's COVID-19 Vaccination Consent Form on 09/03/24 and that Resident #1 had not received the COVID-19 vaccine. The DON said she spoke to the Unit Manager who said she was waiting until four more residents needed the COVID-19 vaccine prior to administering the vaccine to Resident #1. The DON said when she spoke to the Unit Manager again, she said she had been waiting for the Facility to hold a COVID-19 Vaccination Clinic to administer the COVID-19 vaccine to Resident #1, and other residents.</p> <p>The DON said it was her expectation that the Unit Manager should have obtained a Physician Orders for the COVID-19 vaccine, ordered the COVID-19 vaccine (contact the Pharmacy or inform the Infection Control Nurse to order the vaccine) and administer the COVID-19 vaccine to Resident #1 when available. The DON said the Facility can obtain the COVID-19 vaccine without any delays and the Facility Nursing staff are able to administer the COVID-19 vaccine at any time when requested, that staff do not need to wait for a Vaccination Clinic to be held in the Facility.</p> <p>On 12/03/24, the Facility was found to be in Past Noncompliance and presented the Surveyor with a plan of correction (with an effective date of 11/20/24) that addressed the area(s) of concerns as evidenced by:</p> <p>A) On 11/07/24, Resident #1 tested positive for and required treatment for COVID-19, and remained in the facility.</p> <p>B) On 11/18/24, the Director of Nurses and the Infection Control Nurse completed a Facility Audit to ensure all Resident Vaccination Consent Forms were accurately completed, signed and that Resident's/HCA/Legal Representatives who requested the vaccine, had been administered the vaccine.</p> <p>C) On 11/18/24 and ongoing, as needed, the Director of Nurses (DON) and the Infection Control (IC) Nurse educated all Licensed Nursing Staff including Per-Diem Staff regarding the following;</p> <ul style="list-style-type: none"> - Facility Policies and Procedures for vaccinations - Completion of Vaccination Consent Forms- - Obtaining Physician Orders <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Pharmacy request for vaccination</p> <p>- Vaccination Administration</p> <p>D) 11/18/24 and ongoing, DON and IC Nurse inservice for nursing also included education on changes to Procedure for Vaccines which included Unit Manager(s) to verify on the day after resident admission all Vaccination Consent Forms were obtained and Unit Manager, Infection Control Nurse and Director of Nurses to be informed of request</p> <p>E) Effective 11/18/24 and going forward, the 11:00 P.M. to 7:00 A.M. Nurse Supervisor will review all new admissions and run a daily report of Physician Orders, vaccinations will be discussed Morning Clinical Meetings and during Resident's Care Plan meetings (medication review) of Residents Vaccination status.</p> <p>F) The Director of Nurses and Assistant Director of Nurses conducted Facility Random Audits related to all vaccinations, going forward they will be conducted twice a week for four weeks, then weekly for four weeks, and will determine need for continued Audits, based on determination of compliance.</p> <p>G) The Director of Nurses/Designee will bring the results of the Facility's Vaccination Audits to be reviewed and discussed at QAPI committee meeting.</p> <p>H) Administrator and/or Designee are responsible for overall compliance.</p>		