STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225387	A. Building B. Wing	07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Court Nursing Care & Rehabilitation Center	389 Alden Road Fairhaven, MA 02719

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43935 Based on record review and interviews, the facility failed to develop and implement a person-centered care plan for behaviors for one Resident (#86) who wore a wanderguard and had been assessed to be at risk of wandering and elopement (an incident when a resident leaves the premises or a safe area without authorization or the necessary supervision to do so safely), out of a total sample of 27 residents. Findings include: Review of the facility's policy titled Care Plans, Comprehensive Person - Centered, dated as revised March 2022, indicated but was not limited to the following: - a comprehensive person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented - care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment - care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making - when possible interventions address the underlying source of the problem area not just symptoms or triggers Resident #86 was admitted to the facility in June 2024 with diagnoses including: vascular dementia, atrial fibrillation, and unsteadiness on feet. The health care proxy was activated by the physician upon admission due to the diagnosis of vascular dementia. During an interview on 7/17/24 at 10:12 A.M., the surveyor observed Resident #86 with a wanderguard band on his/her right wrist. The Resident said they did not know what the device was, possibly some type of watch? Review of the Minimum Data Set assessment, dated 6/10/24, indicated the following: (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225387	A. Building B. Wing	07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Court Nursing Care & Rehabilitation Center	389 Alden Road Fairhaven, MA 02719

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Brief Interview for Mental Status score of 15 out of 15 indicating the Resident was cognitively intact - Section E, behaviors failed to indicate the Resident had any wandering behaviors Review of the medical record indicated the Resident experienced a medical episode requiring hospitalization and was readmitted to the facility on [DATE]. A wander risk assessment was completed that indicated, but was not limited to the following: - Resident ambulates without assistance (question 1a) - Resident is a known wanderer or has a history of wandering (question 3) - Resident is a new admission, or had a room change in the last 30 days (question 4) - Resident has an indication/diagnosis of dementia (question 8) - If you answered yes to questions 1a and 3, place wanderguard bracelet on the Resident - Decision: bracelet applied (new); location right arm; comments: wanderguard #F0beea - The progress note section of the assessment was blank Review of the hospital discharge summary for Resident #86 from their medical leave of absence from 6/25/24 through 6/27/24 failed to indicate the Resident had exhibited any wandering behaviors while at the hospital. Review of the medical record from the initial admission in June 2024 up until their readmission on 6/27/24, including progress notes, behavior monitoring sheets, and assessments failed to indicate the Resident had exhibited any behaviors of wandering. Review of the current care plans, as of 7/17/24, indicated but were not limited to the following: PROBLEM: Assessments show I have the following Activities of daily living (ADL), continence (ability to control the bowel and bladder) and mobility care area needs: my current status is: I have functional rehabilitation potential; I have an ADL deficit in bathing, dressing, grooming/oral care; I have occasional bladder incontinence (6/9/24) GOAL: I will remain free of complications related to immobility; I will be able to appropriately and safely use assistive devices; My goals are to return to my prior level of functioning; I will increase my level of mobility to prior level of mobility; I will remain continent during waking hours (all goals are undated as when they were initiated) INTERVENTIONS: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225387	A. Building B. Wing	07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Court Nursing Care & Rehabilitation Center	389 Alden Road Fairhaven, MA 02719

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	I refuse care and assistance at times (6/13/24); Wanderguard location right wrist serial # F07478, expiration: 4/28, check placement and function every shift (6/10/24) PROBLEM: Assessments show I have the following care area needs: fall risk; safety issues; mood issues; behavior issues. I am at risk for falls due to vascular dementia, deconditioning, ataxia (impaired coordination), unsteady on my feet; I receive antidepressant medications; I have mood/behavior episodes related to rejection of care (6/9/24) GOAL: I will be free of falls/injury; side rails optimize functional abilities with bed mobility and transfers and provide me with a sense of security, I will be free from discomfort or adverse reaction related to antidepressant therapy; I will have fewer episodes of rejecting care weekly through the next review date (all goals are undated as when they were initiated) INTERVENTIONS: Be sure my call light is in reach and encourage me to use it; I have two quarter siderails I use for bed mobility and a sense of security; psych services may follow as needed; social services to follow as needed; monitor and document side effects and effectiveness of antidepressants (6/9/24); monitor my behavior episodes and attempt to determine underlying cause, consider location, time, persons involved, and situations. Document behavior and potential causes (6/19/24) The care plans failed to indicate that one had been developed and individualized to reflect the Resident's history of wandering, exit seeking, or risk of elopement with monitoring for wandering behaviors and elopement risk as identified on the wander risk assessment completed 6/27/24. Review of the progress notes for Resident #86 documented by the physician, nurse practitioner, social service department, psych services, skilled rehab and nursing from the time of the original admission to current (7/17/24) failed to indicate the Resident had a history of wandering, exit seeking behavior or was a risk for elopement. Review of the June and July 2024 Medication Administration Record (MAR), which included behavior monitoring for Resident #86 failed to indicate the Resident was being monitored for wandering, possible elopement risk, or exit seeking behaviors. Review of the Certified Nurse Assistant (CNA) care Kardex (summary of resident's care and preferences), dated 7/18/24, indicated but was not limited to the following: Fall/Mood/Behavior/Safety Interventions: - Wanderguard location right wrist, serial # F07478, expiration date: 4/28, check placement and function every shift The Care Kardex failed to indicate the Resident needed to be monitored for behaviors of wandering, exit seeking, or risk of elopement. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225387	A. Building B. Wing	07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Court Nursing Care & Rehabilitation Center	389 Alden Road Fairhaven, MA 02719

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the CNA, point of care documentation for behaviors (a standard form that is not resident specific) from 6/18/24 through 7/17/24 failed to indicate the Resident had exhibited any behaviors of wandering. During an interview on 7/17/24 at 2:25 P.M., Nurse #4 said she is the nurse for Resident #86 and knows them well. She said she does not ever recall seeing the Resident wandering or ambulating in the halls or leaving his/her room without a staff member or physically attempting to leave the facility. She said when the Resident was admitted he/she would say they didn't want to be here, but they never made an attempt to leave. She said the process for placing a wanderguard is to complete the assessment, follow the prompts for placing a wanderguard on the resident, then an order needs to be put in place with the serial number, expiration date and to test function and check placement of the device. She said behaviors are documented on the MAR by the nurses but she could not locate any behaviors of wandering or exit seeking for this Resident on the current MAR. She said she was unsure about care plans for wandering, risk of elopement or exit seeking behaviors. During an interview on 7/18/24 at 8:52 A.M., Nurse #1 said he completed the original admission assessment on Resident #86. He said the Resident has behaviors mostly of refusing care and can become verbally aggressive. He said he placed a wanderguard band on the Resident at the time of the original admission because the Resident told him that he/she didn't want to be at the facility, and he felt the Resident was very mobile and confused and may wander. He said he did not complete an assessment for the wanderguard use or wandering at that time and he did not develop a care plan for the risk of elopement, wandering or exit seeking behavior at that time. He said the Resident record does not indicate that the Resident has been monitored for wandering or have any care plan or notes indicating that wandering, exit seeking or elopement is a behavior problem for the Resident. He said at the time of readmission the Resident did have a wandering assessment completed, but the care plan was still not developed as it should have been previously. During an interview on 7/18/24 at 8:59 A.M., the Assistant Director of Nurses said Resident #86 is well known to her and has behaviors of care rejection and yelling. She said she believes the Resident had vocalized a desire to leave to the facility at the time of their initial admission and that a wanderguard was placed at that time since the Resident was very mobile, confused and had potential to wander. She reviewed the medical record and said there were no progress notes or behavioral monitoring for the behaviors of wandering, exit seeking or elopement risk and the Resident did not have a care plan developed or implemented for wandering, risk of elopement or exit seeking behaviors as they should have when the risk and behaviors were identified. She said the process was not followed and a care plan still was not in place for these behaviors as it should be.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225387	A. Building B. Wing	07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Court Nursing Care & Rehabilitation Center	389 Alden Road Fairhaven, MA 02719

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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 48362 Based on interview and record review, the facility failed to act promptly upon recommendations made by the Consultant Pharmacist during the monthly Medication Regimen Reviews (MRR) for one Resident (#8), out of a total sample of 27 residents. Specifically, the facility failed to review and implement recommendations related to administration of pain medication. Findings include: Review of the facility's policy titled Documentation and Communication of Consultant Pharmacist Recommendations, dated February 2019, indicated but was not limited to: - Comments and recommendations concerning medication therapy and apparent irregularities will be reported in a timely manner to ensure the resident's safe and appropriate medication utilization. - Non-urgent recommendations will become part of the consultant's comprehensive written monthly report. - All non-urgent recommendations or irregularities must be addressed/reviewed within 30 days of the consultant's monthly visit. Resident #8 was admitted to the facility in December 2020 with diagnoses including cervical and lumbar radiculopathy (compression of the nerve secondary to increased pressure that causes pain, weakness or numbness), cervical and lumbar disc degeneration (deterioration of the spine resulting in pain), and chronic pain syndrome. Review of Resident #8's Minimum Data Set (MDS) assessment, dated 4/23/24, indicated normal cognitive function as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of 15. Section J of the MDS assessment indicated Resident #8 received scheduled and as needed (PRN) Opioid pain medication and reported pain at an almost constant frequency. Review of Resident #8's active Physician's Orders indicated the following: - 2/16/24: Oxycodone Tablet 15 milligrams (MG), give 15 MG by mouth every four hours as needed for pain (severe pain, scale 7-10). - 4/25/24: Morphine Sulfate (Concentrate) Oral Solution 20 milligrams/milliliter (MG/ML), give 0.25 ML by mouth every two hours as needed for pain or respiratory distress, 0.25 ML = 5 MG. Review of Resident #8's MAR for April 2024 indicated the following: - Oxycodone 15 MG tablet was administered 114 times. - Morphine Sulfate Oral Solution was not administered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225387	A. Building B. Wing	07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Court Nursing Care & Rehabilitation Center	389 Alden Road Fairhaven, MA 02719

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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #8's MAR for May 2024 indicated the following: - Oxycodone 15 MG tablet was administered 112 times. - Morphine Sulfate Oral Solution was not administered. Review of Resident #8's MAR for June 2024 indicated the following: - Oxycodone 15 MG tablet was administered 78 times. - Morphine Sulfate Oral Solution was not administered. Review of Resident #8's MAR for July 2024 indicated the following: - Oxycodone 15 MG tablet was administered 48 times between 7/1/24 and 7/22/24. - Morphine Sulfate Oral Solution was not administered between 7/1/24 and 7/22/24. Review of the Consultant Pharmacist's Medication Regimen Review, dated 6/6/24, in the electronic medical record indicated the following: - Nursing (NSG) Recommendation: clarify/edit prn (as needed) Oxycodone vs prn Morphine for pain. During an interview on 7/22/24 at 12:00 P.M., Nurse #6 said the Consultant Pharmacist comes in monthly for medication reviews and will give a report with any recommendations. Nurse #6 said any recommendations are then reviewed by nursing and the Physician. Nurse #6 reviewed Resident #8's medical record and said she could not find documentation that the nursing recommendation was addressed. During an interview on 7/22/24 at 1:11 P.M., the Assistant Director of Nurses (ADON) said the Consultant Pharmacist makes recommendations for the Physician and nursing on a monthly basis and the reports are sent to her, the Director of Nurses (DON), and nursing supervisors. The ADON said these nursing recommendations should be addressed within 30 days.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225387	A. Building B. Wing	07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Court Nursing Care & Rehabilitation Center	389 Alden Road Fairhaven, MA 02719

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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. 48362 Based on interviews and record review, the facility failed to ensure one Resident (#8) was free from significant medication errors, out of a total sample of 27 residents. Specifically, the facility failed to ensure pain medication was administered according to the pain scale indicated in the physician's orders. Findings include: Review of the facility's policy titled Administration Procedures For All Medications, dated last revised July 2018, indicated but was not limited to the following: - Policy: to administer medications in a safe and effective manner. - Obtain and record any vital signs or other monitoring parameters ordered or deemed necessary prior to medication administration. - When administering an as needed (PRN) medication, document reason for giving, observe for medication actions/reactions and record on the PRN effectiveness sheet/nurse's note. Review of the facility's policy titled Pain Assessment and Management, undated, indicated but was not limited to following: - Pain shall be assessed in all residents in the organization. - The facility shall also address the appropriateness and effectiveness of pain management. - If the screening assessment reveals pain is present in the resident, it shall be the responsibility of clinical staff to conduct an in depth clinical assessment of the pain, and periodic reassessment of the resident for determination of pain and relief from pain, including the intensity and quality and responses to treatment. - As part of the reassessment, the multidisciplinary team shall assess and document the pain in terms of its duration, characteristics and intensity as well as the time of the pain, the pain rating and any use of analgesics. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225387	A. Building B. Wing	07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Court Nursing Care & Rehabilitation Center	389 Alden Road Fairhaven, MA 02719

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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Standard of Practice Reference: Pursuant to Massachusetts General Law (M.G.L.), chapter 112, individuals are given the designation of registered nurse and practical nurse which includes the responsibility to provide nursing care. Pursuant to the Code of Massachusetts Regulation (CMR) 244, Rules and Regulations 3.02 and 3.04 define the responsibilities and functions of a Registered nurse and Practical nurse respectively. The regulations stipulate that both the registered nurse and practical nurse bear full responsibility for systematically assessing health status and recording the related health data. They also stipulate that both the registered nurse and practical nurse incorporate into the plan of care, and implement prescribed medical regimens. A nurse licensed by the Board shall not administer any prescription drug or non-prescription drug to any person in the course of nursing practice except as directed by an authorized prescriber. A nurse licensed by the Board shall document the handling, administration, and destruction of controlled substances in accordance with all federal and state laws and regulations and in a manner consistent with accepted standards of practice. Resident #8 was admitted to the facility in December 2020 with diagnoses including cervical and lumbar radiculopathy (compression of the nerve causing pain, weakness or numbness), cervical and lumbar disc degeneration (deterioration of the spine resulting in pain), and chronic pain syndrome. Review of Resident #8's Minimum Data Set (MDS) assessment, dated 4/23/24, indicated normal cognitive function as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of 15. Section J of the MDS assessment indicated Resident #8 received scheduled and as needed (PRN) Opioid pain medication and reported pain at an almost constant frequency. Review of Resident #8's active Physician's Orders indicated the following: - 2/16/24: Oxycodone Tablet 15 MG, give 15 MG by mouth every four hours as needed for pain (severe pain, scale 7-10). Review of Resident #8's care plan for the problem, Assessments show that I have the following care area needs: Pain - Chronic, indicated but was not limited to the following interventions: - Intervention: Pain - administer pain medication as per orders/request. - Intervention: Pain - administer my medications as ordered/requested, monitor for side effects and effectiveness and document and communicate your findings. Review of Resident #8's Medication Administration Record (MAR) for February 2024 indicated the following: - Oxycodone 15 MG tablet was administered 36 times with a pain scale rating of less than seven. Review of Resident #8's MAR for March 2024 indicated the following: - Oxycodone 15 MG tablet was administered 68 times with a pain scale rating of less than seven. Review of Resident #8's MAR for April 2024 indicated the following: - Oxycodone 15 MG tablet was administered 58 times with a pain scale rating of less than seven. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225387	A. Building B. Wing	07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Court Nursing Care & Rehabilitation Center	389 Alden Road Fairhaven, MA 02719

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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #8's MAR for May 2024 indicated the following: - Oxycodone 15 MG tablet was administered 58 times with a pain scale rating of less than seven. Review of Resident #8's MAR for June 2024 indicated the following: - Oxycodone 15 MG tablet was administered 14 times with a pain scale rating of less than seven. Review of Resident #8's MAR for July 2024 indicated the following: - Oxycodone 15 MG tablet was administered 19 times between 7/1/24 and 7/22/24 with a pain scale rating of less than seven. Further review of Resident #8's medical record failed to indicate nursing documentation related to the administration of Oxycodone medication with a pain scale rating of less than seven. During an interview on 7/22/24 at 10:40 A.M., Resident #8 said he/she gets pain medication from staff when it is scheduled or requested. Resident #8 said he/she takes Oxycodone medication to manage his/her pain about every four hours as needed. Resident #8 said he/she thinks he/she is asked to rate their pain level prior to receiving any pain medication. During an interview on 7/22/24 at 12:00 P.M., Nurse #6 said all pain medications orders have parameters. Nurse #6 said a numerical pain scale value is attached to each order when put into the system. Nurse #6 said if the pain scale rating given by the Resident was outside of the parameters the medication should not be given. During an interview on 7/22/24 at 12:42 P.M., the Director of Nurses (DON) said prior to administering pain medication a pain evaluation is completed by the nurse. The DON reviewed the medical record for Resident #8, including physician's orders. The DON said the physician's order for Oxycodone includes a severe pain parameter with a scale of 7-10. The DON said she was uncertain of why the medication was administered with a pain scale rating of less than seven.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225387	A. Building B. Wing	07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Court Nursing Care & Rehabilitation Center	389 Alden Road Fairhaven, MA 02719

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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42742 Based on observation, interview, and document review, the facility failed to ensure all medications used in the facility were stored and labeled in accordance with currently accepted professional principles. Specifically, the facility failed to ensure staff properly labeled all medications stored in three of three medication carts reviewed. Findings include: Review of the facility's policy titled Storage of Medications, dated February 2019, indicated but was not limited to the following: - Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. - Certain medications or package types, such as IV solutions, multiple dose injectable vials, ophthalmics, nitroglycerin tablets, blood sugar testing solutions and strips, once opened, require an expiration date shorter than the manufacturer's expiration date to ensure medication purity and potency. - When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated. The nurse shall place a date opened sticker on the medication and enter the date opened and/or the new date of expiration. The date opened and/or the triggered expiration date should be recorded on a label for such purpose affixed to the vial. - The nurse will check the expiration date of each medication before administering it. Review of a facility document titled Medication Storage Requirement, undated, indicated but was not limited to the following: Opthalmic Preparations: - Xalantan (latanoprost) (treats glaucoma), good for 42 days (6 weeks) at room temperature after first use On 7/17/24 at 8:08 A.M., the surveyor reviewed the team 1 Huttleston Unit medication cart with Nurse #8 and observed the following: - One opened box of latanoprost ophthalmic solution 0.005%, bottle stored inside, seal broken indicating it had been opened, but neither labeled with the date it was opened or the new date of expiration (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225387	A. Building B. Wing	07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Court Nursing Care & Rehabilitation Center	389 Alden Road Fairhaven, MA 02719

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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 7/17/24 at 8:08 A.M., Nurse # 8 said the bottle, once opened, was only good for 30 days and should have been labeled immediately with the open date and new date of expiration but wasn't. On 7/17/24 at 8:27 A.M., the surveyor reviewed the purple team [NAME] Unit medication cart with Nurse #3 and observed the following: - One bottle of Assure platinum test strips (used for diabetes management to check your blood sugar), seal broken indicating it had been opened, but not labeled with the date when the bottle was opened or the new date of expiration Review of the manufacturer's product insert, revised August 2023, indicated but was not limited to the following: - When you first open the bottle, write the date on the bottle label. Use the test strips within 3 months of first opening the bottle. - Do not use test strips beyond the expiration date on the label During an interview on 7/17/24 at 8:27 A.M., Nurse #3 said she didn't think there was a policy for labeling test strip bottles once opened and just goes by the manufacturer's date of expiration. On 7/17/24 at 8:41 A.M., the surveyor reviewed the yellow team [NAME] Unit medication cart with Nurse #9 and observed the following: - Two opened boxes of latanoprost ophthalmic solution 0.005%, bottles stored inside, seals broken indicating they had been opened, not labeled with the dates when opened or the new dates of expiration - One bottle of Assure platinum test strips, seal broken indicating it had been opened, not labeled with the date when opened or the new date of expiration During an interview on 7/17/24 at 8:41 P.M., Nurse #9 said she thought the eye drop bottles were only good for one month after opening and all of them should have been labeled with the dates when opened and the dates they would expire but weren't. She said she wasn't sure why they have shortened expirations. Nurse #9 said she had no idea how long test strip bottles were good for once opened and said she doesn't typically label them after opening. During an interview on 7/22/24 at 9:23 A.M., the Director of Nursing (DON) said the medications, once opened, should have all been labeled with the dates when opened and the new expiration dates. She further said test strips are only good for 90 days after opening and the eye drops are only good for 42 days after opening. She said they have shortened expirations to preserve the effectiveness of the medications.