

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Alliance Health at Baldwinville		STREET ADDRESS, CITY, STATE, ZIP CODE 51 Hospital Road Baldwinville, MA 01436	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>37400</p> <p>Based on observation, interview, record and policy review, the facility failed to provide care consistent with professional standards of practice relative to ensuring interventions ordered and/or recommended for the treatment of an existing wound were implemented for one Resident (#73) of two applicable residents with pressure ulcers reviewed, out of a total sample of 18 residents, with a pressure ulcer (injury to the skin and underlying tissue resulting from prolonged pressure to the skin).</p> <p>Specifically, the facility failed to ensure that:</p> <ol style="list-style-type: none"> 1. A specialty (pressure reducing) mattress was at the correct setting as ordered by the Physician, 2. Pressure relief devices (heel booties) were implemented as ordered by the Physician, 3. Recommendations from the Wound Physician for lab work were reviewed by the facility staff for implementation. <p>Findings include:</p> <p>Review of the facility policy Skin Management Program, revised 6/13/19, indicated the purpose was to minimize the development of any type of ulcers and other skin issues through the systemic and regular inspection of the resident's skin, and to ensure early detection and intervention for all skin problems.</p> <p>The policy also included the following:</p> <ul style="list-style-type: none"> -A care plan will be developed and implemented, and revised as necessary -Additional measures may be taken to protect bony prominences of bedfast or chair bound residents. These measures include the use of heel and elbow protectors . <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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #73 was admitted to the facility in July 2024, with diagnoses including Myasthenia Gravis (chronic autoimmune disease that causes weakness in voluntary muscles by disrupting with communication between the nerves and muscles), Diabetes (condition 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), limitation of activities due to a disability, and presence of pressure ulcer of the sacral area (triangular bone in the lower back situated between the two hipbones of the pelvis).</p> <p>Review of the Pressure Ulcer Risk Care Plan, initiated 7/31/24, indicated Resident #73 was admitted to the facility with a sacral ulcer and included the following intervention:</p> <ul style="list-style-type: none"> -Air (specialty) mattress as ordered (initiated 7/31/24) <p>Review of the Minimum Data Set (MDS) Assessment, dated 8/6/24, indicated Resident #73:</p> <ul style="list-style-type: none"> -was cognitively intact as evidenced by a Brief Interview of Mental Status (BIMS) score of 13 out of 15 -had bilateral range of motion deficits of the lower extremities -had a Stage 3 Pressure Ulcer (full thickness loss of skin that extends to the deepest layer of skin made up of fat and connective tissue) that was present on admission <p>Review of the September 2024 Physician's orders included the following:</p> <ul style="list-style-type: none"> -May refer to Wound Physician, initiated 7/31/24 -Specialty air mattress set at 200 pounds (lbs.), ensure proper setting every shift, 8/16/24 -Booties to bilateral lower extremities, every shift, initiated 8/31/24 -Weekly weights, initiated 9/10/24 <p>Review of the Wound Physician Evaluations, dated 8/6/24 through 9/10/24 included the following recommendations:</p> <ul style="list-style-type: none"> -8/6/24: Recommend Glycosylated Hemoglobin level (HgbA1c: protein that forms when glucose in the blood sticks to hemoglobin molecules in red blood cells and shows blood sugar regulation over 2-to-3-month period of time), -8/13/24: Recommend PreAlbumin level (measurement of protein in the blood) and HgbA1c level, -8/20/24: Recommend PreAlbumin and HgbA1c levels, -8/27/24: Recommend PreAlbumin and HgbA1c levels, -9/3/24: Recommend HgbA1c level, PreAlbumin was obtained on 8/28/24 (15 days after it was originally recommended), <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-9/10/24: Recommend HgbA1c level</p> <p>Review of Resident #73's clinical record indicated:</p> <p>-No documented evidence that the Wound Physician's recommendation to obtain a HgbA1c level was addressed by the facility or that a level was drawn since the original recommendation was made on 8/6/24.</p> <p>-Last obtained weight was 173.6 lbs. on 9/12/24</p> <p>On 9/16/24 at 2:45 P.M., the surveyor observed Resident #73 lying in bed with his/her feet pressed against the foot board of the bed.</p> <p>On 9/18/24 at 2:17 P.M., the surveyor observed the Resident lying in bed watching television. A specialty mattress was in place and was observed to be set at 150 lbs. The surveyor did not observe evidence of booties to his/her lower extremities.</p> <p>On 9/19/24 at 9:00 A.M., the surveyor observed Resident #73 lying in bed with a specialty mattress in place that was set to 150 lbs. The surveyor further observed that the Resident did not have booties on his/her lower extremities and a pillow was placed under his/her calves.</p> <p>On 9/19/24 at 10:15 A.M., the surveyor observed Certified Nurses Aide (CNA) #1 assisting another CNA with the Resident's care. The privacy curtain was partially drawn, and the surveyor observed the Resident's bare feet resting on the bed. The surveyor observed the Resident was seated in a wheelchair and was assisted by the staff to the shower room.</p> <p>During an interview on 9/19/24 at 10:29 A.M., CNA #1 said Resident #73 required assistance with activities of daily living (ADL: activities of personal care which include bathing, dressing, personal hygiene) and transfers. CNA #1 said the Resident has a wound on his/her bottom and utilized a specialty mattress which the Nurses monitor for function. CNA #1 said the Resident required frequent positioning and had pillows placed under his/her arms and legs. When the surveyor asked if booties were utilized for the Resident's feet, CNA #1 said she was unaware of any booties for the Resident's feet. The CNA was observed to look in the Resident's room and said she did not see any booties for the Resident.</p> <p>During an interview on 9/19/24 at 10:36 A.M., Nurse #1 said the Resident's specialty mattress was set by his/her weight and was monitored every shift by the Nurses to ensure it was at the correct setting. Nurse #1 said the Resident also had an order for booties to be worn. At the time, the surveyor and Nurse #1 observed the Resident's room (the Resident not in the room) and the specialty mattress remained set to 150 lbs. After reviewing the Physician's order for the mattress, Nurse #1 said the specialty mattress should be set to 200 lbs. and not 150 lbs. Nurse #1 said she was not sure about the booties for the Resident's lower extremities, but if the Resident had refused them and another intervention was put into place, it should be documented in the Resident's clinical record.</p> <p>Review of the September 2024 Medication Administration Record (MAR) with Nurse #1, indicated the following were signed off as administered every shift from 9/1/24 through 9/19/24 7:00 A.M. to 3:00 P.M. [Day], 3:00 P.M. to 11:00 P.M.[Evening], and 11:00 P.M. and 7:00 A.M.[Night] shifts:</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Specialty air mattress set at 200 pounds (lbs.), ensure proper setting every shift</p> <p>-Booties to bilateral lower extremities, every shift, initiated 8/31/24</p> <p>There was no documented evidence in the clinical record that the Resident had refused the Physician ordered interventions (booties and air mattress) with the only exception on 9/4/24 on the 7:00 A.M. to 3:00 P. M.[Day shift] when it was documented that the Resident did not want the booties to be put on.</p> <p>During an interview on 9/19/24 at 11:32 A.M., the Assistant Director of Nurses (ADON) said she completes wound rounds with the Wound Physician weekly on Tuesdays, and she documents the measurement of the wounds and any recommendations for care made at that time. The ADON said the recommendations made by the Wound Physician would be relayed to the Resident's Physician and would be documented in the clinical record. The ADON said the Physician does not usually decline recommendations made by the Wound Physician.</p> <p>During an interview on 9/19/24 at 12:00 P.M., the Corporate Nurse said there was a problem with how Resident #73's recommendations from the Wound Physician were relayed to the facility staff.</p> <p>The facility staff were unable to provide evidence that the recommendation for the HgbA1c lab work was addressed by the Physician prior to survey exit.</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>37400</p> <p>Based on observation, interview, record and policy review, the facility failed to ensure that Transmission Based Precautions (TBP: used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission) were implemented for one Resident #65, out of a total sample of 18 residents.</p> <p>Specifically, the facility staff failed to reduce the potential spread of infection by ensuring that Contact Precautions (precautions intended to prevent transmission of infectious agents which are spread by direct and indirect contact with the patient or the patient's environment) were followed relative to the use of the required personal protective equipment (PPE) for Resident #65 who was diagnosed with and was actively being treated for an infection.</p> <p>Findings include:</p> <p>Review of the facility policy titled Transmission-Based Precautions, revised 8/8/24, indicated the following:</p> <ul style="list-style-type: none"> -Transmission Based Precautions will be initiated for known or suspected infections for which there are active symptoms, and the route of transmission is known. -TBP categories used in facilities are Droplet Precautions and Contact Precautions .may be used either singly or in combination. Standard Precautions are used in addition to the Transmission-Based Precaution implemented. <p>Review of the Centers for Disease Control and Prevention (CDC) website cdc.gov, titled Precautions to Prevent Transmission of Infectious Agents, indicated the following relative to Contact Precautions:</p> <ul style="list-style-type: none"> -Application of Contact Precautions for patients infected or colonized with MultiDrug Resistant Organisms (MDROs: microorganisms or bacteria that are resistant to one or more classes of antimicrobial agents) -Healthcare personnel caring for patients on Contact Precautions should wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. -Donning (putting on) PPE upon room entry and discarding before exiting the room .especially for those who have been implicated in transmission through environmental contamination (for example: Vancomycin-Resistant Enterococcus or VRE: bacteria resistant to some powerful antibiotics and are usually spread from person to person through contact with infected people). <p>Review of the Contact Precaution Signage (CDC and utilized by the facility) included the following:</p> <p>>Stop. Contact Precautions.</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>>Everyone Must:</p> <ul style="list-style-type: none"> -Cleanse their hands, including before entering and when leaving the room. -Put on gloves before room entry. Discard gloves before room exit. -Put on gown before room entry. Discard gown before room exit. -Do not wear the same gown and gloves for the care of more than one person. -Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person. <p>Resident #65 was admitted to the facility in August 2024, with diagnoses including left hip joint replacement and cellulitis (potentially serious bacterial infection that affects the deep layers of the skin and underlying tissues).</p> <p>Review of Resident #65's Urinary Tract Infection Care Plan, initiated 9/12/24, indicated the Resident currently had a Urinary Tract Infection and included the following interventions initiated on 9/12/24:</p> <ul style="list-style-type: none"> -Administer antibiotic therapy as ordered -Maintain Contact Precautions for VRE in the urine <p>Review of the September 2024 Physician's orders included the following:</p> <ul style="list-style-type: none"> -Maintain Contact Precautions every shift, initiated 9/12/24 -Macrobid (antibiotic) 100 milligrams (mg) every 12 hours, initiated 9/13/24 <p>On 9/18/24 at 11:46 A.M., the surveyor observed a Contact Precaution sign outside of Resident #65's room and a bin containing PPE including gowns and gloves. The surveyor observed that the Resident's call light was initiated and the Resident was seated in a wheelchair next to his/her bed. At 11:48 A.M., the Social Worker (SW) was observed to knock and enter the Resident's room, without donning a gown or gloves. The SW remained in the Resident's room for a short time and was observed to exit the room.</p> <p>During an interview on 9/18/24 at 11:48 A.M., the SW said she responded to Resident #65's call light and that the Resident had requested a snack. The SW said she did not put on a gown or gloves prior to entering the Resident's room. The SW said she was aware that the Resident was on Contact Precautions, but she did not have any contact with the Resident so she was not required to put on PPE. After the interview, the surveyor observed the SW retrieve the requested snacks from the unit kitchenette and re-enter the Resident's room a second time without donning the required PPE indicated on the signage posted at the doorway.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/18/24 at 12:52 P.M., the Infection Preventionist (IP) approached the surveyor and said education was provided to the SW about the requirements for Contact Precautions and the required PPE for Resident #65. The IP said all staff should be performing hand hygiene and putting on a gown and gloves prior to entering a Contact Precaution Room per the instructions on the signage. The IP said she thought there was confusion about the different Precaution signage utilized in the facility and that she would have to complete ongoing education with the facility staff.		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37400</p> <p>Based on interview, record and policy review, the facility failed to implement updated timing guidance for Pneumococcal Vaccinations and ensure that Pneumococcal Vaccinations were offered and administered as consented to for three Residents (#62, #46 and #6), of 5 applicable residents reviewed, out of a total sample of 18 residents.</p> <p>Specifically, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure the facility policy relative to Pneumococcal Vaccination was reviewed and updated to include current Centers for Disease Control and Prevention (CDC) guidance. 2. For Resident #62, afford the opportunity to consent to or decline the Pneumococcal Vaccine when the Resident was admitted to the facility. 3. For Resident #46, administer the most up-to-date Pneumococcal Vaccine when he/she was eligible and had given consent. 4. For Resident #6, administer the most up-to-date Pneumococcal Vaccine when he/she was eligible and had given consent. <p>Findings include:</p> <p>Review of the CDC website Pneumococcal Vaccine Timing for Adults greater than or equal to [AGE] years (cdc.gov), dated 3/1/24, indicated the following:</p> <ul style="list-style-type: none"> -For adults 65 and over who have not had any prior Pneumococcal Vaccines, then the patient and provider may choose Pneumococcal Conjugate Vaccine (PCV) 20 or PCV15 (Pneumococcal Conjugate Vaccine 15-valent: vaccine used to protect against 15 types of pneumococcal bacteria that commonly cause serious infections in adults), followed by Pneumococcal Polysaccharide Vaccine (PPSV) 23 one year later. -For adults 65 and over who have had Pneumococcal Conjugate Vaccine 13 (PCV13) and PPSV23 and it has been 5 years or greater since the last Pneumococcal Vaccination, then the patient and the vaccine provider may choose to administer the PCV20. <ol style="list-style-type: none"> 1. Review of the facility Immunization of Residents Policy, dated 8/2017, included the following: <ul style="list-style-type: none"> -All eligible residents will be offered the pneumococcal vaccines unless medically contraindicated. -Education will be provided on the pros/cons of the vaccine prior to administration. There is a right to refuse the vaccination. -Each resident/representative will be asked on admission if they have previously had the PPSV23 or PCV13 vaccine and their age at the time of the vaccination, and for the records also used to determine vaccination status. <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-If no prior evidence of vaccination, the PCV13 will be offered per the Physician discretion, education will be provided on the pros/cons of the vaccine and the right to refuse</p> <p>-The PPSV23 will then be offered one year later. If one or more doses of PPSV23 have been previously received, the PCV13 will be offered one year after the last PPSV23 dose.</p> <p>During an interview on 9/18/24 at 10:04 A.M., the surveyor and the Infection Preventionist (IP) reviewed the facility's policy for Immunization of Residents. The IP said she was not aware if there was an updated policy but she would look into the matter. The IP said she used the CDC Vax Tracker Tool when determining if Pneumococcal Vaccinations were due for the facility residents.</p> <p>During a follow-up interview on 9/18/24 at 10:51 A.M., the IP provided the surveyor with a signature page indicating the facility policies were reviewed by the medical team, including the Medical Director on 6/4/24. The IP said she had asked about the updated guidance for the Pneumococcal Vaccines and was waiting for an updated policy.</p> <p>During an interview on 9/19/24 at 11:53 A.M., the IP said the facility was working on a new policy for the Pneumococcal Vaccination. The facility did not provide an updated Pneumococcal Vaccination policy to the survey team by survey exit.</p> <p>2. Resident #62 was admitted to the facility in March 2024, and was over the age of 65.</p> <p>Review of the CDC Vax Finder Tool indicated Resident #62 was eligible to receive the PCV20 vaccine at the time of admission.</p> <p>Review of Resident #62's clinical record indicated no documented evidence that he/she was offered and had the opportunity to consent or decline the Pneumococcal Vaccine.</p> <p>During an interview on 9/18/24 at 11:26 A.M., the IP said there was no vaccine consent or declination form completed upon admission for Resident #62 and there should have been.</p> <p>During a follow-up interview on 9/18/24 at 12:50 P.M., the IP said she obtained consent from Resident #62's Responsible Party to receive the PCV20 vaccination.</p> <p>3. Resident #46 was admitted to the facility in August 2023, and was over the age of 65.</p> <p>Review of the CDC Vax Finder Tool indicated Resident #46 was eligible to receive the PCV20 vaccine.</p> <p>Review of Resident #46's clinical record indicated the Resident's Representative consented for him/her to receive the Pneumococcal Vaccine (including the PCV20) on 8/11/23.</p> <p>Further review of the clinical record indicated no documented evidence that the PCV20 vaccine was administered to Resident #46 after consent was obtained.</p> <p>4. Resident #6 was admitted to the facility in July 2020, and was over the age of 65.</p> <p>Review of the CDC Vax Finder Tool indicated Resident #6 was eligible to receive the PCV20 vaccine.</p> <p>(continued on next page)</p>		

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