

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Lanessa Extended Care		STREET ADDRESS, CITY, STATE, ZIP CODE  751 School Street Webster, MA 01570	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on records reviewed and interviews for one of three sampled residents (Resident # 1), who developed a pressure related injury on his/her right wrist area and required wound care, the Facility failed to ensure nursing developed and implemented a comprehensive person-centered care plan with interventions, treatment goals and outcomes that addressed his/her wound care needs.</p> <p>Findings include:</p> <p>Review of the Facility's Policy titled, Comprehensive Care Plans, dated November 2017, indicated that:</p> <ul style="list-style-type: none"> <li>- the Facility provides individualized, person-centered care which is reflected in each resident's care plan. To facilitate the creation of such plans, the Facility performs a comprehensive assessment on all residents.</li> <li>- the care plan will include an assessment of residents' strengths and needs.</li> <li>- the care plans are oriented toward preventing avoidable decline in clinical and functional levels.</li> </ul> <p>Review of the Facility's Policy titled, Condition: Significant Change, dated April 2015 indicated that:</p> <ul style="list-style-type: none"> <li>-In the event of a significant status change, the resident will be re-evaluated to amend the Care Plan.</li> </ul> <p>Resident #1 was admitted to the Facility in September 2021 diagnoses included dementia, chronic kidney disease, anemia, and a recent fractured right humerus.</p> <p>Review of Resident #1's Hospital Discharge summary, dated [DATE], indicated Resident #1 sustained a closed right distal humerus ( long bone in upper arm) fracture from a fall and his/her right arm was placed in an immobilizer (splint) and sling and he/she had a follow up with the orthopedic surgeon scheduled in one week to assess candidacy for possible open reduction surgery.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's Pressure Injury Evaluation, dated 5/28/25, indicated he/she had a new stage 3 pressure injury measuring 0.2 centimeters (cm) x 0.2 cm x 0.1 cm on his/her right wrist and treatment orders were obtained.</p> <p>Review of the Orthopedic Surgeons Consult Note dated 6/03/25, indicated Resident#1 had a pressure injury over the right ulnar styloid (wrist) area with 1-to-2-millimeter depth, no bone or tendon was exposed, and recommended a splint above the wrist area, pressure injury treatment, with follow-up in one week. Further review of the Consult Note indicated surgery was not recommended.</p> <p>Review of Resident #1's Medical Record from 05/28/25 through 06/10/25, indicated there was no documentation to support a Care Plan related to his/her new Pressure Injury with interventions, treatment, goals and outcomes, had been developed and implemented by nursing to meet his/her wound care needs by nursing.</p> <p>During an interview on 06/10/25 at 1:04 P.M., the Unit Manager said she discovered the pressure injury on Resident #1's right wrist on 5/28/25 and obtained treatment orders. The Unit Manager said she did not update Resident #1's Care plan and said she should have.</p> <p>During an interview on 06/10/25 at 1:47 P.M., the Director of Nurses (DON) said Resident #1 did not have a Pressure Injury Care Plan in place and said it is the Facility's expectation that the Nursing ensure all care plans are updated, including when there is a change in condition.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and records reviewed, for one of three sampled residents (Resident #1), who sustained a right distal humerus (long bone in upper arm ) fracture that would potentially need surgical intervention to treat, and who required a one week follow up appointment with his/her Orthopedic Surgeon, the Facility failed to ensure he/she was provided with quality care and services when transportation services were not properly arranged for several of his/her follow up appointments, which resulted in more than a months delay in him/her being seen and evaluated by an Orthopedic Surgeon.</p> <p>Findings include:</p> <p>Review of Resident #1's medical record indicated that he/she was admitted to the Facility during September 2021 and his/her diagnoses included dementia, chronic kidney disease, anemia, and a recent fractured right humerus.</p> <p>Review of the Hospital Discharge summary, dated [DATE], indicated that Resident #1 was hospitalized for a right distal humerus fracture, had an immobilizer splint placed on the right arm and a sling and was to be seen for follow up by the Orthopedic Surgeon in one week. The Discharge Summary indicated the Orthopedic Surgeon would evaluate candidacy for an open reduction surgery on Resident #1 at the follow up appointment.</p> <p>During an interview on 6/09/25 at 2:40 P.M., the Reporter said Resident #1's Orthopedic Surgeons' one week follow-up appointment was scheduled for 4/29/25, but the facility had to cancel it due to transportation issues, that it was rescheduled for 5/21/25, then canceled again by the facility and rebooked for 5/27/25. The Reporter said the 5/27/25 appointment was also canceled due to transportation issues. The Reporter said Resident #1 was finally seen by the Orthopedic Surgeon on 6/3/25, almost six weeks later.</p> <p>During an interview on 6/10/25 at 11:02 A.M., the Transportation Scheduler said Resident #1 required a wheelchair van and the transportation company sent a car for the initial follow up visit to the Orthopedic Surgeon on 4/29/25 and for the second appointment on 5/21/25 the van was late. The Scheduler said transportation issues occurred again for the 5/27/25 appointment, resulting in cancellation of that appointment.</p> <p>Review of the Regional Transit Authority Provider Request for Transportation (PT-1) Forms for Resident #1, dated 4/24/25, 4/29/25, and 5/21/25, indicated that the transportation request form did not include that a wheelchair van was specifically requested by the facility on the form.</p> <p>During an interview on 6/10/25 at 1:30 P.M., the Director of Social Services said the facility has had transportation issues involving Resident #1 and his/her appointments, and said that they have since changed their transportation services/process.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/10/25 at 1:47 P.M., the Director of Nursing (DON) said Resident #1 required a follow up appointment with the Orthopedic Surgeon in one week after admission and required a wheelchair van to be transported to the clinic for his/her follow-up appointment. The DON said staff had not been able to arrange for Resident #1 to be transported to the clinic for the follow up with the Orthopedic Surgeon in a vehicle equipped for a wheelchair resulting in there being a delay in his/her follow up appointment. The DON said that the Facility had been having transportation issues with their previous provider and has since changed to using another process/provider service to book necessary transportation.</p> <p>During an interview on 6/10/25 at 1:40 P.M., the Administrator said the facility implemented a new process to book transportation for the residents, it has been in place for one month due to the previous transportation concerns.</p>