

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46339</p> <p>Based on record review, policy review and interviews, the facility failed to report allegations of abuse to the state agency within two hours as required for one Resident (#65) out of a total sample of 22 residents.</p> <p>Specifically, on 10/8/24 at 9:00 A.M., the Director of Nursing (DON) was made aware of Resident #65's allegations of abuse. The DON did not report to the state agency until 10/9/24 at 11:15 P.M., when the surveyor inquired about the follow up, more than 24 hours after becoming aware of the allegations.</p> <p>Findings include:</p> <p>Review of the facility policy Abuse, Neglect, Mistreatment, Exploitation & Misappropriation of Property Policy Including Elder Justice Act, revised September 2018, indicated the following:</p> <p>-When staff have knowledge of an allegation of abuse or a serious bodily injury of unknown source then an immediate report (within 2 hours of knowledge) of the incident will be sent to the Department of Public Health via HCFRS (health care facility reporting system). Administrator and the DON must be notified immediately. A computerized report will be filed via HCFRS virtual gateway system by DON, Assistant DON, Administrator or authorized user.</p> <p>-The Director of Nursing Services coordinates the investigations of alleged violations.</p> <p>Resident #65 was admitted to the facility in September 2024 with diagnoses including personal history of transient ischemic attack (TIA) (mini stroke), and cerebral infarction without residual deficits, pressure ulcer of left buttock stage 3.</p> <p>Review of Resident #65's Minimum Data Set Assessment (MDS) dated [DATE] indicated the Resident scored a 14 out of 15 on the Brief Interview for Mental Status indicating he/she was cognitively intact. The MDS further indicated the Resident depended on staff for activities of daily living.</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: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/8/24 at 8:23 A.M., the surveyor observed Resident #65 lying in his/her bed, the Resident told the surveyor that he/she had experienced unpleasant treatment by one of the certified nursing assistants (CNA #2) that worked on the evening shift. The Resident said that the CNA #2 would come into his/her room and raise the television volume extremely loud just to bust his/her chops, the Resident further said that the CNA #2 would also close the window blinds without asking the Resident and the Resident felt like CNA #2 was showing control over him/her. Resident #65 also said that at times he/she would call to get assistance with activities of daily living care (incontinence care) and the CNA #2 would tell him/her that they did not require the care. The Resident told the surveyor that those experiences reminded him of the previous facility he/she had been at and received similar mistreatment.</p> <p>On 10/8/24 at 9:00 A.M., the Surveyor reported the Resident's concerns to Unit Manager #2 who said she was going to report that information to the DON immediately.</p> <p>On 10/9/24 at 11:15 A.M., the surveyor followed up with the DON in regard to Resident #65's concerns, the DON said that she had sent the social worker to follow up with the Resident and had not reported the allegations to the Department of Public health. The DON said that the concerns brought forth were allegations of abuse and should have been reported within 2 hours of knowledge.</p> <p>During an interview on 10/10/24 at 8:50 A.M., Social Worker (SW) #2 said she had followed up with the Resident when the DON had asked her to investigate but failed to immediately report back to the DON of the Resident's concern of alleged emotional abuse. Social Worker #2 said she interviewed the Resident and did not know how to write it down hence causing the delay in reporting back to the DON.</p> <p>During an interview on 10/10/24 at 9:20 A.M., the DON said there was a delay in reporting of the alleged abuse to the Department of Public health.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46339</p> <p>Based on record review, policy review and interview, the facility failed to accurately complete a Level 1 Preadmission Screening and Resident Review (PASARR) screen to determine if a resident had an intellectual or developmental disability (ID or DD) and/or serious mental illness (SMI) and needed further evaluation for one Resident (#61), out of a total sample of 22 residents. Specifically, for Resident #61, the facility failed to accurately complete a Level 1 PASARR indicating that the Resident had a diagnosis of schizotypal disorder which is a SMI, resulting in a Level II PASARR evaluation not being completed as required.</p> <p>Findings include:</p> <p>Review of facility policy titled Admission Criteria' date revised March 2019, indicated the following but not limited to:</p> <p>-All new admissions and readmission are screened for mental disorders (MD), intellectual disorder (ID) or related disorders (RD) per the Medicaid Pre-Admission Screening and Resident Review (PASARR) process.</p> <p>-If the level 1 screen indicates that the individual may meet the criteria for MD, ID, or RD, he/she is referred to the state PASARR representative for the Level II (evaluation and determination) screening process.</p> <p>Resident #61 was admitted to the facility in June 2024 with diagnoses including schizotypal disorder.</p> <p>Review of Resident #61's Minimum Data Set Assessment (MDS) dated [DATE] indicated the Resident scored an 8 out of a possible 15 on the Brief Interview for Mental Status (BIMS) indicating he/she was moderately cognitively impaired. The MDS further indicted the Resident had an active diagnosis of schizotypal disorder.</p> <p>Review of the hospital admission information referral date 6/11/24, indicated Resident #61 had an active diagnosis of schizotypal personality disorder.</p> <p>Review of the PASARR Level I screen for serious mental illness, dated 6/18/24 indicated NO to the following questions:</p> <p>-Does the applicant have one of the following documented diagnoses of a mental illness or disorder (MI/D)?</p> <p>During an interview on 10/9/24 at 10:27 A.M., Social Worker (SW) #1 said the PASARR form is completed by a nurse outside of the facility and the SW is the back up to ensure the PASARR is completed prior to admission into the facility. The SW said with an admitting diagnosis of a serious mental illness the PASARR should have been completed accurately for the Resident to be reviewed and prompted a Level II evaluation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/10/24 at 8:21 A.M., the Director of Nursing said the Level 1 PASARR should have been accurately documented upon the Resident's admission to the facility.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	
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>45343</p> <p>Based on observations, record review and interviews, the facility failed to ensure a comprehensive resident centered care plan was developed for one Resident (#63) out of a total sample of 22 Residents. Specifically, the facility failed to develop an individualized comprehensive resident centered care plan related to the monitoring and care of a pacemaker for Resident #63.</p> <p>Findings include:</p> <p>Review of the facility policy titled Pacemaker, Care of a Resident with, revised 12/15, indicated the following:</p> <p>Purpose:</p> <p>-The purpose of this procedure is to provide information about and guidance for the care of a resident with a pacemaker</p> <p>Monitoring:</p> <p>-Monitor the resident for pacemaker failure by monitoring for signs and symptoms of bradyarrhythmia's.</p> <p>-The pacemaker battery will be monitored remotely through the telephone or an internet connection. The resident's cardiologist will provide instructions on how and when to do this.</p> <p>-Make sure the resident has a medical identification care that indicated he or she has a pacemaker. The medical record must contain this information as well. When the resident is transferred to another facility, this information must be communicated to the receiving facility in the discharge summary.</p> <p>Documentation:</p> <p>-For each resident with a pacemaker, document the following in the medical record and on a pacemaker identification card upon admission.</p> <p>a. The name, address, and telephone number of the cardiologist.</p> <p>b. Type of pacemaker.</p> <p>c. Type of leads.</p> <p>d. Manufacturer and model.</p> <p>e. Serial number.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	

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>f. Date of implant.</p> <p>g. Paced rate.</p> <p>Resident #63 was admitted to the facility in April 2023 with diagnoses that included heart failure, paroxysmal atrial fibrillation, presence of cardiac pacemaker, and chronic systolic heart failure.</p> <p>Review of Resident #63's most recent Minimum Data Set (MDS) assessment, dated 7/26/24, indicated a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15 which indicated the Resident is cognitively intact.</p> <p>Review of Resident #63's physician orders and care plans, failed to indicate a paced rate, serial number, frequency of pacemaker checks and cardiologist information.</p> <p>During an interview on 10/8/24 at 8:41 A.M., Resident #63 said he/she feels his/her heart if fluttering and has not had his/her pacemaker checked recently.</p> <p>During an interview on 10/10/24 at 7:51 A.M., Unit Manager #3 said she was not aware Resident #63 was experiencing any heart fluttering and will arrange for the Resident to see the cardiologist. Unit Manager #3 said she would expect a care plan to be put in place on admission with all the pacemaker information.</p> <p>During an interview on 10/10/24 at 8:23 A.M., the Director of Nursing said a pacemaker care plan should have been out in place with the paced rate, cardiologist information, frequency of checks and the serial number so the nurses are aware.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46339</p> <p>Based on observation, record review and interview, the facility failed to provide services that met professional standards of practice for one Resident #55 out of a sample of 22 residents. Specifically, for Resident #55 the facility failed to ensure nursing implemented Teds (compression) stockings according to the physician's orders.</p> <p>Findings include:</p> <p>Resident #55 was admitted to the facility in July 2024 with diagnoses including dementia, instability of left knee, and localized edema (fluid retention).</p> <p>Review of Resident #55's Minimum Data Set Assessment (MDS) dated [DATE], indicated the Resident scored a 7 out of a possible 15 on the Brief Interview for Mental Status (BIMS) indicating he/she was moderately cognitively impaired. The MDS further indicated the Resident was dependent on staff for activities of daily living.</p> <p>On 10/9/24 at 7:11 A.M., the surveyor observed the Resident lying in bed, the Resident did not have ted stockings on his/her legs.</p> <p>On 10/9/24 at 9:10 A.M., the surveyor observed Resident #55 sitting in his/her broda chair being wheeled to the dining room he/she did not have teds stocking on as his/her legs were exposed.</p> <p>On 10/9/24 at 12:07 P.M., the surveyor observed the Resident sitting in the dining room he/she did not have teds stocking on.</p> <p>On 10/9/24 at 2:00 P.M., the surveyor observed the Resident lying in bed, he/she did not have teds stocking on.</p> <p>Review of the most current physician orders indicated the following:</p> <p>-Teds to both legs while out of bed one time a day for edema.</p> <p>Review of the Treatment Administration Record (TAR) for date 10/9/24 at 6:00 AM was signed off indicating the Resident had teds stocking on.</p> <p>During an interview on 10/9/24 at 2:35 P.M., Unit Manager #1 said physician orders should be completed as ordered and that Resident #55 should have the teds stockings on.</p> <p>During an interview on 10/10/24 at 8:16 A.M., the Director of Nursing said the teds stockings should be completed as ordered.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>45984</p> <p>Based on observations, record review and interviews, the facility failed to provide assistance with Activities of Daily Living (ADLs) for dependent residents for one Resident (#1) out of a total sample of 22 residents. Specifically, the facility failed to provide assistance with weekly showers for Resident #1.</p> <p>Findings include:</p> <p>Review of the facility policy titled Activities of Daily Living (ADL), undated, indicated the following:</p> <ul style="list-style-type: none"> - A program of activities of daily living (ADL) is provided to residents to prevent disability and return residents to a maximum level of independence. - Hygiene: Frequent showers or baths are scheduled and assistance provided when required. <p>Resident #1 was admitted to the facility in September 2022 with diagnoses including chronic congestive heart failure and bradycardia.</p> <p>Review of Resident #1's most recent Minimum Data Set Assessment (MDS) indicated that the Resident has a Brief Interview for Mental score of 15 out of 15 indicating intact cognition. Further review of the Resident's MDS indicated that the Resident is dependent on staff for all activities of daily living and does not refuse care.</p> <p>During an interview on 10/8/24 at 7:52 A.M., Resident #1 said he/she cannot remember the last time he/she had a shower and would like a shower if the staff think it is safe enough. Resident #1 then said he/she only receives bed baths.</p> <p>During a subsequent interview on 10/9/24 at 1:28 P.M., Resident #1 said staff members do not ask her if he/she would like a shower, they just give him/her a bed bath and he/she would really like a shower.</p> <p>Review of the facility's document titled B Floor Shower List indicated that Resident #1 is to receive a shower on the 7:00 A.M. shift on Thursdays. The document continued to say Any resident can have a shower on request.</p> <p>Review of Resident #1's shower log for the past 31 days indicated that Resident #1 has only received bed baths and no showers.</p> <p>Review of Resident #1's ADL self-care performance deficit care plan, dated and revised 3/9/23 indicated the following intervention:</p> <ul style="list-style-type: none"> - BATHING/SHOWERING: Provide sponge bath when a full bath or shower cannot be tolerated. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's medical record failed to indicate that the Resident refused showers at any point.</p> <p>During an interview on 10/9/24 at 1:51 P.M., Certified Nursing Assistant (CNA) #1 said all residents get showers at least once per week. CNA #1 said Resident #1 used to not want showers so they were only providing bed baths to him/her. CNA #1 said they stopped asking Resident #1 if he/she would like a shower. The surveyor and CNA #1 then asked Resident #1 if he/she would like a shower and Resident #1 said he/she would like to have a shower.</p> <p>During an interview on 2:14 P.M., Nurse #1 said the expectation is that all residents receive a shower weekly if they would like one and that staff should be offering to shower each resident at least once a week. Nurse #1 said if she knew Resident #1 wanted a shower she would have provided one.</p> <p>During an interview on 10/10/24 at 7:55 A.M., the Director of Nursing (DON) said all residents should be offered a shower at least weekly and the shower schedule should be followed. The DON continued to say any refusals should be documented and CNAs should be asking if residents would like a shower instead of residents asking staff members to receive a shower.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45984</p> <p>Based on observation, record review and interview the facility failed to ensure standards of quality of care were implemented for one Resident (#32), out of a total sample of 22 residents. Specifically, the facility failed to identify a skin injury on the Resident's left upper arm.</p> <p>Findings include:</p> <p>Review of the facility policy titled Skin Assessment, revised and dated 1/27/21 indicated the following:</p> <ul style="list-style-type: none"> - The Unit Nurse will: Complete a comprehensive head to toe assessment of the resident's skin with each scheduled assessment and with any significant change of condition, that includes evaluating risk factors. - Instruct Nursing Assistants to identify and report signs of skin breakdown, such as: purple or dark area. <p>Resident #32 was admitted to the facility in January 2023 with diagnoses including unspecified dementia and anxiety disorder.</p> <p>Review of Resident #32's most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated that the resident has a Brief Interview for Mental Status score of 9 out of 15 indicating moderate cognitive impairment. Further review of the MDS indicated that Resident #32 requires assistance with all activities of daily living (ADL).</p> <p>During an interview on 10/8/24 at 8:44 A.M., the surveyor observed a round, purple mark with yellow edging around it on Resident #32's upper left arm. Resident #32 did not know the bruise was there, he/she said he/she fell about a week ago and it might be from that. Resident #32 continued to say staff members have not told her about the purple mark on his/her left arm.</p> <p>During an observation on 10/9/24 at 10:58 A.M., Resident #32 was sleeping in his/her bed. His/her left arm was visible with a round, purple mark with yellow edging around it on the Resident's upper left arm.</p> <p>Review of Resident #32's physician's order dated 2/1/24 indicted the following:</p> <ul style="list-style-type: none"> - Weekly Skin Assessment (head to toe) every evening shift every Thu (Thursday) for weekly skin assessments. <p>Review of Resident #32's ADL self-care performance deficit care plan dated 1/25/23 indicated that the following intervention:</p> <ul style="list-style-type: none"> - SKIN INSPECTION: The resident requires SKIN inspection daily. Observe for redness, open areas, scratches, cuts, bruises and report changes to the Nurse. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #32's care plan for anti-platelet therapy dated and revised 4/28/24 indicated the following intervention: Daily skin inspection, report abnormalities to the nurse.</p> <p>Review of Resident #32's most recent skin check evaluation dated 10/3/24 indicated that the Resident's skin was normal with no abnormalities.</p> <p>Review of a physician's progress note dated 10/7/24 at 3:47 P.M., indicated that Resident #32 had no bruising on his/her skin.</p> <p>Review of Resident #32's fall evaluation and investigation dated 9/27/24 failed to indicate any skin injuries occurred to Resident #32's upper left arm.</p> <p>During an interview on 10/9/24 at 10:59 A.M., Certified Nursing Assistant (CNA) #1 said Resident #32 is total care and if any new skin marks are identified it should be reported to the nurse. CNA #1 and the surveyor observed Resident #32's upper left arm and CNA #1 said she did not know that was there and nursing should be notified. CNA #1 said the skin mark should have been identified when Resident #32 was being bathed or changed.</p> <p>During an interview on 10/9/24 at 11:08 A.M., Nurse #1 and the surveyor observed Resident #32's upper left arm. Nurse #1 said it was a bruise about an inch wide. Nurse #1 said she would expect a CNA to notify her when they observed it. Nurse #1 said it should have been observed while providing ADL care to Resident #32 since it is visible on his/her arm.</p> <p>During an interview on 10/10/24 at 7:55 A.M., the Director of Nursing (DON) said CNAs should be letting nursing know immediately if a new skin condition such as a bruise is identified so it can be investigated.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	
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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>45343</p> <p>Based on observation, interview, record review, the facility failed to ensure a resident received proper treatment to maintain hearing and ensure assistive devices to maintain hearing and enhance communication were utilized for one Resident (#63), out of a total sample of 22 residents. Specifically, for Resident #63, the facility failed to consistently implement his/her hearing aids.</p> <p>Finding Included:</p> <p>Review of the facility policy titled, Hearing Impaired Resident, Care of, last revised 2/18, indicated the following:</p> <p>Policy:</p> <ul style="list-style-type: none"> -Staff will assist hearing impaired residents to maintain effective communication with clinicians, caregivers, other residents, and visitors. -Staff will assist residents with care and maintenance of hearing devices. <p>Resident #63 was admitted to the facility in April 2023 with diagnoses that included unspecified symptoms and signs involving cognitive functions and awareness, heart failure, paroxysmal atrial fibrillation, presence of cardiac pacemaker, and chronic systolic heart failure.</p> <p>Review of Resident #63's most recent Minimum Data Set (MDS) assessment, dated 7/26/24, indicated a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15 which indicated the Resident is cognitively intact. Further review of the MDS indicated Resident #63 has adequate hearing with use of his/her hearing aids.</p> <p>During an interview on 10/8/24 at 8:21 A.M., Resident #63 had difficulty answering questions due to being hard of hearing. Resident #63 said he/she wears hearing aids and was currently not wearing them. Resident #63 was asked if staff assist him/her to put his/her hearing aids in, he/she said sometimes.</p> <p>Review of Resident #63's physician orders dated 4/27/23 indicated the following: Bilateral hearing aids. On in the morning. OFF at bedtime, every morning and at bedtime. Further review of Resident #63's medical record indicated the following audiology recommendation on 12/5/23: Slow, clear speech with visual cues, daily use of hearing aids recommended, continue with current means of communication.</p> <p>On 10/8/24 at 8:21 A.M., and 10:40 A.M., and on 10/9/24 at 8:50 A.M., 9:46 A.M., 11:38 A.M., and 12:43 P.M., Resident #63 was observed sitting in his/her room not wearing his/her hearing aids. Resident #63's hearing aids were observed sitting in the charger on the television stand.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	

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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/10/24 at 7:51 A.M., Unit Manager #3 said the Certified Nursing Assistants (CNA's) put in the resident's hearing aids during morning care. Unit Manager #3 said Resident #63 can put in his/her hearing aids on his/her own. Unit Manager #3 was asked if Resident #63 refuses to wear his/her hearing aids and if so, would the refusal be documented? She said she has not been notified that Resident #63 has refused to wear his/her hearing and aids, and if he/she refuses, it should be documented in the medical record.</p> <p>During an interview on 10/10/24 at 8:23 A.M., the Director of Nursing said the CNA's, or the nurse should put in Resident #63's hearing aids and it should be documented in the medical record if the Resident refuses.</p> <p>Review of Resident #63's medical record failed to indicate he/she refuses to wear his/her hearing aids.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	
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 - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41456</p> <p>Based on observations, record review and interview, the facility failed to implement treatment orders recommended by the Wound Physician for three Residents (#74, #40 and #55) out of a total of 22 sampled Residents. Specifically:</p> <ol style="list-style-type: none"> 1. For Resident #74, the facility failed to implement the Wound Physician's treatment order for offloading heels while in bed. 2. For Resident #40, the facility failed to implement the Wound Physician's treatment order for offloading heels while in bed. 3. For Resident #55, the facility failed to transcribe and consistently implement a treatment order for wound care to the coccyx as ordered by the Wound Physician. <p>Findings include:</p> <p>Review of the facility policy titled Pressure Ulcers, dated and revised 1/27/21 indicted the following:</p> <ul style="list-style-type: none"> - The facility will ensure that a resident with pressure ulcers receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. - The Unit Nurse will: provide wound care as prescribed by the physician <p>1. Resident #74 was admitted to the facility in March 2024 with diagnoses including venous insufficiency, pressure ulcer to right heel and muscle weakness.</p> <p>Review of Resident #74's most recent Minimum Data Set (MDS) dated [DATE], indicated the Resident scored a 14 out of a possible 15 on the Brief Interview for Mental Status (BIMS) which indicated he/she is cognitively intact. The MDS also indicated Resident #74 is dependent on staff for all bed mobility tasks.</p> <p>On 10/8/24 at 7:37 A.M., Resident #74 was observed lying in bed with both heels directly on the bed.</p> <p>On 10/9/24 at 6:52 A.M., Resident #74 was observed lying in bed with both heels directly on the bed. Two pressure relieving boots were observed on the chair next to the bed. During an interview at this time, Resident #74 said he/she does not wear the pressure relieving boots while in bed.</p> <p>During observations on 10/9/24 at 8:33 A.M. and 9:20 A.M., Resident #74 was observed lying in bed with both heels directly on the bed.</p> <p>Review of the Wound Physician note dated 10/3/24, indicated Resident #74 has a stage 4 pressure wound to the right heel that has been present for over 206 days. The Wound Physician recommended the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	

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 - Some</p>	<p>-Off-load wound; Pressure off-loading boot.</p> <p>Review of Resident #74's physician orders indicated the following order:</p> <p>-Pressure relief boots to both feet every shift, every shift for wound care, initiated on 6/14/24.</p> <p>Review of Resident #74's skin impairment care plan, last revised, 7/9/24, indicated the following interventions:</p> <p>-Administer treatments as ordered and monitor for effectiveness.</p> <p>-Follow facility policies/protocols for the prevention/treatment of skin breakdown.</p> <p>During an interview on 10/9/24 at 10:04 AM Nurse #4 and Nurse #5 said Resident #74 has an open wound to his/her right heel and should have pressure protective booties. Both nurses said all recommendations from the wound doctor should be followed.</p> <p>During an interview on 10/09/24 10:23 A.M., the Director of Nursing said she would expect all recommendations from the Wound Physician to be followed.</p> <p>45984</p> <p>2. Resident #40 was admitted to the facility in March 2021 with diagnoses including type 2 diabetes mellitus and non-pressure chronic ulcer of the right heel and midfoot.</p> <p>Review of Resident #40's most recent Minimum Data Set Assessment (MDS) indicated that the Resident has a Brief Interview for Mental Status score of 0 out of 15 indicating severe cognitive impairment. Further review of Resident #40's MDS indicated he/she is at risk for developing pressure ulcers/injuries and currently has one stage 3 pressure ulcer. The MDS further indicated that the Resident requires substantial/maximal assistance with all activities of daily living.</p> <p>The surveyor made the following observations:</p> <p>- On 10/8/24 at 7:38 A.M., Resident #40 was sleeping in his/her bed, his/her heels were directly on the mattress. A pressure relieving boot was observed behind the Resident's television.</p> <p>- On 10/9/24 at 7:22 A.M. and 8:15 A.M., Resident #40 was sleeping in his/her bed, his/her heels were directly on the mattress. A pressure relieving boot was observed behind the Resident's television.</p> <p>Review of Resident #40's physician's order dated 7/29/24 indicated the following:</p> <p>- Offload right heel in foam boot when in bed every shift for wound treatment</p> <p>Review of Resident #40's most recent Wound Evaluation dated 10/3/24 completed by the wound doctor indicated the following:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	
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 - Some</p>	<p>- Non-Pressure wound of the right heel full thickness, Recommendations: off-load wound; float heels in bed</p> <p>Review of Resident #40's care plan for potential for pressure ulcer development dated and revised 2/22/23 indicated the following interventions:</p> <p>- Follow facility policies/protocols for the prevention/treatment of skin breakdown</p> <p>Review of Resident #40's skin check dated 10/8/24 indicated the following:</p> <p>- Skin issue #002: Right heel, issue type: pressure ulcer/injury. Pressure ulcer staging: stage 4 pressure ulcers</p> <p>During an interview on 10/9/24 at 8:19 A.M., Nurse #1 said Resident #40 has a pressure ulcer to his/her right heel. The surveyor and Nurse #1 observed Resident #40's right heel which was treated with a bandage and was directly on the mattress. Nurse #1 said she was not sure if his/her right heel should be offloaded. The surveyor showed Nurse #1 Resident #40's offloading boot behind the television and she was not sure why it was there. Nurse #1 and the surveyor reviewed Resident #40's physician's orders and Nurse #1 said Resident #40 should be wearing the boot while in bed to offload his/her heel.</p> <p>During an interview on 10/10/24 at 7:55 A.M., the Director of Nursing said physician's orders should be followed and Resident #40 should be wearing a boot on his/her right heel to offload his/her heel.</p> <p>46339</p> <p>3. Resident #55 was admitted to the facility in July 2024 with diagnoses including dementia, pressure ulcer of the buttock.</p> <p>Review of Resident #55's Minimum Data Set (MDS) assessment dated [DATE], indicated the Resident scored a 7 out of a possible 15 on the Brief Interview for Mental Status (BIMS) indicating he/she was moderately cognitively impaired. The MDS further indicated the Resident had a stage 2 pressure ulcer.</p> <p>Review of Resident #55's nurses notes dated 8/12/24 indicated the following:</p> <p>- Seen by NP (Nurse Practitioner) today. Family member was in and so was Hospice nurse. Coccoyx needs calazinc and silverdene 3xaday.</p> <p>Review of physician orders indicated the following.</p> <p>-Order date 8/9/24: Barrier cream to buttocks every day shift for skin tear.</p> <p>-Order date 8/12/24: Apply half [NAME] zinc half silverdene to coccyx area three times a day for open area to coccyx.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	

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 - Some</p>	<p>Review of the Treatment Administration Record (TAR) from 8/12/24 to 10/10/24 failed to include documentation to support that nursing transcribed the order for half [NAME] zinc half silverdene to coccyx area three times a day for open area coccyx. Therefore, there was no documentation to support that nursing was consistently implementing the physician's order for wound care.</p> <p>During an interview on 10/9/24 at 2:05 P.M., Unit Manager #1 said when orders are received, they should be transcribed accurately to show on the TAR.</p> <p>During an interview on 10/10/24 at 8:17 A.M., the Director of Nursing said the treatment should have been scheduled to appear on the TAR. The documentation was put under no documentation category and the nurses would have not been able to see if a treatment order had been scheduled in the TAR.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45984</p> <p>Based on observations, record review and interviews the facility failed to ensure a resident who required respiratory care (continuous oxygen) received care consistent with professional standard of practice for one Resident (#27) out of a total sample of 22 residents. Specifically, for Resident #27, the facility failed to follow the physician's order for supplemental oxygen.</p> <p>Findings include:</p> <p>Review of the facility policy titled Oxygen, undated, indicated the following:</p> <ul style="list-style-type: none"> - There must be a physician's order for oxygen use which includes the route and liter flow or specific oxygen concentration, and how long the oxygen is to be administered. - Setting up Oxygen Administration: adjust the liter flow to the prescribed amount, check that oxygen is flowing properly. <p>Resident #27 was admitted to the facility in June 2024 with diagnoses including acute systolic congestive heart failure and chronic obstructive pulmonary disease (COPD).</p> <p>Further review of Resident #27's most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated that the Resident has a Brief Interview for Mental Status score of 15 out of 15 indicating intact cognition. Further review of the MDS indicated that the Resident requires supplemental oxygen therapy.</p> <p>The surveyor made the following observations:</p> <ul style="list-style-type: none"> - On 10/8/24 at 8:08 A.M., Resident #27 was not in his/her room. His/her oxygen machine was turned on with the oxygen flow rate at 2 Liters. At 8:26 A.M., Resident #27 was in the dining room sitting in his/her wheelchair receiving oxygen via nasal cannula using a portable oxygen tank. The oxygen gauge indicated the tank was empty and the tank was set to a flow rate of 2 liters. - On 10/8/24 at 1:18 A.M., Resident #27 was in the dining room sitting in his/her wheelchair receiving oxygen via nasal cannula using a portable oxygen tank. The oxygen gauge indicated the tank was empty and the tank was set to a flow rate of 2 liters. - On 10/9/24 at 6:58 A.M., Resident #27 was sleeping in his/her bed receiving oxygen via nasal cannula. The oxygen machine was set to a flow rate of 2 liters. - On 10/9/24 at 9:56 A.M., Resident #27 was observed leaving the dining room in his/her wheelchair. The Resident was receiving oxygen via nasal cannula using a portable oxygen tank. The oxygen tank was set to a flow rate of 2 liters. <p>Review of Resident #27's physician's order dated 8/26/24 indicated the following:</p> <ul style="list-style-type: none"> - Oxygen at 1L (liter)/min (minute) every shift for oxygen treatment. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #27's Congestive Heart Failure care plan revised and dated 9/17/24 indicated the following intervention:</p> <ul style="list-style-type: none"> - OXYGEN SETTINGS: O2 (oxygen) via nasal prongs @ 1L. <p>Review of Resident #27's emphysema/COPD/recent recurrent PNA (pneumonia) care plan dated and revised 9/6/24 indicated the following intervention:</p> <ul style="list-style-type: none"> - O2 via nasal cannula @ 1L (continuous) <p>Review of Resident #27's Lab results reports indicated the following:</p> <ul style="list-style-type: none"> - Dated 9/30/24: CO2 (carbon dioxide) 37 mmol/L, normal reference range 22-33. This result was flagged as being high. - Dated 10/2/24: CO2 36 mmol/L, normal reference range 22-33. This result was flagged as being high. -Dated 10/9/24: CO2 39 mmol/L, normal reference range 22-33. This result was flagged as being high. <p>During an observation on 10/10/24 at 7:28 A.M., Resident #27 was in his/her room sleeping in his/her wheelchair not wearing his/her oxygen cannula tubing. Resident #27 woke up and he/she asked the surveyor to help him/her get his/her oxygen tubing. Resident #27 said he/she was having some trouble breathing. At 7:35 A.M., the surveyor had Nurse #1 take Resident #27's vitals which were normal. Nurse #1 said we are trying to wean Resident #27 off of oxygen because he/she has been retaining CO2. Nurse #1 said when his/her oxygen saturation is above 88% she will remove the oxygen and check on him/her each hour. Nurse #1 said nursing should be monitoring his/her oxygen flow rate because the Resident changes it often. Nurse #1 said staff periodically check on the portable oxygen tanks to see if they are empty.</p> <p>During an interview on 10/10/24 at 7:55 A.M., the Director of Nursing (DON) said physician's orders should be followed. The DON said Nurse #1 should not be removing oxygen and checking on Resident #27's oxygen saturation periodically, Resident #27 should be receiving the oxygen continuously per the order.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45984</p> <p>Based on record review and interview, the facility failed to ensure a plan of care was developed for Trauma-Informed Care for one Resident (#16), who was admitted with the diagnosis of Post-Traumatic Stress Disorder (PTSD), out of a total sample of 22 residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled Trauma-Informed and Culturally Competent Care, dated and revised August 2022 indicated the following:</p> <p>-Purpose: To guide staff in providing care that is culturally competent and trauma informed in accordance with professional standards of practice.</p> <p>- Resident Care Planning:</p> <p>Develop individualized care plans that address past trauma in collaboration with the resident and family, as appropriate.</p> <p>Identify and decrease exposure to triggers that may re-traumatize the resident.</p> <p>Recognize the relationship between past trauma and current health concerns</p> <p>Develop individualized care plans that incorporate language needs, culture, cultural preferences, norms and values.</p> <p>Resident #16 was admitted to the facility in May 2024 with diagnoses including Post Traumatic Stress Disorder (PTSD) and unspecified mood disorder.</p> <p>Review of Resident #16's most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated that the resident has a Brief Interview for Mental Status score of 15 out of 15 indicating intact cognition. Further review of Resident #16's MDS indicates that the Resident has a PTSD diagnosis.</p> <p>Review of Resident #16's medical record failed to indicate any documentation relating to the PTSD diagnosis.</p> <p>Review of Resident #16's active care plans failed to indicate that an individualized care plan for a PTSD diagnosis with specific interventions/approaches relating to the Resident was developed.</p> <p>During an interview on 10/9/24 at 10:11 A.M., with Social Workers #1 and #2, Social Worker #2 said all residents are assessed during admission and all MDS indicators are reviewed. Social Worker #2 continued to say we do not ask about a resident's PTSD history because we do not want to make the resident uncomfortable. Social Worker #1 said she does not remember what Resident #16's PTSD is from. Social Workers #1 and #2 then said Resident #16 would benefit from having a care plan with individualized interventions and approaches relating to his/her PTSD triggers.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	

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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/10/24 at 7:55 A.M., the Director of Nursing said Resident #16 should have an individualized PTSD care plan with interventions mentioning his/her specific triggers and approaches for his/her PTSD.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>41456</p> <p>Based on observation and interview, the facility failed to ensure staff followed proper sanitation and food handling practices to prevent the outbreak of foodborne illness.</p> <p>Review of the facility policy titled, General Food Preparation and Handling, dated 2021, indicated the following:</p> <ul style="list-style-type: none"> -Bare hands must never touch ready to eat raw food directly. Disposable gloves are single use item and must be discarded after each use. Employees must wash hands prior to putting gloves on and off after removing gloves. <p>On 10/8/24 at 8:12 A.M., the following was observed on the third-floor unit during the breakfast meal:</p> <ul style="list-style-type: none"> -The server changed gloves twice without washing his hands in between. -The server touched the serving utensils, plastic wrap, plates and toaster buttons potentially contaminating his gloves. He then put eight pieces of toast into and out of the toaster and buttered them with the potentially contaminated gloves. <p>On 10/8/24 at 12:54 P.M., the following was observed on the third-floor unit during the lunch meal:</p> <ul style="list-style-type: none"> -The server prepared a tuna fish sandwich while wearing one glove. The server touched the bread packaging and the serving utensil to scoop the tuna, potentially contaminating the one glove. The server then made the sandwich and with both the gloved and bare hand, held the bread to cut it and place it on a plate. <p>On 10/9/24 at 8:42 A.M., the following was observed on the third-floor unit during the breakfast meal:</p> <ul style="list-style-type: none"> - The server was wearing a glove on one hand. With the gloved hand, touched utensils, and the bread packaging, potentially contaminating the glove. He then opened a package of bread and with the potentially contaminated gloved hand removed pieces of bread to place them in the toaster. He then removed the bread and placed on the serving station using the gloved hand. -The Food Service Director (FSD) was wearing a glove on one hand. With the gloved hand, he opened a package of bread, potentially contaminating the glove, and removed pieces of bread to place them in the toaster. He then removed the bread and placed on the serving station using the gloved hand. -The server aid touched two pieces of bread with his bare hand. <p>During an interview on 10/9/24 at 8:59 A.M., the FSD said he consistently completes hand hygiene training with the kitchen staff. The FSD said once a glove comes in contact with an object other than food, it becomes contaminated and then cannot come in contact with food.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46339</p> <p>Based on observation, record review and interview the facility failed to maintain an accurate medical record for two Residents (#55) out of a total sample of 22 residents. Specifically, Nurses documented in the Treatment Administration Record (TAR) that Resident #55 wore teds stocking while in bed, contrary to direct observation of the teds stockings not being worn.</p> <p>Findings include:</p> <p>Resident #55 was admitted to the facility in July 2024 with diagnoses including dementia, instability of left knee localized edema (fluid retention).</p> <p>Review of Resident #55's Minimum Data Set Assessment (MDS) dated [DATE], indicated the Resident scored a 7 out of a possible 15 on the Brief Interview for Mental Status (BIMS) indicating he/she was moderately cognitively impaired. The MDS further indicated the Resident was dependent on staff for activities of daily living.</p> <p>On 10/9/24 at 7:11 A.M., the surveyor observed the Resident lying in bed, the Resident did not have ted stockings on his/her legs.</p> <p>On 10/9/24 at 2:00 P.M., the surveyor observed the Resident lying in bed, he/she did not have teds stocking on.</p> <p>Review of the Treatment Administration Record (TAR) for date 10/9/24 at 6:00 AM was signed off indicating the Resident had teds stocking on.</p> <p>During an interview on 10/9/24 at 2:35 P.M., Unit Manager #1 said nurses should not sign off on the TAR if a task is not completed.</p> <p>During an interview on 10/10/24 at 8:16 A.M., the Director of Nursing said nurses should not document as completed if the task was not completed.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	

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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 44095</p> <p>Based on record review and interviews, the facility failed to assess for eligibility, and offer pneumococcal vaccinations per the Centers for Disease Control and Prevention (CDC) recommendations for one Resident (#6) out of a total of five residents reviewed.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Pneumococcal Vaccine, dated October 2022, indicated that all residents are offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections.</p> <ol style="list-style-type: none"> 1. Prior to or upon admission, residents are assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, are offered the vaccine series within thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated. 2. Assessments of pneumococcal vaccination status are conducted within five (5) working days of the resident's admission if not conducted prior to admission. 3. Before receiving a pneumococcal vaccine, the resident or legal representative receives information and education regarding the benefits and potential side effects of the pneumococcal vaccine. (See current vaccine information statements at https://www.cdc.gov/vaccines/hcp/vis/index.html for educational materials.) Provision of such education is documented in the resident's medical record. 4. Pneumococcal vaccines are administered to residents (unless medically contraindicated, already given, or refused) per our facility's physician-approved pneumococcal vaccination protocol. 5. Residents/representatives have the right to refuse vaccination. If refused, appropriate information is documented in the resident's medical record indicating the date of the refusal of the pneumococcal vaccination. 6. For each resident who receives the vaccine, the date of vaccination, lot number, expiration date, person administering, and the site of vaccination are documented in the resident's medical record. 7. Administration of the pneumococcal vaccines are made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination. <p>Review of the Resident Assessment Manual (RAI) for O0300: Pneumococcal Vaccine, dated October 2023, indicated the following:</p> <p>Steps for Assessment</p> <ol style="list-style-type: none"> 1. Review the resident's medical record to determine whether any pneumococcal vaccines have been received. If vaccination status is unknown, proceed to the next step. 2. Ask the resident if they received any pneumococcal vaccines outside of the facility. If vaccination status is still unknown, proceed to the next step. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. If the resident is unable to answer, ask the same question of the responsible party/legal guardian and/or primary care physician. If vaccination status is still unknown, proceed to the next step.</p> <p>4. If pneumococcal vaccination status cannot be determined, administer the recommended vaccine(s) to the resident, according to the standards of clinical practice.</p> <p>If the resident has had a severe allergic reaction to a pneumococcal vaccine or its components, the vaccine should not be administered.</p> <p>If the resident has a moderate to severe acute illness, the vaccine should be administered after the illness.</p> <p>If the resident has a minor illness (e.g., a cold) check with the resident's physician before administering the vaccine.</p> <p>Review of the CDC website Pneumococcal Vaccine Timing for Adults greater than or equal to [AGE] years (cdc.gov), dated 9/12/24, indicated but was not limited to the following:</p> <p>- 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 followed by Pneumococcal polysaccharide vaccine (PPSV) 23 one year later.</p> <p>-For adults 65 and over who has had Pneumococcal Conjugate Vaccine 13 (PCV13) and Pneumococcal Polysaccharide Vaccine 23 (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 20-Valent Pneumococcal Conjugate Vaccine (PCV20).</p> <p>Resident #6 was admitted to the facility in July 2024 with diagnoses including pneumonia, chronic obstructive pulmonary disease, heart failure, and dementia. Resident #6 was greater than [AGE] years old.</p> <p>Review of Resident #6's Minimum Data Set assessment, dated 7/22/24, indicated:</p> <p>O0300. Pneumococcal Vaccine</p> <p>A. Is the resident's Pneumococcal vaccination up to date?</p> <p>Coded: Not assessed/ no information.</p> <p>B. If pneumococcal vaccination not received, state reason.</p> <p>Coded: Not assessed.</p> <p>Review of Resident #6's electronic medical record and paper medical record on 10/9/24, failed to include documentation to support that the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Maristhill Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 66 Newton Street Waltham, MA 02453	

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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/9/24 at 2:29 P.M., the MDS Nurse said that she completed Resident #6's MDS (10 days after admission), the MDS Nurse she did not have any documentation to support that Resident #6 was provided or offered the pneumococcal immunization. The MDS Nurse said she would review the Massachusetts Immunization Information System (MIIS) for immunization history.</p> <p>During an interview on 10/9/24 at 1:34 P.M., the Infection Control Nurse said that Resident #6 was a new admission and Resident #6 was not assessed or offered the pneumococcal vaccine but should have been.</p> <p>During an interview on 10/9/24 at 2:37 P.M., the Director of Nursing said that nursing should assess for eligibility for pneumococcal immunizations and document the immunization in the medical record.</p>