

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>41105</p> <p>Based on observation, interview and record review the facility failed to provide a dignified dining experience for one Resident (#140) out of a total sample of 29 residents and on 2 of 4 nursing units. Specifically:</p> <ol style="list-style-type: none"> 1. For Resident #140 the facility failed to ensure a dignified dining experience in both his/her room and in the unit dining room; and 2. on Units A and C the facility failed to ensure a dignified dining experience when Certified Nursing Assistants (CNAs) used their phones while feeding residents. <p>Findings include:</p> <p>The facility policy titled Dignity, undated, indicated the following:</p> <ul style="list-style-type: none"> -Treating residents with dignity and respect maintains and enhances each resident's self worth and improves his or her psychosocial well-being and quality of life. -Through example, education, and monitoring, the social service staff will promote the following types of staff interactions with residents, which maintain their dignity: -Promoting independence and dignity in dining. <p>1. Resident #140 was admitted to the facility in August 2024 and has diagnoses that include dementia and muscle weakness.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 11/22/24, indicated that on the Brief Interview for Mental Status exam Resident #140 scored a 2 out of a possible 15, indicating severely impaired cognition. The MDS further indicated Resident #140 requires substantial/maximal assistance with eating</p> <p>Review of the most recent Licensed Nursing Summary, dated 11/29/24, indicates that Resident #140 requires 2 person assist for positioning and is dependent for eating.</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: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/10/24 at 8:51 A.M., Resident #140 was observed awake, alert and confused in bed with the head of the bed at approximately a 30 degree angle. There was a tray table across the bed with breakfast placed on the table. Resident #140 was unsuccessfully trying to pull him/herself up by holding onto the tray table and reaching toward the plate of food. Resident #140 was unsuccessful at getting him/herself to a seated position or to reaching the food and rather lay in bed and looked at it.</p> <p>On 12/11/24 at 12:20 P.M., Resident #140 was observed seated and asleep in the unit dining room for lunch as the staff began passing lunch out. The surveyor continued to make the following observations:</p> <p>-At 12:34 P.M., a Certified Nursing Assistant (CNA) served Resident #140's tablemate. Resident #140 continued to sleep. At that time Resident #140 was the only one of 14 residents in the dining room not served. Staff were continuing to pass meals to the residents that were eating in their rooms.</p> <p>-At 12:43 P.M., the tablemate of Resident #140 completed his/her lunch and was served dessert.</p> <p>-By 12:45 P.M., Resident #140 had not been offered food and sat sleeping while his/her peers ate lunch and then dessert.</p> <p>On 12/12/24 at 8:27 A.M., a CNA knocked on resident #140's door, while carrying breakfast. The CNA called the resident by name, placed the breakfast on a tray table beside the bed and walked out. The resident was left in the bed laying flat, unable to reach the food and without feeding assistance. By 8:42 A.M., no staff had entered the room to assist Resident #140 to a seated position and feed him/her the breakfast. The surveyor entered the room which had an aroma of sausage and eggs filling the room.</p> <p>During an interview on 12/12/24 at 9:27 A.M., with Resident #140's Nurse Unit Manager #1 he said that Resident #140 is totally dependent with care and that staff should be providing that care. Nurse Unit Manager #1 said that staff should not deliver food to the Resident until they are ready to assist him/her with the meal. As well, Nurse Unit Manager #1 said that Resident #140 should not have to sit in the dining room, waiting to be fed while his/her tablemate ate lunch and dessert.</p> <p>During an interview on 12/12/24 at 9:58 A.M., the Director of Nursing (DON) said that staff should not leave food with a resident who is dependent until the resident is positioned properly and the staff are ready to sit down and feed them. DON said that it is the expectation that staff seat dependent residents at the same table so that they can be served and fed food at the same time.</p> <p>45763</p> <p>2. On 12/10/24 at 12:46 P.M., the surveyor observed a Certified Nursing Assistant (CNA) on the A Unit providing feeding assistance to a Resident. The CNA was scrolling through her phone which was laying flat on the Resident's bedside table adjacent to the Resident's meal tray.</p> <p>On 12/10/24 at 12:50 P.M., the surveyor observed a CNA entering multiple resident rooms during lunch time. The CNA had a wireless headphone in one ear; the wireless headphone was emitting sound audible to the surveyor.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/12/24 at 10:16 A.M., the Director of Nursing (DON) said staff should not be on their phones while providing feeding assistance and should not have wireless headphones on while in resident areas.</p> <p>36797</p> <p>3. On 12/10/24 at 1:05 P.M., the surveyor observed a Certified Nurses Aide (CNA) #4 on the C unit enter a resident's room, sit on the resident's bed and start to feed him/her. CNA #4 was scrolling on a cell phone while feeding the resident.</p> <p>During an interview on 12/12/24 at 8:09 A.M., Nurse Unit Manager #3 said that cell phones are not allowed in resident care areas. Nurse Unit Manager #3 added that it is not appropriate to be sitting on a resident's bed while assisting the resident with a meal.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36797</p> <p>Based on record review and interview the facility failed to ensure the physician/nurse practitioner were notified of lab results for one Resident (#103) out of a total of 29 residents.</p> <p>Specifically the facility failed to :</p> <ol style="list-style-type: none"> 1. notify the physician/nurse Practitioner of the recommendations, made by the covering nurse practitioner, to review labs on Monday; and 2. notify the physician/nurse practitioner of lab results reported to the facility on [DATE]. <p>Findings include:</p> <p>Review of the facility policy titled Test Results, dated as revised April 2007, indicated that should test results be provided to the facility, the attending physician shall be promptly notified of the results.</p> <p>Resident #103 was admitted to the facility in November 2023 with diagnoses including stage four kidney disease, heart failure and diabetes.</p> <ol style="list-style-type: none"> 1. Review of Resident #103's physician's order, dated 11/8/24, indicated the following orders: <p>-A TSH (thyroid stimulating hormone) lab to be drawn in four weeks.</p> <p>Review of the hard copy of the 12/6/24 TSH level lab report indicated that Nurse #8 notified a covering Nurse Practitioner (NP) of the abnormal lab result. Nurse #8 wrote on the hard copy of the lab report that the covering NP directed Nurse #8 to keep the same dose of thyroid medication and to follow up with the regular NP on Monday (12/9/24).</p> <p>Review of the progress note, dated 12/6/24, indicated the TSH results were received and reported to a covering NP with NNO (no new orders), f/u (follow-up) with regular NP on Monday.</p> <p>During an interview on 12/11/24 at 1:49 P.M., NP #1 said that she was the regular NP for Resident #103 and had not been made aware of the abnormal TSH lab drawn from 12/6/24. NP #1 said that she initials the bottom corner of the hard copy of the lab reports to indicate that she has reviewed them. NP #1 then said that the abnormal TSH level needed to be addressed immediately.</p> <p>Review of the hard copy of the 12/6/24 TSH level lab report failed to indicate NP #1 initialed the document.</p> <p>During an interview on 12/12/24, at approximately 10:00 A.M. the Director of Nursing (DON)said that she would expect nursing to have followed up with Resident #103's MD/NP on 12/9/24 as instructed by the covering NP.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of Resident #103's physician's order, dated 11/8/24, indicated the following orders:</p> <p>-A repeat BMP (basic metabolic panel) lab to be drawn on 11/11/24;</p> <p>Review of the November 2024 and December 2024 progress notes failed to indicate that Resident #103's regular NP or the primary doctor were notified of the abnormal lab values drawn on 11/11/24.</p> <p>During an interview on 12/11/24 at 1:49 P.M., NP #1 said that she was the regular NP for Resident #103 and had not been made aware of the abnormal BMP lab results from 11/11/24 .</p> <p>During an interview on 12/12/24, at approximately 10:00 A.M. the Director of Nursing (DON)said that all abnormal labs should be reported to the primary physician/nurse practitioner.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	
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>45763</p> <p>Based on observation, record review and interview the facility failed to ensure comprehensive plans of care were developed for three Residents (#98, #52 and #22) out of a total sample of 29 residents. Specifically:</p> <ol style="list-style-type: none"> for Resident #98 the facility failed to develop a care plan regarding the Resident's history of Suicidal Ideation (SI); for Resident #52 the facility failed to implement the physician's order for an air mattress; and for Resident #22 the facility failed to develop a plan of care regarding the level of assistance the Resident requires with feeding. <p>Findings include:</p> <p>Review of the facility policy, titled Care plans, Comprehensive Person-Centered, revised March 2022, indicated, but was not limited to, the following:</p> <ul style="list-style-type: none"> - A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. - The comprehensive, person-centered care plan: Reflects currently recognized standards of practice for problem areas and conditions. - Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change. <ol style="list-style-type: none"> For Resident #98 the facility failed to develop a care plan regarding the Resident's history of SI. <p>Resident #98 was admitted to the facility in May 2021 with diagnoses that include anxiety and depression.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 11/1/24, indicated that on the Brief Interview for Mental Status exam Resident #98 scored a 15 out of a possible 15, indicating Resident #98 is cognitively intact.</p> <p>Review of Resident #98's Nurse Practitioner notes, dated 7/29/24, 10/4/24, and 12/3/24 indicated the Resident had a history of SI.</p> <p>Review of Resident #98's most recent behavioral health group note, dated 11/15/24, indicated Resident #9 had a history of SI/SA (suicide attempt)/SIB (self-injurious behaviors).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	

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>Review of Resident #98's care plans failed to indicate that a care plan addressing the Resident's history of SI was ever developed.</p> <p>During an interview on 12/10/24 at 3:49 P.M., Certified Nursing Aide (CNA) #6 said she was not aware of Resident #98's history of SI.</p> <p>During an interview on 12/10/24 at 3:50 P.M., Nurse Unit Manager #3 said she was not aware Resident #98 had a history of SI, and that she would expect to have a care plan specifically addressing history of SI for residents with a history of SI.</p> <p>During an interview on 12/10/24 at 4:00 P.M., the Social Worker said she was not aware of the Resident's history of SI, and that there should be a care plan specifically addressing history of SI for residents with a history of SI.</p> <p>2. For Resident #52 the facility failed to implement the physician's order for an air mattress.</p> <p>Resident #52 was admitted to the facility in February 2024 with a diagnosis of Alzheimer's Disease.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 8/30/24, indicated that on the Brief Interview for Mental Status exam Resident #52 scored a 0 out of a possible 15, indicating the Resident had severe cognitive impairment.</p> <p>Review of Resident #52's most recent Norton risk Assessment, dated 11/2/24, indicated Resident #52 was at high risk for skin breakdown.</p> <p>Review of Resident #52's most recent wound physician note, dated 12/9/24, indicated Resident #52 had an open wound on the left heel.</p> <p>Review of Resident #52's care plans indicated that Resident #52 had potential for pressure ulcer development related to immobility with the following intervention:</p> <p>-The Resident requires pressure relieving/reducing devices on chair, air mattress on bed settings of 150 (check every shift for settings and functionality), revised on 5/14/24.</p> <p>Review of Resident #52's physician orders indicated the following active order:</p> <p>-Air mattress setting: May be set at 150. Check Qshift (every shift) for functionality, initiated 3/2/24.</p> <p>On 12/11/24 at 2:52 P.M., the surveyor observed Resident #52 in his/her room in bed. The bed mattress was not an air mattress.</p> <p>On 12/12/24 at 7:18 A.M., the surveyor observed Resident #52 in his/her room in bed. The bed mattress was not an air mattress.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	
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>During an interview and observation on 12/12/24 at 8:14 A.M., Nurse #6 said Resident #52 had a wound on his/her heel and that the Resident had an air mattress. The surveyor and Nurse #6 then observed Resident #52's room, Nurse #6 said that the mattress on the Resident's bed was not an air mattress but should have been as the Resident had an order and care plan indicating that the Resident needed an air mattress.</p> <p>During an interview on 12/12/24 at 8:51 A.M., the Director of Nursing (DON) said that she would expect a Resident to have an air mattress if the Resident had a care plan and physician order for one.</p> <p>36797</p> <p>3. For Resident #22 the facility failed to develop a plan of care regarding the level of assistance the Resident requires with feeding.</p> <p>Resident #22 was admitted to the facility in May 2024 with diagnoses including stroke, abnormal weight loss and dysphagia.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 12/4/24, indicated that on the Brief Interview for Mental Status exam Resident #22 scored a 7 out of 15, indicating severe cognitive impairment. The MDS further indicated Resident #22 requires supervision to touching assistance for eating.</p> <p>Review of the record failed to indicate a care plan had been developed regarding the level of assistance Resident #22 required with feeding.</p> <p>On 12/10/24 at 8:20 A.M., the surveyor observed Resident #22 in bed with a breakfast tray in front of him/her on the over the bed table, untouched. There were no staff present to provide supervision or touching assistance and Resident #22 was making no attempt to self feed.</p> <p>On 12/10/24 at 1:00 P.M., the surveyor observed Resident #22 in bed with a lunch tray, untouched, in front of him/her. There were no staff present to provide supervision or touching assistance and Resident #22 was making no attempt to self feed.</p> <p>Review of the Facility document titled Documentation Survey Report v2 (where CNA's document the level of care provided each shift) dated December 2024, indicated that Resident #22 required assistance with eating 14 out of 32 meals served.</p> <p>During an interview on 12/10/24 at 1:07 P.M. CNA #4 said that Resident #22 sometimes gets tired and needs help eating. CNA #4 said that a CNA should stay with the Resident while eating to ensure he/she is able to complete the meal.</p> <p>During an interview on 12/12/24 at 8:39 A.M., MDS Nurse #1 said that if the MDS indicates that a resident requires assistance with eating then a care plan should be developed to address the need.</p> <p>During an interview on 12/12/24 at approximately 10:00 A.M. the Director of Nursing said that all residents requiring assistance with eating should have a care plan in place to address the specific care need.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>41105</p> <p>Based on interview and record review the facility failed to ensure for one Resident (#140) out of a total sample of 29 residents, that the interdisciplinary team reviewed and revised the plan of care after the quarterly review assessment. Specifically, for Resident #140, the facility failed to review and update a plan of care when the level of assistance with feeding increased.</p> <p>Findings include:</p> <p>Resident #140 was admitted to the facility in August 2024 and has diagnoses that include dementia and muscle weakness.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 11/22/24, indicated that on the Brief Interview for Mental Status exam Resident #140 scored a 2 out of a possible 15, indicating severely impaired cognition. The MDS further indicated Resident #140 requires substantial/maximal assistance with eating</p> <p>Review of the most recent Licensed Nursing Summary, dated 11/29/24, indicates that Resident #140 requires:</p> <p>-Is dependent for eating.</p> <p>Review of the Nutrition note, dated 11/22/24, indicated: generally eats > 75% at meals w/ staff assistance.</p> <p>Review of the current ADL care plan included the following interventions:</p> <p>-EATING: The resident is able to with Setup/Cleanup , 1 assist may be needed at times when fatigue to ensure adequate intake (created 8/23/24, revised 9/3/24)</p> <p>On 12/10/24 at 8:51 A.M., Resident #140 was observed awake, alert and confused in bed with the head of the bed at approximately a 30 degree angle. There was a tray table across the bed with breakfast placed on the table. Resident #140 was unsuccessfully trying to pull him/herself up by holding onto the tray table and reaching toward the plate of food. Resident #140 was unsuccessful at getting him/herself to a seated position or to reaching the food and rather lay in bed and looked at it.</p> <p>On 12/11/24 at 8:25 A.M., a Certified Nursing Assistant (CNA) carried a plate of breakfast to Resident #140's room, placed it on a tray table out of Resident #140's reach and exited the room to continue passing breakfast to other residents. The surveyor continued to make the following observations:</p> <p>-By 8:35 A.M., no assist had been offered and Resident #140 remained unable to reach the breakfast.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/12/24 at 9:20 A.M., Resident #140's CNA (#3) said that Resident #140 is totally dependent for all his/her care including bed mobility and feeding. CNA #3 said that Resident #140 could sometimes hold a sandwich placed in his/her hand by staff.</p> <p>During an interview on 12/12/24 at 9:27 A.M., Nurse Unit Manager #1 said that Resident #140 is totally dependent with care. He said that he was not sure who was responsible to update the care plan and Kardex when a resident's status declines but that Resident #140's needed to be updated to reflect his/her current needs for feeding.</p> <p>During an interview on 12/12/24 at 10:00 A.M., with the Director of Nursing (DON) she said that it is the responsibility of the Nurse Unit Manager to update the care plan and Kardex. The DON said that both should reflect the resident's current status and care needs.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	

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** 43846</p> <p>Based on observation, record review and interview, the facility failed to meet professional standards of practice for two Residents (#32 and #74) out of a total of 29 sampled residents. Specifically,</p> <ol style="list-style-type: none"> For Resident #32, the facility failed to implement a physician's order to apply air boots when in bed. For Resident #74, the facility failed to obtain a physician's order for a wound treatment. <p>Findings include:</p> <p>Review of [NAME], Manual of Nursing Practice 11th edition, dated 2018, indicated the following:</p> <ul style="list-style-type: none"> The professional nurse's scope of practice is defined and outlined by the State Board of Nursing that governs practice. <p>Review of the Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice, dated as revised April 11, 2018, indicated the following:</p> <ul style="list-style-type: none"> Nurse's Responsibility and Accountability: Licensed nurses accept, verify, transcribe, and implement orders from duly authorized prescriber that are received by a variety of methods (i.e., written, verbal/telephone, standing orders/protocols, pre-printed order sets, electronic) in emergent and non-emergent situations. Licensed nurses in a management role must ensure an infrastructure is in place, consistent with current standards of care, to minimize error. <ol style="list-style-type: none"> Resident #32 was admitted to the facility November 2024 with diagnoses that included dementia, obstructive sleep apnea, congestive heart failure, chronic obstructive pulmonary disease, and type 2 diabetes. <p>Review of Resident #32's most recent Minimum Data Set (MDS) assessment, dated 12/3/24, indicated he/she scored an 11 out of a possible 15 on the Brief Interview for Mental Status exam indicating moderate cognitive impairments. The MDS further indicated Resident #32 has an unhealed unstageable wound and is at risk for developing pressure ulcers.</p> <p>Review of Resident #32's physician order, dated 12/5/24, indicated air booties on while in bed every shift.</p> <p>On 12/10/24 at 7:45 A.M. and 12:36 P.M., the surveyor observed Resident #32 in bed without air booties on and his/her heels flat on the mattress.</p> <p>On 12/11/24 at 7:03 A.M. and 10:04 A.M., the surveyor observed Resident #32 in bed with an air boot only on the left foot.</p> <p>On 12/12/24 at 6:56 A.M., the surveyor observed Resident #32 in bed without air booties on and his/her heels flat on the mattress.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	
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>Review of Resident #32's wound care plan, dated 11/15/24, indicated administer treatments as ordered and monitor for effectiveness.</p> <p>Review of Resident #32's CNA (Certified Nurse Aide) Kardex (form that indicates the level assistance that each resident needs), dated 12/11/24, indicated resident to wear air booties while in bed.</p> <p>During an interview on 12/12/24 at 8:56 A.M., Nurse #4 said Resident #32 has a pressure ulcer on his/her right heel and should have air boots on when he/she is in bed as ordered.</p> <p>36876</p> <p>2. Resident #74 was admitted to the facility in July 2024 with diagnoses including Alzheimer's disease and dysphagia.</p> <p>Review of the most recent Minimum Data Set Assessment (MDS) assessment, dated 10/11/24, indicated Resident #74 was severely cognitively impaired evidenced by a score of seven out of a possible 15 on the Brief Interview for Mental Status exam. The MDS further indicated Resident #74 requires assistance with bathing and dressing.</p> <p>Review of the Skin Injury Checklist, undated, indicated that nursing and the Unit Manager are responsible for completing the form to include the following information: Root cause of the skin injury, updates to resident care plans, review of treatments an referrals as necessary.</p> <p>On 12/10/24 at 8:07 A.M., the surveyor observed Resident #74 resting in bed. Resident #74 had difficulty engaging in the interview process due to his/her cognition.</p> <p>Review of the clinical record indicated Resident #74 developed blood blisters on his/her right lower leg:</p> <p>-11/27/24: Nurse Progress note: Resident right lower extremity noted to be red warm and painful to touch. NP (Nurse Practitioner) notified and ordered Keflex (an antibiotic) 500 mg QID x5 days.</p> <p>-11/27/24: Nurse Practitioner note: Seen today at staff request. Right leg skin tear. Steri strips applied. Large blister on right lower leg. Appears to have purulent drainage. Surrounding erythema.</p> <p>-11/28/24: Nurse Progress note: Resident continues on ABT (antibiotic) for RLL (right lower leg) infection no adverse effects noted. Dressing applied as ordered. Pt remained in bed for this shift appetite noted to be poor. Family in to visit safety maintained.</p> <p>-11/30/24: Nurse Progress note: RLE (right lower extremity) inner aspect with fluid filled blister oozing large amount of thick yellow fluid, leg cleansed and ABD pads applied, wrapped with Kling. Continues on Amoxicillin and doxy for RLE infection, leg red and warm to touch. Temp 97.9, no s/e to [NAME] noted.</p> <p>-12/1/24: Nurse Progress note: alert /awake bed rest this shift. Appetite is fair, fluids encouraged and accepting well. Continues on po [NAME] due to RLE infection, no s/e noted, Temp 97.9, RLE with copious amount of thick yellow drainage from previous blister, ABD applied and wrapped with kling.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	

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>Review of Resident #74's November and December 2024 physicians orders failed to indicate a treatment order addressing Resident #74 draining wound until 12/3/24.</p> <p>During an interview on 12/11/24 at 10:55 A.M., Nurse Practitioner (NP) #1 said that Resident #74 had a blood blister that was draining and she had ordered antibiotics to treat the infection and requested the Wound Physician come in and address the wounds. NP #1 said that she would expect a treatment to be implemented for wounds that are draining. NP #1 thought a wound treatment was in place.</p> <p>During an interview on 12/12/24 at 9:25 A.M., The Director of Nursing (DON) said she would expect wounds with drainage to have a treatment order.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	

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>41105</p> <p>Based on observation, interview and record review the facility failed to ensure assistance was provided with Activities of Daily Living (ADLs) for one Resident (#140) out of a total sample of 29 residents. Specifically, for Resident #140, the facility failed to provide assistance with bed mobility and feeding.</p> <p>Findings include:</p> <p>The facility policy titled Activity of Daily Living (ADLs), undated, indicated the following:</p> <ul style="list-style-type: none"> - Based on the comprehensive assessment of a patient and consistent with the patient's needs and choices, the center must provide the necessary care and services to ensure that a patient's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. Activities of daily living (ADLs) include: - Dining-eating, including meals. (sic) <p>Resident #140 was admitted to the facility in August 2024 and has diagnoses that include dementia and muscle weakness.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 11/22/24, indicated that on the Brief Interview for Mental Status exam Resident #140 scored a 2 out of a possible 15, indicating severely impaired cognition. The MDS further indicated Resident #140 requires substantial/maximal assistance with eating.</p> <p>Review of the most recent Licensed Nursing Summary, dated 11/29/24, indicated that Resident #140 requires:</p> <ul style="list-style-type: none"> - Two person assist for positioning - Is dependent for eating <p>Review of the Nutrition note, dated 11/22/24, indicated: generally eats > 75% at meals w/ staff assistance.</p> <p>Review of the current ADL care plan included the following interventions:</p> <ul style="list-style-type: none"> -1 to 2 assist for bed mobility and positioning <p>Review of the nursing documentation for all days of survey indicated staff documented that Resident #140 had no behavior of rejecting care and required substantial/maximal assistance with meals.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	

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>On 12/10/24 at 8:51 A.M., the surveyor observed Resident #140 awake, alert and confused in bed with the head of the bed at approximately a 30 degree angle. There was a tray table across the bed with breakfast placed on the table. Resident #140 was unsuccessfully trying to pull him/herself up by holding onto the tray table and reaching toward the plate of food. Resident #140 was unsuccessful at getting him/herself to a seated position or reaching the food. No staff were in the room.</p> <p>On 12/11/24 at 8:25 A.M., a Certified Nurse Aide (CNA) carried a plate of food to Resident #140's room, placed it on a tray table out of Resident #140's reach and exited the room to continue passing breakfast to other residents. The surveyor continued to make the following observations:</p> <p>- By 8:35 A.M., no assistance had been offered and Resident #140 remained without breakfast or feeding assistance.</p> <p>On 12/12/24 at 8:27 A.M., a CNA knocked on Resident #140's door, while carrying breakfast. The CNA called the Resident by name, placed the breakfast on a tray table beside the bed, and walked out. The Resident was left in the bed lying flat, unable to reach the food and without feeding assistance. By 8:42 A.M., no staff had entered the room to assist Resident #140 to a seated position and feed him/her the breakfast.</p> <p>During an interview on 12/12/24 at 9:20 A.M., Resident #140's CNA (#3) said that Resident #140 is totally dependent for all his/her care, including bed mobility and feeding. CNA #3 said that Resident #140 could sometimes hold a sandwich placed in his/her hand by staff.</p> <p>During an interview on 12/12/24 at 9:27 A.M., Unit Manager #1 said that Resident #140 is totally dependent with care, and it is the expectation that staff provide that care.</p> <p>During an interview on 12/12/24 at 10:00 A.M., with the Director of Nursing (DON) she said that it is the expectation that residents that who require care from staff receive that care.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	
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>15016</p> <p>Based on record review, interview and observation, the facility failed to ensure physicians orders for the prevention and care of pressure ulcers were followed for two Residents (#94 and 26) out of a total sample of 29 residents. Specifically:</p> <ol style="list-style-type: none"> for Resident #94, the facility failed to elevate his/her heels while lying in bed; and for Resident #26, the facility failed to review or implement wound physician recommendations for a wound treatment. <p>Findings include:</p> <ol style="list-style-type: none"> Resident #94 was admitted to the facility in March 2019 and has diagnoses which include cerebral vascular accident and hemiplegia. <p>Review of Resident #94's most recent Minimum Data Set (MDS) assessment, dated 10/4/24, indicated that on the Brief Interview for Mental Status exam Resident #94 scored a 9 out of a possible 15, indicating moderately impaired cognition. The MDS further indicated that Resident #94 was dependent on staff for all activities of daily living and bed mobility, and was at risk for the development of pressure ulcers.</p> <p>Review of Resident #94's skin assessment, dated 10/1/24, indicated he/she was at a high risk for skin breakdown.</p> <p>Review of Resident #94's care plan dated 10/8/24, indicated he/she was at risk for skin impairment related to being dependent with activities of daily living and bed mobility. The care plan did not reference elevating heels while in bed.</p> <p>Review of Resident #94's current physician order, with a start date of 10/30/24, indicated:</p> <p>-Elevate heels while in bed, every shift.</p> <p>On 12/10/24 at 9:45 A.M., and 12:55 P.M., the surveyor observed Resident #94 lying in bed and his/her heels were not elevated. There was no flotation device in the bed.</p> <p>On 12/11/24 at 8:35 A.M., 9:47 A.M., and 12:15 P.M., the surveyor observed Resident #94 lying in bed and his/her heels were not elevated. There was no flotation device in the bed.</p> <p>On 12/12/24 at 7:39 A.M., the surveyor observed Resident #94 lying in bed and his/her heels were not elevated. There was no flotation device in the bed.</p> <p>During an observation and interview with Nurse Unit Manager #2 on 12/12/24 at 8:00 A.M., she said that it is the expectation that staff follow the physician's orders and that Resident #94's heels are supposed to be elevated when in bed. Nurse Unit Manager #2 and the surveyor entered Resident #94's bedroom and observed that Resident #94's heels were not elevated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	
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>45763</p> <p>2. Resident #26 was admitted to the facility in September 2024 with diagnoses including dementia.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 8/30/24, indicated that on the Brief Interview for Mental Status exam Resident #26 scored a 0 out of 15, indicating severe cognitive impairment.</p> <p>Review of Resident #26's most recent Norton risk Assessment, dated 10/17/24, indicated the Resident was at high risk for skin breakdown.</p> <p>Review of Resident #26's current care plan indicated that the Resident had potential for further impairments to his/her skin related to dual incontinence, functional decline, and decreased safety awareness.</p> <p>Review of Resident #26's weekly wound observation tool, dated 10/17/24, indicated the Resident had acquired a stage II pressure ulcer on his/her coccyx on 10/17/24.</p> <p>Review of Resident #26's active physician orders indicated the following order:</p> <p>-Sacrum: wash NS (normal saline), pat dry, apply calcium alginate and cover with DPD (dry protective dressing). Skin prep peri wound daily. Every day shift for wound care, initiated 11/26/24.</p> <p>Review of the wound physician's note, dated 11/25/24, indicated Resident #26 had a sacral wound measuring 0.4 cm (centimeters) in length by 0.3 cm in width by 0.1 cm in depth. Further review of the wound physician's note indicated the following recommendation:</p> <p>-Wound Dressing: Calcium alginate and foam to the sacral wound changed twice daily and PRN (as needed). Skin prep to the periwound daily.</p> <p>Review of Resident #26's medical record failed to indicate that the wound physician's 11/25/24 recommendation for dressing changes twice a day was reviewed or implemented.</p> <p>Review of the wound physician's note, dated 12/2/24, indicated Resident #26 has a sacral wound measuring 0.4 cm (centimeters) in length by 0.3 cm in width by 0.1 cm in depth and has not improved. Further review of the wound physician's note indicated the following recommendation:</p> <p>-Wound Dressing: Vashe (or similar antibacterial wound cleanser, alginate and foam to the sacral wound changed twice daily and PRN (as needed). Skin prep to the periwound daily.</p> <p>Review of Resident #26's medical record failed to indicate that the wound physician's 12/2/24 recommendation for the addition of Vashe was reviewed or implemented.</p> <p>Review of the wound physician's note, dated 12/9/24, indicated Resident #26 had a sacral wound measuring 0.4 cm (centimeters) in length by 0.3 cm in width by 0.1 cm in depth and has not improved. Further review of the wound physician's note indicated the following recommendation:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	
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>-Wound Dressing: Vashe (or similar antibacterial wound cleanser, alginate and foam to the sacral wound changed daily and PRN (as needed). Skin prep to the periwound daily.</p> <p>Review of Resident #26's medical record failed to indicate that the wound physician's 12/9/24 recommendation for the addition of Vashe was reviewed or implemented.</p> <p>During an interview on 12/11/24 at 4:14 P.M., Nurse #7 said the wound physician comes weekly to assess residents with wounds and provides written recommendations. The Nurse Practitioner (NP) would then review the wound physician's recommendations; Nurse #7 said she would expect the wound physician's recommendations to be implemented immediately. Nurse #7 said the risk of not implementing wound physician recommendations would be that the wound does not improve or worsens. Nurse #7 said that if the wound physician recommended Vashe that she would expect an order for vashe to be implemented and not normal saline. Nurse #7 said there is Vashe available in the facility and she was not aware of any recent shortages in Vashe. Nurse #7 said she would have also expected the recommendation for the dressing to be changed twice a day to have been implemented.</p> <p>During an interview on 12/11/24 at 4:31 P.M., Unit Manager #3 said the wound physician comes weekly to assess residents with wounds and provides written and verbal recommendations. Unit Manager #3 said the Unit Manager will then communicate the recommendations to the NP who agreed with the recommendations 99.9% of the time. Unit Manager #3 said she would expect the recommendations to be implemented either the same day or the next day after the recommendations were made. Unit Manager #3 said Resident #26 had a sacral wound, and that the facility carries Vashe.</p> <p>During an interview on 12/12/24 at 8:51 A.M., the Director of Nursing (DON) said the wound physician comes weekly to assess residents with wounds and provides written recommendations which then get distributed to each unit. The DON said it is the the Unit Managers responsibility to communicate the recommendations to the NP. The DON said she would expect nurses to write a note if the NP disagreed with a wound physician recommendation. The DON said the facility carries Vashe and that she would have expected the recommendation for Vashe to have been implemented for Resident #26.</p> <p>During an interview on 12/12/24 at 9:04 A.M., NP #1 said she would defer to the wound physician for wound treatment. NP #1 said she would expect Vashe to have been implemented for Resident #26 instead of normal saline if the wound physician recommended it because Vashe may better prepare the wound bed for treatment and thus promote wound healing.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>36876</p> <p>Based on observation, record review and interview, the facility failed to provide adequate supervision per the plan of care to prevent falls for one Resident (#92) out of a total of 29 sampled residents. Specifically, the facility failed to monitor and assist Resident #92 when he/she was displaying symptoms of agitation and walking independently resulting in Resident #92 falling.</p> <p>Findings include:</p> <p>Review of Falls Prevention and Management Program, dated September 2018, indicated:</p> <ul style="list-style-type: none"> -Management plans interventions based on each resident risk factors can assist in eliminating or reducing the incidence of falls as well as avoiding serious injury to the resident. -Residents having a history of falls or residents who are assessed to be a high fall risk will have an active problem included in their interdisciplinary plan of care. Care Plan measures/interventions will be listed for risk factors identified. -Staff should assess the environment for factors that could have contributed to the fall and address concerns accordingly. <p>Resident #92 was admitted to the facility in December 2023 with diagnoses including dementia and cognitive communication deficient.</p> <p>Review of the most recent Minimum Data Set Assessment (MDS) assessment, dated 11/4/24, indicated Resident #92 was moderately cognitively impaired as evidenced by a score of eight out of a possible 15 on the Brief Interview for Mental Status exam. The MDS further indicated that Resident #92 required assistance with all activities of daily living.</p> <p>On 12/10/24 8:00 A.M., the surveyor observed Resident #92 resting in bed. The bed was in a low position and an alarm was in place. Resident #92 was unable to respond to the surveyor.</p> <p>Review of Resident #92's current care plans indicated:</p> <ol style="list-style-type: none"> 1. Focus: The resident is/has potential to be verbally aggressive, becomes anxious/restless, displays impulsive/panic behavior. Poor impulse control, agitation/restlessness, Rummaging/refusing care Wandering/pacing/insomnia/not sleeping r/t (related to) Dementia dx (diagnosis) 1/4/24. <p>Interventions: Assess resident's understanding of the situation. Allow time for the resident to express self and feelings towards the situation. Provide 1-1, redirect, provide comfort, re-approach at a later time, remove pt (patient) current situation to ensure safety.</p> <ol style="list-style-type: none"> 2. Focus: The Resident has an ADL (activities of daily living) self-care performance and mobility deficit r/t dementia. 11/14/23. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interventions: Resident ambulates with supervision and rolator walker. Transfers with one assist and will often attempt to transfer independently. Provide 1 assist for transfers and ambulation, short distances only. 1 assist for bed mobility and positioning. 12/18/23.</p> <p>3. Focus: The resident is at risk for falls r/t recent functional decline and dementia with decreased safety awareness, 12/18/23.</p> <p>Interventions: Maintain a clutter-free environment in patient room and consistent furniture arrangement, 5/15/24. Anticipate and meet the resident's needs, 11/13/23. Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance, 11/13/23. Resident is not to be left alone on toilet, 7/29/24. Resident uses bed and chair electronic alarm. Ensure the device is in place and functioning each shift, 1/25/24.</p> <p>Review of the clinical record indicated that on 10/19/24 at 12:45 P.M., Resident #92 was ambulating independently on the unit, had an unwitnessed fall and was sent to the hospital for evaluation. Review of the hospital paper work indicated: CT scan which shows no obvious displaced fracture. Official report with possible left pelvic rami fracture which could be new.</p> <p>Additional review of the clinical record indicated that Resident #92 had previous falls on 9/18/24 and 10/6/24.</p> <p>Review of the fall investigation, dated 10/19/24, included multiple witnessed statements indicating Resident #92 had been agitated due to the fire alarm going off and was difficult to redirect. All six witness statements indicated that Resident #92 was walking independently and had an unwitnessed fall. Four of the witness statements indicated there was no chair alarm in place and it was not sounding at the time. Two of the witness statements failed to indicate any information related to a chair alarm.</p> <p>During an interview on 12/11/24 at 10:49 A.M., Nurse #1 said that Resident #92 had a lot of falls. Nurse #1 said on 10/19/24, Resident #92 was agitated as the fire alarm had gone off and he/she kept ambulating despite staff attempting to direct him/her into the dining area. Nurse #1 said Resident #92 was found on the floor in the hallway close to the fire doors and was sent to the hospital. Nurse #1 said that the fire alarms were no longer sounding when Resident #92 fell. Nurse #1 said that Resident #92 had a chair alarm at that time because he/she would get up to walk and he/she needed monitoring and supervision. Nurse #1 said that if staff were observing Resident #92 walking, it would be expected that staff would follow him/her and try to get him/her to sit down. Nurse #1 did not say why staff were not with Resident #92 while he/she was agitated and ambulating per his/her plan of care.</p> <p>During an interview on 12/11/24 at 11:54 A.M., Nurse Unit Manager #1 said that he was not working on the day Resident #92 fell but he thought the alarms were still sounding when he/she fell. Nurse Unit Manager #1 said that at that time, Resident #92 utilized a chair alarm because he/she would frequently get up unassisted and that staff were expected to respond to the alarm and join Resident #92 while walking and then attempt to have him/her sit down.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/11/24 at 12:41 P.M., Certified Nursing Aide (CNA) #1 said that Resident #92 has had a lot of falls. CNA #1 said that Resident #92 was easily agitated and on 10/19/24, he/she had been walking without assistance. CNA #1 said that the fire alarms were no longer sounding at the time of the fall. CNA #1 said that Resident #92 had a chair alarm at the time and staff were expected to respond to the alarm and supervise him/her for safety if he/she was walking. CNA #1 did not say why staff were not with Resident #92 while he/she was agitated and ambulating per his/her plan of care.</p> <p>During an interview on 12/12/24 9:22 A.M., The Director of Nursing (DON) said that Resident #92 had history of falls. The DON said that resident care plans should be followed.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>36876</p> <p>Based on observation, record review and interview, the facility failed to provide fortified foods for one Resident (#23) out of a total of 29 sampled residents.</p> <p>Findings include:</p> <p>Review of the facility's Internal Weighing Process, dated July 2022, indicated:</p> <p>-If the resident's weight is +/- 3 pounds (lbs) from one weight to the next the resident is to be re-weighed the following day.</p> <p>-If the resident's weight is confirmed by re-weigh the Staff Nurse is to record the weight in the Electronic Health Record and inform the Unit Manager and Dietitian. If weight loss is significant and a nutrition concern inform Medical Provider, resident and/or responsible party.</p> <p>-Consult the Dietitian to establish or consider appropriate interventions. Dietitian will write recommendations if needed in the Medical Record.</p> <p>Resident #23 was admitted to the facility in September 2024 with diagnoses including dementia and chronic pain.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 9/23/24, indicated Resident #23 was severely cognitively impaired as evidenced by a score of 5 out of a possible 15 on the Brief Interview Exam. The MDS further indicated that Resident #23 required assistance with bathing, dressing and toileting.</p> <p>On 12/10/24 at 8:58 A.M., the surveyor observed Resident #23 asleep in bed. His/her breakfast meal was untouched on a tray table. Resident #23 appeared thin and frail.</p> <p>Review of Resident #23's weights indicated:</p> <p>11/4/2024: 111.4 Lbs</p> <p>11/12/2024: 112.0 Lbs</p> <p>11/19/2024: 110.2 Lbs</p> <p>11/26/2024: 104.6 Lbs; A loss of 6.10% his/her body weight since 11/4/24.</p> <p>12/2/2024: 105.0 Lbs</p> <p>Review of Resident #23's current care plans indicated:</p> <p>-Focus: The patient has suboptimal p.o. (by mouth) intake at meals and is at risk for malnutrition, 9/22/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Interventions Provide and serve supplements as ordered: house shakes a/o (as ordered) Provide, serve diet as ordered. Offer encouragement and cues. Monitor intake and record q meal (every). RD to evaluate and make diet change recommendations PRN (as needed). Weight at same time of day and record: weekly.</p> <p>Review of the progress note dated, 11/22/24 indicated: Received new orders from the Dietitian to add fortified food and calorie condiments at meals.</p> <p>Review of the current physician diet orders indicated: Regular diet, regular texture, add fortified foods and increase calorie condiments at meals, 11/22/24.</p> <p>Review of Resident #23's meal ticket indicated Resident #23 should receive fortified foods with all meals.</p> <p>On 12/10/24 at 12:47 P.M., the surveyor observed Resident #23 eating his/her lunch meal in the dining room. Resident #23 was pleasantly confused and said his/her meal was good. The surveyor observed 75% of the rice, chicken and vegetables present on his/her plate and no fortified foods. Certified Nursing Aide (CNA) #2 was present and said that Resident #23 is not a good eater.</p> <p>On 12/10/24 at approximately 12:50 P.M., the surveyor observed the steam table and inquired which food items were considered fortified and the Diet Aide said mashed potatoes.</p> <p>Resident #23 had not been served mashed potatoes.</p> <p>On 12/11/24 at 8:40 A.M., the surveyor observed Resident #23 eating breakfast in bed. The surveyor observed Resident #23's hot cereal's consistency was lumpy.</p> <p>On 12/11/24 at approximately 8:42 A.M., the surveyor observed the steam table and inquired which hot cereal was fortified. The Diet Aide showed the surveyor a container of creamy hot cereal and said that it was fortified, and the lumpy hot cereal was not.</p> <p>On 12/12/24 at 8:48 A.M., the surveyor observed Resident #23 eating breakfast in bed. There was no hot cereal on his/her tray table.</p> <p>During an interview on 12/12/24 at 8:49 A.M., CNA #5 said she delivered Resident #23 his/her breakfast plate in his/her room. CNA #5 said that Resident #23 said he/she wasn't very hungry but the CNA left the food in there and did not remove any food items from the room.</p> <p>During an interview on 12/12/24 at 8:51 A.M., the Food Service Director (FSD) said that fortified foods for breakfast is a creamy hot cereal and mashed potatoes are fortified for the lunch and dinner meals. Nurse Unit Manager #2 joined the interview and said that Resident #23 is very picky and does not like the fortified food options. When asked if she had informed the Dietitian that Resident #23 did not like the fortified foods, she said she would have to discuss it with her. The FSD said that resident's with orders to receive fortified foods, and who have fortified foods indicated on their meal ticket, should be served fortified foods</p> <p>Review of Resident #23's clinical record and the facility's weekly risk notes failed to indicate that Resident #23 does not like or refuses fortified food at meals.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/12/24 at 10:49 A.M., the Dietitian said that Resident #23 has had a significant weight loss and interventions implemented were supplements and fortified foods. The Dietitian said she has not been told by nursing that Resident #23 does not like the fortified foods. The Dietitian said staff should serve fortified foods and the Resident does not have to eat the items if he/she does not want to. The Dietitian said that there had been issues at the facility with residents not receiving fortified foods at meals, as ordered.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	

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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>43846</p> <p>Based on observation, interview, and record review, the facility failed to provide care and maintenance of a Peripherally Inserted Central Catheter (PICC: a flexible tube inserted through a vein in one's arm and passed through to the larger veins near the heart, used to deliver medications intravenously [IV]), consistent with professional standards of practice for one Resident (#87), out of a total sample of 29 residents. Specifically, for Resident #87, the facility failed to obtain weekly measurements for the external length of Resident #87's PICC line to ensure the PICC line had not migrated (moved from the heart to another area, which could have a significant impact on treatment, or cause serious harm).</p> <p>Findings include:</p> <p>Review of the Lippincott Manual of Nursing Practice, 11th Edition, dated 2021, included the following for documentation relative to PICC line migration and dressing changes: Use a sterile measuring tape or incremental markings on the catheter to measure the external length of the catheter from hub to skin entry to make sure that the catheter hasn't migrated.</p> <p>Resident #87 was readmitted to the facility in November 2024 with diagnoses that included osteomyelitis, bacteremia, lymphedema, and type 2 diabetes.</p> <p>Review of Resident #87's most recent Minimum Data Set (MDS) assessment, dated 11/29/24, indicated he/she scored a 15 out of a possible 15 on the Brief Interview for Mental Status exam indicating intact cognition. The MDS further indicated Resident #87 was receiving IV medications via IV access.</p> <p>Review of Resident #87's physician order, dated 11/29/24, indicated Dressing change using transparent dressing, change securement device, change needleless connector, and measure external length of catheter in the evening every Fri (Friday) AND as needed for dressing change.</p> <p>During an observation on 12/11/24 at 11:58 A.M., the surveyor observed Resident #87's PICC line dressing dated for 12/6/24.</p> <p>Review of Resident #87's nursing progress notes and assessments from 11/29/24 to 12/11/24 failed to indicate that nursing obtained PICC line measurements as ordered.</p> <p>During an interview on 12/11/24 12:04 P.M., Nurse #2 and Nurse Unit Manager #4 said the PICC line measurements should be obtained weekly with the PICC line dressing change and should be documented in a nursing note.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>36876</p> <p>Based on record review and interview, the facility failed to ensure one Resident (#92) was free of unnecessary medications out of a total of 29 sampled residents. Specifically, for Resident #92, the facility failed to include a stop date for the use of a PRN (as needed) antipsychotic medication.</p> <p>Findings include:</p> <p>Review of the facility's Psychotropic Medication Policy and Procedure, undated, indicated:</p> <p>-The facility will make every effort to comply with state and federal regulations related to the use of psychopharmacological medications in the long term care facility to include regular review for continued need, appropriate dosage, side effects, risks and/or benefits.</p> <p>-Orders for PRN psychotropic medications will be time limited (i.e. times two weeks) and only for specific clearly documented circumstances.</p> <p>Resident #92 was admitted to the facility in December 2023 with diagnoses including dementia and cognitive communication deficient.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 11/4/24, indicated Resident #92 was moderately cognitively impaired as evidenced by a score of eight out of a possible 15 on the Brief Interview for Mental Status exam. The MDS further indicated that Resident #92 required assistance with all activities of daily living.</p> <p>Review of Resident #92 current physicians' orders indicated: Quetiapine Fumarate Oral Tablet 25 MG, (an antipsychotic medication). Give 25 mg by mouth every 12 hours as needed for agitation and restlessness, start date 11/11/2024.</p> <p>Review of the November 2024 Medication Administration Record indicated Resident #92 received two doses of the 25 mg Quetiapine Fumarate in November 2024 and refused the medication twice when it was offered</p> <p>During an interview on 12/12/24 at 9:18 A.M., the Director of Nursing (DON) said that PRN antipsychotic should be limited to 14 days.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>43846</p> <p>Based on observations and interviews the facility failed to ensure drugs and biologicals were stored in accordance with accepted professional standards of practice. Specifically, nursing staff failed to secure their medication and treatment carts on three of four units.</p> <p>Findings include:</p> <p>Review of the facility policy titled Storage of Medications, dated November 2020, indicated the facility stores all drugs and biologicals in a safe, secure, and orderly manner. Compartments (including, not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals are locked when not in use. Unlocked medication carts are not left unattended.</p> <p>On 12/10/24 at 8:03 A.M., the surveyor observed a treatment cart was unlocked and unsupervised on the B Unit. The surveyor was able to access the treatment cart.</p> <p>On 12/10/24 at 8:05 A.M., Nurse #3 came out of a patient room and observed the unlocked cart. Nurse #3 said the cart is supposed to be locked, my unit manager was just in it and must have left it unlocked.</p> <p>On 12/10/24 at 12:35 P.M. to 1:01 P.M., the surveyor observed the treatment cart was unlocked and unsupervised on the TCU (transitional care unit).</p> <p>On 12/11/24 at 7:02 A.M., the surveyor observed the treatment cart was unlocked and unsupervised on the TCU.</p> <p>On 12/11/24 at 10:43 A.M., the surveyor observed a medication cart unlocked and unsupervised on the A Unit.</p> <p>On 12/11/24 at 11:58 A.M. to 12:12 P.M., the surveyor observed the treatment cart was unlocked and unsupervised on the TCU.</p> <p>During an interview and observation on 12/11/24 at 12:12 P.M., Nurse #2 observed the treatment cart unlocked and said it should never be left unlocked unless the nurse is present at the cart. Nurse #2 said the medication carts should also be locked if a nurse is not present at the cart.</p> <p>41105</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45763</p> <p>Based on observation, policy review, and interview, the facility failed to store food in accordance with professional standards for food service safety. Specifically, the facility failed to ensure that staff labeled food and that staff did not store drinks with resident food and ingredients.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled Food Storage Policy and Procedures for [NAME] Nursing & Rehabilitation Center, indicated, but was not limited to, the following:</p> <ul style="list-style-type: none"> -All food items must be stored in a manner that prevents contamination, maintains nutritional value, and complies with all relevant health and safety regulations. -Label all items with the delivery date. -Personal food items brought in by residents or their families must be labeled with the resident's name and the date it was brought in. -Ensure staff are aware of and comply with all relevant health and safety regulations. -Conduct regular audits to ensure compliance with this policy. <p>Review of the facility's undated policy titled Food Labeling Policy and Procedures for [NAME] Nursing & Rehabilitation Center revised, indicated, but was not limited to, the following:</p> <ul style="list-style-type: none"> -All food items must be labeled accurately and clearly to ensure proper identification, traceability and safe consumption. -All food items must be labeled with the following information: <ul style="list-style-type: none"> o Name of the item o Date item was brought into facility, use-by or expiration date. o Any special storage instructions (e.g. Keep Refrigerated). -Labels must be legible and securely attached to the container or package. -Label all prepared food with the use-by/expiration date. -Personal food items brought in by residents or their families must be labeled with the resident's name and the date it was brought in. All food is safe for 72 hours if properly labeled/dated and stored. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	
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>-Regularly check labels for accuracy and legibility.</p> <p>-Remove and discard any items that are past their use-by or expiration date.</p> <p>-Ensure staff understand the importance of accurate labeling for food safety and quality.</p> <p>On [DATE] at 7:12 A.M. the surveyor made the following observations during the initial kitchen walkthrough:</p> <p>-A water bottle with an employees initials written on the cap in the walk-in refrigerator stored directly next to and above resident food and ingredients.</p> <p>-An undated Ziploc bag containing cooked chicken in the walk-in refrigerator.</p> <p>-An undated pan containing yellow liquid, consistent in appearance with liquid eggs, in the walk-in refrigerator.</p> <p>-An undated piping bag containing whipped cream, stored in an undated Ziploc bag in the walk-in refrigerator.</p> <p>-An undated Ziploc bag containing cheddar cheese in the walk-in refrigerator.</p> <p>-An undated opened package of mozzarella cheese in the reach-in refrigerator.</p> <p>On [DATE] at 7:35 A.M. the surveyor made the following observations in the second floor shared kitchenette refrigerator:</p> <p>-An undated container of coleslaw with a resident's name written on it.</p> <p>-An undated plastic bag containing undated food containers with a resident's name written on them.</p> <p>-A large brown undated bag containing three undated plastic containers of take-out food with a resident's name written on them.</p> <p>-A container with turkey, cranberry sauce, mashed potatoes, and gravy dated [DATE].</p> <p>Review of the sign, dated [NAME] Food Storage Policy taped to the front of the second floor shared kitchenette refrigerator indicated the following:</p> <p>-Resident food should be labeled with name date and room #.</p> <p>-Food will be discarded after three days.</p> <p>-Food not labeled will be discarded.</p> <p>On [DATE] at 7:47 A.M. the surveyor made the following observations in the first floor shared kitchenette refrigerator:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	

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>-An undated pitcher containing cranberry juice.</p> <p>-A cake dated [DATE].</p> <p>-An undated container of food.</p> <p>-Two undated Styrofoam containers with soup.</p> <p>-Four undated plastic containers of pre-portioned pudding with whipped cream.</p> <p>During an interview on [DATE] at 1:15 P.M., the Food Service Director (FSD) said the water bottle in the walk-in refrigerator belonged to staff and should not be stored with resident food or ingredients. The FSD said that all food should be labeled and dated when opened or prepared and then discarded after three days. The FSD said the kitchen staff should be checking the kitchenette every morning to discard anything undated/unlabeled and/or expired. The FSD said all food brought in from outside of the facility should be labeled/dated and discarded after three days. The FSD said she did not know if the undated liquid eggs were from that morning.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	
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** 15016</p> <p>Based on record review, interview and observation, the facility failed to accurately document the completion of physician orders in the clinical record for 3 Residents (#94, #124, and #52) out of a total sample of 29 residents. Specifically:</p> <ol style="list-style-type: none"> 1. For Resident #94, the facility failed to correctly document that his/her heels were not elevated while in bed; 2. For Resident #124, the facility failed to document the administration of acetaminophen; and 3. For Resident #52 the facility failed to document accurately in the Medication Administration Record/Treatment Administration Record (MAR/TAR) when the nurse documented that an air mattress function was checked when it was not. <p>Findings include:</p> <ol style="list-style-type: none"> 1. Resident #94 was admitted to the facility in March 2019, and has diagnoses which include cerebral vascular accident and hemiplegia. <p>Review of Resident #94's most recent Minimum Data Set (MDS) assessment, dated 10/4/24, indicated that on the Brief Interview for Mental Status exam Resident #94 scored a 9 out of a possible 15, indicating the Resident had moderately impaired cognition. The MDS further indicated that Resident #94 was dependent on staff for all activities of daily living and bed mobility and was at risk for the development of pressure ulcers.</p> <p>Review of Resident #94's skin assessment dated [DATE], indicated he/she was at a high risk for skin breakdown.</p> <p>Review of Resident #94's care plan dated 10/8/24, indicated he/she was at risk for skin impairment related to dependent care with activities of daily living and bed mobility. The care plan did not reference elevating heels while in bed.</p> <p>Review of Resident #94's physician order dated 10/30/24, indicated:</p> <p>- Elevate heels while in bed every shift.</p> <p>On 12/10/24 at 9:45 A.M. and 12:55 P.M., the surveyor observed Resident #94 lying in bed and his/her heels were not elevated. There was no flotation device in the bed.</p> <p>On 12/11/24 at 8:35 A.M., 9:47 A.M., and 12:15 P.M., the surveyor observed Resident #94 lying in bed and his/her heels were not elevated. There was no flotation device in the bed.</p> <p>On 12/12/24 at 7:39 A.M., the surveyor observed Resident #94 lying in bed and his/her heels were not elevated. There was no flotation device in the bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	
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>Review of the December 2024 Treatment Administration Record (TAR) indicated for the day shifts of 12/10/24 and 12/11/24 staff initialed that they had elevated the Resident's heels while in bed.</p> <p>During an interview with Nurse Unit Manager #2 on 12/12/24 at 8:00 A.M., she reviewed Resident #94's TAR and said staff had documented that his/her heels were elevated while in bed. Nurse Unit Manager #2 and the surveyor entered Resident #94's bedroom and observed that his/her heels were not elevated, contrary to the documentation in the TAR.</p> <p>2. Resident #124 was admitted to the facility in June 2023, and has active diagnoses which include chronic pain syndrome and osteoarthritis.</p> <p>Review of Resident #124's most recent Minimum Data Set (MDS) assessment, dated 11/15/24, indicated Resident #124 had a Brief Interview for Mental Status exam score of 12 out of a possible 15, indicating moderately impaired cognition. The MDS further indicated Resident #124 experienced frequent pain.</p> <p>Review of Resident #124's current care plan indicated he/she has chronic pain. Interventions included:</p> <ul style="list-style-type: none"> - Administer pain medication per the physician's orders. <p>Review of Resident #124's current physician order dated 12/10/24, indicated:</p> <ul style="list-style-type: none"> - Acetaminophen 650 milligrams (mg) every four hours as needed (prn) for pain/discomfort. <p>During an interview with Resident #124 on 12/10/24 at 1:15 P.M., he/she said he/she felt pain in the arms and shoulders. Resident #124 said he/she would like to take acetaminophen because it sometimes helps to relieve the pain. The surveyor then told Nurse #5 that Resident #124 was in pain and wanted pain medication. At approximately 1:23 P.M., the surveyor observed Nurse #5 give Resident #124 pills from a medication cup.</p> <p>During an interview with Nurse #5 on 12/11/24 at 12:36 P.M., she said that on 12/10/24, after the surveyor told her Resident #124 was in pain, she assessed the Resident and then gave him/her acetaminophen.</p> <p>Review of Resident #124's Medication Administration Record (MAR) on 12/11/24, indicated nursing staff had not given acetaminophen to him/her on 12/10/24.</p> <p>During an interview with Unit Manager #2 on 12/12/24 at 8:25 A.M., she said Resident #124's MAR indicated nursing staff did not administer acetaminophen to Resident #124 at any time on 12/10/24.</p> <p>45763</p> <p>3. Resident #52 was admitted to the facility in February 2024 with a diagnosis of Alzheimer's Disease.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Nevins Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE Ten Ingalls Court Methuen, MA 01844	

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>Review of the most recent Minimum Data Set (MDS) assessment, dated 8/30/24, indicated that on the Brief Interview for Mental Status exam Resident #52 scored a 0 out of 15 on indicating severe cognitive impairment.</p> <p>Review of Resident #52's most recent Norton risk Assessment, dated 11/2/24, indicated the Resident was at high risk for skin breakdown.</p> <p>Review of Resident #52's most recent wound physician note, dated 12/9/24, indicated the Resident had an open wound of the left heel.</p> <p>Review of Resident #52's care plans indicated that the Resident had potential for pressure ulcer development related to immobility with the following intervention:</p> <ul style="list-style-type: none"> - The Resident requires pressure relieving/reducing devices on chair, air mattress on bed settings of 150 (check every shift for settings and functionality), revised on 5/14/24. <p>Review of Resident #52's physician orders indicated the following active order:</p> <ul style="list-style-type: none"> - Air mattress setting: May be set at 150. Check Qshift (every shift) for functionality, initiated 3/2/24. <p>On 12/11/24 at 10:33 A.M., the surveyor observed Resident #52's bed. The mattress of the bed was not an air mattress.</p> <p>On 12/11/24 at 2:52 P.M. the surveyor observed Resident #52 in his/her room in bed. The mattress of the bed was not an air mattress.</p> <p>On 12/12/24 at 7:18 A.M. the surveyor observed Resident #52 in is/her room in bed. The mattress of the bed was not an air mattress.</p> <p>Review of Resident #52's Medication Administration Record/Treatment Administration Record (MAR/TAR) indicated the nurses had signed off that the air mattress functionality was checked every shift on 12/11/24, despite the Resident not having an air mattress.</p> <p>During an interview and observation on 12/12/24 at 8:14 A.M. Nurse #6 and the surveyor observed Resident #52's room; Nurse #6 said that the mattress on Resident #52's bed, which was the same mattress the surveyor observed on 12/11/24, was not an air mattress. Nurse #6 said nurses should not be checking off on the MAR/TAR that the mattress was checked if it wasn't.</p> <p>During an interview on 12/12/24 at 8:51 A.M., the Director of Nursing (DON) said she would expect nurses to document accurately in the MAR/TAR.</p>