

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225411	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Lafayette Rehabilitation & Skilled Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 25 Lafayette Street Marblehead, MA 01945	

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>36797</p> <p>Based on observation, policy review and interview the facility failed to provide a dignified dining experience on two out of two units.</p> <p>Findings include:</p> <p>Review of the facility policy titled Dining/Nutrition Guidelines/Protocols, dated as revised 11/2021, failed to indicate that meals are to be provided in a dignified manner.</p> <p>On 8/27/24 at 8:11 A.M., the surveyor observed all meals served in the dining room on the first floor to be left on the trays.</p> <p>On 8/27/24 at 12:15 P.M., the surveyor observed all meals served in the dining room on the first floor to be left on the trays.</p> <p>On 8/27/24 at 8:15 A.M., the surveyor observed all meals served in the dining room on the second floor to be left on the trays.</p> <p>On 8/28/24 at 8:24 A.M., the surveyor observed a Certified Nurses Aide (CNA) serve breakfast to a resident, sitting in the dining room on the second floor, on a tray. The CNA then left the dining room without the tray and the resident continued to eat his/her breakfast from the tray.</p> <p>During an interview on 8/28/24 at 10:20 A.M., Nurse #1 said that all meals served in the dining room should be removed off the trays because this is their home and not an institution. Nurse #1 then said that it is not dignified to serve meals in an institutional manner.</p> <p>During an interview on 8/28/24 at 10:25 A.M., the Director of Nursing said that all meals served in the dining room should be removed off the trays.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>48990</p> <p>Based on record review and interview, the facility failed to inform one Resident (#30), out of three records reviewed, of the potential liability for payment for non-covered services, including estimated cost of services. Specifically, the facility failed to ensure the Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) was provided to Resident #30.</p> <p>Findings include:</p> <p>The SNF ABN notice is administered to a Medicare recipient when the facility determines that the beneficiary no longer qualifies for Medicare Part A skilled services and the resident has not used all the Medicare benefit days for that episode. The SNF ABN provides information to residents/beneficiaries so that they can decide if they wish to continue receiving the skilled services that may not be paid for by Medicare and assume financial responsibility.</p> <p>Resident #30 was admitted to the facility in July 2024, under a skilled Medicare A level of care, with diagnoses including pneumonia and acute respiratory failure.</p> <p>Review of the facility's census indicated that he/she was discharged from Medicare A skilled services on 8/9/24.</p> <p>Review of the medical record failed to indicate a SNF ABN was given to Resident #30 and/or the Resident's representative.</p> <p>During an interview on 8/27/24 at 2:33 P.M., the Business Office Manager said the facility does not issue SNF ABN forms.</p> <p>During an interview on 8/27/24 at 2:49 P.M., the Social Worker said she was responsible for giving Notice of Medicare Non-coverage (NOMNC) to Resident #30 when he/she discharged from Medicare Part A skilled services. The Social Worker said Resident #30 still had Medicare benefit days remaining when he/she discharged from Medicare A skilled services on 8/9/24. The Social Worker said she was not aware that a SNF ABN was required and does not give it to any residents when they discharge from Medicare Part A skilled services, so she did not issue one to Resident #30.</p> <p>During an interview on 8/27/24 at 7:02 A.M., the Director of Nursing (DON) and Minimum Data Set (MDS) Nurse said they were not aware that SNF ABN forms were required, and they were not being issued as required by Centers for Medicare and Medicaid Services (CMS).</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36797</p> <p>Based on document review and interview the facility failed to accurately code the Minimum Data Set (MDS) assessment for one Resident (#24) out of a total sample of 13 residents.</p> <p>Findings include:</p> <p>Resident #24 was admitted to the facility in June 2019 with diagnoses including contracture of the left hand and Alzheimer's dementia.</p> <p>Review of the Minimum Data Set (MDS), dated [DATE], indicated that Resident #24 had upper extremity impairments to one side.</p> <p>Review of the previous MDS's, dated 2/29/24 and 11/30/23, indicated that Resident #24 had upper extremity impairments to one side.</p> <p>Review of the MDS, dated [DATE], indicated that Resident #24 had no range of motion deficits on either of the upper extremities.</p> <p>Review of the current care plan indicated the following intervention:</p> <p>- Has a contracture of Lt. (left) hand. Ensure daily cleansing, open gently and assess skin integrity.</p> <p>During an interview on 8/28/24 at 9:15 A.M., the MDS Nurse said that she had decided that the MDS's criteria for what is an impairment included whether or not the contracture impacted the resident's functional ability. The MDS nurse said that because the Resident is totally dependent for activities of daily living due to his/her level of cognition and not the contracture the MDS should be not coded as having an impairment. The MDS nurse then said that the MDS's prior to the 5/30/24 MDS were coded incorrectly.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>43807</p> <p>Based on the facility's PBJ (Payroll-Based Journal) report, licensed nurse staff schedules, punch cards and interviews, the facility failed to provide the services of a Registered Nurse (RN) for at least eight consecutive hours a day, seven days a week when no staffing waivers were in place for nine days for the period of January 1, 2024 to March 31, 2024.</p> <p>Findings include:</p> <p>Review of the PBJ Staffing Data Report, dated Quarter 2 2024 (January 1-March 31), indicated the following:</p> <ul style="list-style-type: none"> - One star staff rating - Triggered. <p>Review of the facility's payroll-based journal titled Preliminary PBJ Report Quarter 1 2024 (Fiscal Quarter 2) indicated the following:</p> <ul style="list-style-type: none"> - Please note that if we have any three days without RN coverage, then we automatically receive a one-star rating. However, we may recode [sic] a Director of Nurses (DON) or (Assistant Director of Nurses) ADON's hours to RN, on any days that they worked, and we did not have RN coverage. - Warning: Less than 8 RN hours for Monday 1/1/24. - Warning: Less than 8 RN hours for Saturday 1/27/24. - Warning: Less than 8 RN hours for Sunday 1/28/24. - Warning: Less than 8 RN hours for Saturday 2/3/24. - Warning: Less than 8 RN hours for Sunday 2/4/24. - Warning: No RN hours for Saturday 2/17/24. - Warning: No RN hours for Saturday 3/2/24. - Warning Less than 8 RN hours for Saturday 3/16/24. - Warning: Less than 8 RN hours for Saturday 3/30/24. <p>(continued on next page)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 8/28/24 at 10:07 A.M., the Director of Nursing (DON) said she was aware the facility triggered for one star staffing rating because they did not have RN coverage for eight consecutive hours a day, seven days a week for nine days for the period of January 1, 2024, to March 31, 2024. The DON said that the facility does not have any staffing waivers and she did not provide coverage on the days that had less than 8 RN hours or no RN hours. The DON said the Assistant Director of Nursing (ADON) did not provide any coverage because she is an LPN (Licensed Practical Nurse). The DON said she is aware of the requirement for RN coverage and there should be eight consecutive hours of RN coverage a day and seven days a week.</p>		