

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER Medway Country Manor Skilled Nursing & Rehabilitat		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Holliston Street Medway, MA 02053	

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>49424</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement an individualized, person-centered care plan to meet the physical, psychosocial, and functional needs for one Resident (#15), out of 22 sampled residents. Specifically, the facility failed to ensure a comprehensive care plan was developed and implemented to address Resident #15's pain.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Care Plans Comprehensive Person-Centered, revised March 2022, indicated but was not limited to:</p> <ul style="list-style-type: none"> -The comprehensive, person-centered care plan includes measurable objectives and timeframes. -Reflects currently recognized standards of practice for problem areas and conditions. <p>Resident #15 was admitted to the facility in October 2024 with diagnoses including spinal stenosis (a condition where the spaces in the spine narrow, putting pressure on the spinal cord and nerves.), pain, and abnormal posture.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 10/9/24, indicated Resident #15 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15.</p> <p>Review of the MDS assessment, dated 10/9/24, indicated the following:</p> <ul style="list-style-type: none"> -Resident received scheduled pain medication regimen. -Resident received non-medication intervention for pain. -Resident had pain present in the last 5 days occasionally. -Resident's pain limited day to day activities occasionally. <p>Review of Resident #33's care plan failed to indicate a care plan for his/her pain had been developed.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/19/24 at 11:49 A.M., Resident #15 said he/she has pain that radiates from their neck down their back. Resident #15 said he/she knew he/she took medications to help with the pain but didn't know what his/her pain care plan indicated or interventions available to alleviate pain.</p> <p>During an interview on 11/20/24 at 12:11 P.M., Unit Manager #3 said he was aware the Resident had pain and the goal was to refer them to a pain clinic. He said therapy was working with the Resident and they had medications to manage the Resident's pain. He said there should be a pain care plan in place for the Resident.</p> <p>During an interview on 11/25/24 at 11:05 A.M., the MDS Coordinator said the Resident triggered for pain on the Resident's assessment and a care plan should have been developed and implemented and it was not.</p> <p>During an interview on 11/20/24 at 12:59 P.M., the Director of Nursing (DON) said she would expect that a pain care plan would be developed and implemented due to the Resident's diagnoses. She said she knows there have been interventions attempted to reduce Resident#15's pain, but they were not documented in a care plan.</p>		

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<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** 46562</p> <p>Based on observations, interviews, and records reviewed for one Resident (#42) of 22 sampled residents, the facility failed to ensure a resident was provided care in accordance with professional standards of practice. Specifically, for Resident #42, the facility failed to accurately transcribe his/her orders for levofloxacin (antibiotic) resulting in 14 additional doses.</p> <p>Findings include:</p> <p>Review of [NAME], Manual of Nursing Practice 11th edition, dated 2019 indicated the following:</p> <p>-The professional nurse's scope of practice is defined and outlined by the State Board of Nursing that governs practice.</p> <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> <p>-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.</p> <p>Resident #42 was admitted to the facility in July 2018 with the following diagnoses: diabetes mellitus and end stage renal disease.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 11/5/24, indicted Resident #42 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of 15. Further review of the MDS indicated he/she had received antibiotics.</p> <p>Review of Resident #42's Care Plan, initiated on 11/4/24, indicated he/she had pneumonia and should receive antibiotic therapy as ordered by the physician.</p> <p>Review of Resident #42's Physician's Orders indicated but was not limited to:</p> <p>-levofloxacin alternating dose give 500 milligrams (mg) by mouth one time a day for pneumonia, then give levofloxacin 750 mg by mouth one time and then 500 mg every 48 hours for 3 doses, dated 10/31/24</p> <p>Review of Resident #42's October and November 2024 Medication Administration Record indicated Resident #42 received a total of 17 doses of levofloxacin between 10/31/24 and 11/18/24.</p> <p>During an interview on 11/21/24 at 1:34 P.M., Unit Manager #2 said Resident #42 should only have received three doses of levofloxacin and the order was transcribed incorrectly resulting in the administration of additional doses.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/25/24 at 12:26 P.M., the Director of Nurses (DON) said physician's orders should be followed and accurate stop dates should be implemented when the order is transcribed.</p> <p>Refer to F757</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>36542</p> <p>Based on observations, interviews, and record review, the facility failed to ensure wound treatments were conducted for one Resident (#353), in a total sample of 22 residents. Specifically, for Resident #353, the facility failed to perform treatments to two wounds on the right foot, per physician's orders.</p> <p>Findings include:</p> <p>Resident #353 was admitted to the facility in October 2024 with a diagnosis of peripheral vascular disease with arterial wounds (ulceration that occurs when non-pressure related disruption or blockage of the arterial blood flow to an area causes tissue necrosis).</p> <p>Review of the care plans indicated Resident #353 had wounds to the right foot and treatments would be provided as ordered.</p> <p>Review of the wound physician consultant progress note, dated 11/6/24, indicated Resident #353 had a wound to the right dorsal (back or upper side) foot and a wound to the right lateral (side) foot.</p> <p>Review of the medical record indicated Resident #353 went out to the hospital and returned following a left above the knee amputation.</p> <p>Review of the Admission Nursing Assessment, dated 11/18/24, indicated Resident #353 had wounds including a left above the knee amputation with 30 staples and a right dorsal foot wound, the right lateral foot wound was not mentioned.</p> <p>Review of the Physician's Orders indicated the following treatment orders:</p> <p>Right dorsal foot: apply skin prep daily (effective 10/25/24)</p> <p>Right dorsal foot: cleanse with normal saline, pat dry, apply Santyl (topical enzyme medication used to remove damaged skin), Calcium Alginate (a gel which helps to create a moist environment for healing), ABD pad (a highly absorbent sterile dressing) and wrap with Kerlix (gauze) (effective 11/1/24)</p> <p>Right lateral foot: cleanse with normal saline, pat dry, apply Santyl, Calcium Alginate, ABD and wrap in Kerlix (effective 11/1/24)</p> <p>On 11/20/24 at 4:26 P.M., the surveyor observed Resident #353 lying in bed. The surveyor observed the Resident's right foot to not have any dressing (ABD, Kerlix) covering the two wounds on the right foot.</p> <p>On 11/21/24 at 8:35 A.M., the surveyor observed Resident #353 lying in bed. The surveyor observed the Resident's right foot to not have any dressing (ABD, Kerlix) covering the two wounds on the right foot.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/21/24 at 11:29 A.M., the surveyor observed Resident #353 lying in bed. The surveyor observed the Resident's right foot to not have any dressing (ABD, Kerlix) covering the two wounds on the foot.</p> <p>Review of the Treatment Administration Record (TAR) indicated the treatments to the right dorsal and right lateral foot were completed on 11/19/24 and 11/20/24.</p> <p>During an interview with observation on 11/21/24 at 1:10 P.M., Nurse #4 said he had worked on 11/19/24, 11/20/24 and was working on this day 11/21/24. He said he had provided skin prep to the right foot and reviewed the skin prep order for the right dorsal foot. The surveyor inquired about the treatments of Santyl and Calcium Alginate to the dorsal and lateral right foot. The nurse said he did not know about these treatments and was not sure why he had indicated they were completed on 11/19/24 and 11/20/24. The nurse and the surveyor observed Resident #353 up in a wheelchair with the right foot wounds open to air (no dressings were observed.)</p> <p>During an interview on 11/22/24 at 8:10 A.M., the Director of Nurses said the nurse should be completing treatments as ordered and should not be documenting the treatments were completed unless they were.</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>46562</p> <p>Based on observations, interviews, and records reviewed for one Resident (#66) of 22 sampled residents, the facility failed to ensure that pain management was provided to the Resident consistent with professional standards of practice, the comprehensive person-centered care plan, and the Resident's goals and preferences. Specifically, the facility failed to implement recommendations made by the consulting physiatrist (medical doctor who specializes in physical medicine and rehabilitation who diagnose the cause of the pain and aid in developing a comprehensive treatment plan).</p> <p>Findings include:</p> <p>Resident #66 was admitted to the facility in August 2024 with diagnoses which included chronic low back pain.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 8/12/24, indicated Resident #66 had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 9 out of 15 and had received both scheduled and as needed pain medication. Further review of the MDS indicated his/her pain occasionally affected sleep and occasionally interfered with therapy and/or activities of daily living.</p> <p>During an interview on 11/19/24 at 9:19 A.M., Resident #66 said he/she woke up with pain every day.</p> <p>During an interview on 11/20/24 at 3:11 P.M., Resident #66 said there had been no changes to his/her pain regimen since he/she arrived at the facility.</p> <p>During an interview on 11/21/24 at 1:10 P.M., Resident #66 said his/her pain occurred daily and started in his/her back and spread down his/her legs.</p> <p>Review of Resident #66's Physician's Orders indicated but was not limited to:</p> <p>-gabapentin (can be used to treat nerve pain) 100 milligrams (mg) by mouth at bedtime for pain, dated 8/7/24</p> <p>Review of Resident #66's November Medication Administration Record (MAR) indicated he/she had received gabapentin 100 mg daily as ordered.</p> <p>Review of the Consulting Physiatrist progress note, dated 11/11/24, indicated but was not limited to:</p> <p>-Resident #66 had a past medical history of chronic low back pain and due to his/her pain had been, long term care resident at this facility. Asked to consult on patient from nursing secondary to chronic low back pain. Given the patient's back pain, according to nursing, patient has been relegated to bed for some time and as a result, his/her quality of life had been negatively impacted.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Patient endorsed chronic low back pain that radiated down the back of both legs, and his/her pain was constant and worse with movement.</p> <p>-With regards to the patient's pain and radicular (affecting or relating to the root of a spinal nerve) symptoms, he/she was on gabapentin 100 mg at bedtime, could consider increase to 300 mg at bedtime</p> <p>- Patient's rehab and medical needs were discussed with nursing staff and therapy.</p> <p>On 11/20/24 at 3:42 P.M., the surveyor called the Consulting Physiatrist with no return call.</p> <p>During an interview on 11/21/24 at 1:14 P.M., Nurse #5 said Resident #66 was seen by the Consulting Physiatrist. Nurse #5 said when the Consulting Physiatrist has recommendations, they write the recommendation in the communication book for the provider to review. Nurse #5 said after the provider has reviewed the recommendations, they sign the log to indicate their approval and then the facility staff should implement the recommendation.</p> <p>Review of the facility's Physician/Nurse Practitioner Communication Log indicated on 11/11/24 the Consulting Physiatrist left a recommendation to increase Resident #66's gabapentin to 300 mg at bedtime. Further review of the Communication Log indicated Nurse Practitioner #1 had written Ok and initialed the recommendation.</p> <p>During an interview on 11/21/24 at 1:28 P.M., Nurse Practitioner #1 said the physiatrist leaves a note in the communication book and then when she comes in, she initials the recommendation with approval. Nurse Practitioner #1 reviewed the Physician/Nurse Practitioner Communication Log and said she had approved the recommendation on 11/12/24 or 11/13/24 (8 or 9 days earlier) and the order to increase Resident #66's gabapentin should have been implemented.</p> <p>During an interview on 11/21/24 at 1:34 P.M., Unit Manager #2 reviewed the Physician/Nurse Practitioner Communication Log and said the gabapentin should have been increased to 300 milligrams the previous week. Unit Manager #2 reviewed Resident #66's orders and said he/she was still ordered for 100 mg at bedtime.</p> <p>During an interview on 11/25/24 at 12:26 P.M., the Director of Nurses (DON) said once a consultant's recommendations were approved by a physician they should be implemented.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>49424</p> <p>Based on observation, record review, and interviews, the facility failed for one Resident (#48), out of a total sample of 22 residents, to ensure professional standards of care and treatment for hemodialysis (a treatment where a machine removes blood from your body, filters it through a dialyzer (artificial kidney) and returns the cleaned blood to your body). Specifically, the facility failed to have a person-centered care plan with individualized interventions, failed to monitor and care for the access site, and failed to ensure communication including labs, changes in condition, medications, and advanced directives between the facility and dialysis treatment center was ongoing and collaborative.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Policy and Procedure for Post-Dialysis Patients, updated 9/5/24, indicated but was not limited to:</p> <ul style="list-style-type: none"> -Following dialysis nursing home staff should routinely monitor the resident's vital signs, including blood pressure, heart rate, temperature, and respiratory rate, to detect any signs of complications as ordered by the physician. -For residents with dialysis access (e.g., a fistula, graft, or catheter), nursing staff must provide proper care to reduce the risk of infection. This includes cleaning and dressing the access site per facility protocols and monitoring for signs of infection (e.g., redness, swelling, pain, or drainage). -Regular communication between the nursing home and the dialysis center is essential to ensure continuity of care. This includes sharing information about the resident's dialysis schedule, any complications, and post-dialysis needs. -The interdisciplinary care team in place will collaborate on the care plan for residents receiving dialysis. <p>Resident #48 was admitted to the facility in November 2024 with diagnoses including end stage renal disease and dependence on renal dialysis.</p> <p>Review of the Resident's record indicated the facility failed to develop and implement a comprehensive dialysis plan of care. The facility failed to provide evidence of communication with the contracted dialysis facility for seven treatments, failed to obtain physician's orders for monitoring, cleaning, and dressing of the access site.</p> <p>Review of the Resident's record indicated that physician's orders for monitoring for the arteriovenous (AV) fistula including checking for drainage, signs of infection, presence of bruit and thrill, and bleeding were entered on 11/20/24 which was 19 days after Resident #48 was admitted to the facility.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/20/24 at 7:55 A.M., Resident #48 said there is no documentation that he/she brings to the dialysis center and nothing brought back after the treatment for the facility. The Resident said he/she isn't sure how the facility communicates changes, medications, labs, and any other medical information with the dialysis center, if at all. The Resident said today someone came in his/her room and hung the emergency kit above their bed, but he/she does not know what it is for.</p> <p>During an interview on 11/20/24 at 8:53 A.M., Unit Manager #3 said the Resident has been to dialysis seven times with no written communication to and from the facility. He said there has been no record of pre- and post-dialysis weights. He said there should have been orders for an emergency kit at the bedside, orders to monitor the access site, and there should have been communication with the dialysis center. He said today was the first day the facility was sending documentation with the Resident to dialysis to communicate his medications, advanced directives, and relevant nursing notes. He said clinical information was not communicated to the dialysis center. He said there should have been a care plan initiated with interventions related to the resident's dialysis treatment and needs.</p> <p>During an interview on 11/21/24 at 1:38 P.M., the Director of Nurses (DON) said she expects that the facility is communicating and coordinating care for the Resident with the dialysis center. She said the facility process is to have a binder that goes to and from treatments with the Resident. She said there should be communication and collaboration of patient care before and after dialysis. She said there should be a dialysis care plan in place along with physician's orders for monitoring the access site.</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>50740</p> <p>Based on interview and record review, the facility failed to assess and eliminate triggers for a Resident (#99) with a history of trauma, to avoid potential re-traumatization, out of a total sample of 22 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Policy and Procedure Trauma Informed Care, dated 9/28/24, indicated the following:</p> <ul style="list-style-type: none"> -Trauma History Screening: During the admission process, staff should assess each resident for potential history of trauma through sensitive and respectful questioning. -Individualized Care Plans: Care plans should integrate trauma histories (when known) to personalize care approaches that are mindful of past trauma. This includes considerations for triggers, preferred routines, and coping strategies. -Family involvement: Family members or significant others should be included in care planning and decision-making processes when appropriate, provided the resident consents. <p>Resident #99 was admitted to the facility in October 2024.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 10/9/24, indicated the resident was moderately cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 9 out of 15. Further review of the MDS assessment indicated the Resident had a diagnosis of post-traumatic stress disorder (PTSD- a mental health condition that is triggered by an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being).</p> <p>Review of Resident #99's care plans indicated but was not limited to the following:</p> <p>Focus: Resident struggles with Post-Traumatic Stress Disorder from history of marital abuse from previous marriage and childhood abuse.</p> <p>Interventions:</p> <ul style="list-style-type: none"> -Allow [Resident #99] time to become accustomed to new environment -Discuss coping strategies and implement if possible -Offer a calm and safe environment -Offer coping strategies such as positive self-talk, music, relaxation techniques <p>(continued on next page)</p>

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Provide a comforting environment (photos, music, articles from home, etc.)</p> <p>Review of the social service note, dated 11/6/24, indicated that Social Worker #1 had spoken to Resident #99 and his/her representative regarding concerns with neighbors wandering into the Resident's room. The note indicated that a room change was offered and the Resident and his/her representative declined the change.</p> <p>Review of the Trauma/PTSD section of the Social Service Assessment for Resident #99, dated 10/3/24, indicated the following responses:</p> <p>Do you ever have memories, thoughts, or images of a stressful experience from the past? No</p> <p>Do you ever have disturbing dreams of a stressful experience from the past? No</p> <p>Do you ever avoid activities or situations because they remind you of a stressful experience from the past? No</p> <p>Do you ever suddenly have a feeling that these stressful experiences are happening again (as if you are reliving it)? Yes</p> <p>Have you ever experienced having physical reactions (e.g. heart pounding, trouble breathing, or sweating) or feeling very upset when something reminded you of a stressful experience from the past? No</p> <p>Resident #99's medical record failed to indicate any identified potential PTSD triggers.</p> <p>During an interview on 11/19/24 at 9:20 A.M., Resident #99 said that there was another resident on the unit who would wander into his/her room and it would scare him/her.</p> <p>During an interview on 11/20/24 at 1:50 P.M., Social Worker #1 said that PTSD screening is done when completing the Social Service Assessment upon admission. Social Worker #1 said that if the screening is positive for PTSD, a referral is made to psychiatric services for evaluation. Social Worker #1 said that she is responsible for identifying and care planning potential PTSD triggers. Social Worker #1 said that no PTSD triggers had been identified for Resident #99, but, if they were identified, the triggers would be identified in the Resident's care plan to help mitigate them and the Unit Manager would be informed.</p> <p>During an interview on 11/20/24 at 3:23 P.M., Social Worker #1 said that she had not discussed potential triggers for Resident #99's PTSD with his/her resident representative because the representative prefers not to discuss the Resident's care without the Resident present.</p> <p>During an interview on 11/21/24 at 8:40 A.M., Unit Manager #1 said that she was aware that Resident #99 had a diagnosis of PTSD but that no specific triggers had been identified. Unit Manager #1 said that there is one resident on the unit that would wander into Resident #99's room and make him/her uncomfortable.</p> <p>During an interview on 11/21/24 at 2:24 P.M., the Director of Nurses (DON) said that it is her expectation that any potential triggers for PTSD identified for a resident would be identified in the resident's care plan.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Medway Country Manor Skilled Nursing & Rehabilitat		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Holliston Street Medway, MA 02053	

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/21/24 at 3:12 P.M., Resident Representative #1 said that Resident #99's diagnosis of PTSD was discussed with the facility's staff at a meeting held shortly after the Resident was admitted . Resident Representative #1 said that the facility acknowledged that the Resident had the diagnosis but did not ask for any information regarding potential triggers. Resident Representative #1 said that he was aware that there was another resident on the unit who would wander into Resident #99's room regularly, making him/her upset as he/she was terrified of being hurt due to his/her PTSD and constant fear.</p>

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>36542</p> <p>Based on interviews and record reviews, the facility failed to ensure three Residents (#78, #66, and #43), in a sample of 22 residents, had been seen by a physician every every 60 days and that required visits alternated between the Physician and the Nurse Practitioner (NP). Specifically, the facility failed to ensure for:</p> <ol style="list-style-type: none"> 1. Resident #78, required visits alternating between the Physician and the NP occurred every 60 days; and 2. Resident #66, required visits alternated between the Physician and the NP occurred every 30 days for the first 90 days then every 60 days; and 3. Resident #43, required visits alternated between the Physician and the NP occurred every 30 days for the first 90 days then every 60 days. <p>Findings include:</p> <p>Review of the facility's policy titled Physician Services, dated as revised February 2021, indicated but was not limited to:</p> <p>-Physician visits, frequency of visits, emergency care of residents, etc., are provided in accordance with current OBRA (Omnibus Budget Reconciliation Act) regulations and facility policy.</p> <ol style="list-style-type: none"> 1. Resident #78 was admitted to the facility in October 2023. <p>Review of the Physician's Progress Notes indicated Resident #78 was seen by the MD (Doctor of Medicine) on 6/5/24. The next visit was conducted by the NP on 9/19/24, 106 days since the previous visit. The proceeding visits from the NP occurred on 9/24/24, 10/22/24, 10/29/24, and 10/30/24. The next visit from the MD occurred on 11/3/24, 151 days since the previous MD visit.</p> <p>During an interview on 11/21/24 at 2:14 P.M., the Director of Nurses (DON) said these were all of the physician visits for Resident #78 and the physicians should be alternating visits with the NP to see residents every 60 days.</p> <p>During an interview on 11/22/24 at 10:47 A.M., the Administrator said there were no additional physician visits for the Resident and said there had been an issue with physicians conducting and documenting timely visits.</p> <p>46562</p> <ol style="list-style-type: none"> 2. Resident #66 was admitted to the facility in August 2024. <p>Review of the Physician's Progress Notes indicated Resident #66 was seen by the MD on 8/7/24. The next visit was conducted on 8/26/24. There were no further provider visits, as of 11/25/24 the Resident had gone 91 days without a visit.</p> <p>(continued on next page)</p>		

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/20/24 at 3:11 P.M., Resident #66 said he/she was seen by the doctor when he/she was first admitted but had not been seen since.</p> <p>During an interview on 11/25/24 at 12:26 P.M., the DON said Resident #66 should have been seen every 30 days for the first 90 days of his/her admission then every 60 days. The DON said Resident #66 should not have gone 91 days without a visit.</p> <p>As of the end of survey, on 11/25/24, the survey team did not receive any additional documented evidence of provider visits for Resident #66.</p> <p>3. Resident #43 was admitted to the facility in May 2024.</p> <p>Review of the Physician's Progress Notes indicated Resident #43 was seen by the MD on 5/10/24 and then again on 7/10/24. The next visit was conducted by the NP on 10/22/24, 104 days since the previous visit.</p> <p>Further review of the Provider Progress Notes indicated Resident #43 was seen by the NP on 10/23/24, 10/29/24, 11/5/24, 11/12/24, 11/13/24, 11/14/24, and 11/19/24. There were no additional MD visits. As of 11/25/24, there was 138 days since his/her last MD visit.</p> <p>During an interview on 11/25/24 at 12:26 P.M., the DON said Resident #43 should have been seen every 30 days for the first 90 days of his/her admission then every 60 days. The DON said the MD and NP could alternate visits but at a minimum the MD should see the residents every 120 days. The DON said Resident #43 should have been seen by a provider prior to 10/22/24 and should not have gone 138 days without an MD visit.</p> <p>As of the end of survey, on 11/25/24, the survey team did not receive any additional documented evidence of provider visits for Resident #43.</p>

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>36542</p> <p>Based on observation, interview, and documentation review, the facility failed to ensure nursing staff were able to demonstrate the appropriate competencies and skill sets for 4 out of 5 licensed nurses and for 4 out of 5 Certified Nursing Assistants (CNAs). Specifically, the facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Staff were able to identify and distribute modified diet textures to residents, as ordered; and 2. Licensed nurses (Nurse #4, #6, #9, and Unit Manager #1) and CNAs (#1, #3, #5 and #6) had demonstrated competency in skills necessary to care for residents. <p>Findings include:</p> <p>Competency is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.</p> <p>Review of the Facility Assessment, dated 8/1/24, indicated the facility's training program included an orientation process and ongoing training for all new and existing staff including managers, nursing, and other direct care staff. The facility completes an educational needs assessment and develops a curriculum and training plan based on staff need and resident characteristics. The content at a minimum included:</p> <ul style="list-style-type: none"> -effective communication -resident rights and facility responsibilities -abuse, neglect and exploitation -infection control -culture change/person-centered care -dementia management and abuse prevention -special needs of residents -caring for residents who are cognitively impaired -identification of resident changes in condition -cultural competency/trauma informed care -QAPI <p>(continued on next page)</p>

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-compliance and ethics</p> <p>-emergency preparedness</p> <p>-workplace hazards</p> <p>The Facility Assessment indicated staff were trained on policies and procedures consistent with their role and training and competencies were ongoing throughout the year.</p> <p>1. Review of the facility's policy titled Tray Identification, revised April 2017, included but was not limited to:</p> <p>Policy Statement: Appropriate identification/coding shall be used to identify various diets.</p> <p>Policy Interpretation and Implementation:</p> <p>-Nursing staff shall check each food tray for the correct diet before serving to residents.</p> <p>Review of the facility's document titled {Facility} Dysphagia Diets, undated, included but was not limited to the following:</p> <p>-Dysphagia Chopped</p> <p>Soft tender meat cut into bite sized pieces</p> <p>Soft diced cooked vegetables</p> <p>Soft diced fruit</p> <p>Moist bread/pie and cake</p> <p>Pancakes/waffles cut at service</p> <p>-Dysphagia Ground</p> <p>Moist ground meat with gravy</p> <p>Soft diced vegetables</p> <p>Soft diced fruit</p> <p>May have soft bread (no rolls, muffins, English muffins, or bagels)</p> <p>Desserts (soft cookie/pudding/ice cream/fruit)</p> <p>On 11/20/24 at 11:32 A.M., the surveyor observed the lunch tray line in the main kitchen. The ground-textured meals were identical to regular-textured meals: one square of eggplant parmesan, whole penne pasta, and steamed broccoli and cauliflower of various shapes and sizes.</p> <p>(continued on next page)</p>

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 11/20/24 at 11:50 A.M., the surveyor observed Unit Manager #2 checking lunch trays for the East Unit. The Unit Manager reviewed a meal that indicated ground texture and said the square of eggplant parmesan, whole penne pasta, and steamed vegetables of various sizes was appropriate for a ground-textured diet. The surveyor observed staff take the tray into the Resident's room.</p> <p>Resident #353 was admitted to the facility in October 2024 with a diagnosis of dysphagia (swallowing difficulties). Review of the physician's orders indicated as of 10/21/24 Resident #353 was to have a ground texture.</p> <p>The following meals were observed served to Resident #353:</p> <ul style="list-style-type: none"> -11/20/24 at 8:37 A.M.: egg strata (baked casserole dish made with layers of bread, eggs, cheese), whole and not in ground form. -11/20/24 at 12:20 P.M.: whole penne and an intact piece of eggplant parmesan. -11/21/24 at 8:37 A.M.: a muffin cut into fourths, without any butter (or moistened). <p>Resident #67 was admitted to the facility in September 2022 with a diagnosis of dysphagia. Review of the physician's orders indicated as of 8/30/24 Resident #67 was to have a chopped texture diet.</p> <p>The following meals were observed served to Resident #67:</p> <ul style="list-style-type: none"> -11/19/24 at 8:45 A.M.: a whole omelet not cut up into pieces. -11/20/24 at 8:35 A.M.: an egg strata whole, not in pieces. -11/20/24 at 12:15 P.M.: whole penne pasta and a square of eggplant parmesan. -11/21/24 at 8:35 A.M.: four halves of French toast which were not cut into pieces. <p>During an interview on 11/21/24 at 9:06 A.M., Nurse #4 (the nurse for Resident #353 and Resident #67) said the nurses on the units check the meal trays prior to providing the meal to the Resident. He said the nurses check the trays for accuracy (allergies, preferences, texture). He said he was unsure of specific diet textures and did not know if there was anything available on the unit for him to reference food textures. He said he noticed chopped diets contained some food items that were in whole form and not chopped. He said he instructed CNAs and other nurses to chop those food items when they delivered the tray to the resident.</p> <p>Resident #39 was admitted to the facility in September 2021 with diagnoses which included dysphagia. Review of Resident #39's physician's order, dated 6/19/24, indicated a chopped diet texture.</p> <p>The following meals were observed served to Resident #39:</p> <ul style="list-style-type: none"> -11/19/24 at 9:12 A.M.: a cheese omelet, not cut up and a whole banana -11/20/24 8:26 at A.M.: a slice of strata and home fries (in varying sizes) <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Medway Country Manor Skilled Nursing & Rehabilitat		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Holliston Street Medway, MA 02053	
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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-11/20/24 at 12:17 P.M., whole penne with eggplant and large pieces of broccoli</p> <p>During an interview on 11/20/24 at 12:20 P.M., Unit Manager #2 reviewed Resident #39's meal and said the facility considers whole penne pasta with slices of eggplant and large pieces of broccoli to be adequate for a chopped diet.</p> <p>On 11/21/24 at 8:45 A.M., the surveyor observed facility staff exiting the room. Resident #39 was having French toast and sausage. The French toast was served as whole slices of bread cut once diagonally, and the sausage had been cut into varying sizes.</p> <p>During an interview on 11/21/24 at 8:55 A.M., the Speech Language Pathologist (SLP, a health professional who evaluates, diagnoses, and treats speech, language, and swallowing disorders) and the surveyor reviewed Resident #39's meals. She said if the food was not prepared in a chopped form, the staff should be cutting it at the time of service, prior to leaving the room. She said the penne pieces should have been smaller, the French toast should have been cut into pieces and the sausage and broccoli pieces should have been cut into smaller pieces.</p> <p>Resident #19 was admitted to the facility in December 2023 with diagnoses including dementia and dysphagia. Review of Resident #19's physician's order, dated 9/12/24, indicated a chopped diet texture.</p> <p>The following meals were observed served to Resident #19:</p> <p>-11/20/24 at 8:50 A.M.: cheese omelet, not chopped/cut up</p> <p>-11/20/24 at 12:34 P.M.: a grilled cheese sandwich, cut in half</p> <p>During an interview on 11/20/24 at 12:07 P.M., the SLP said there was a list of diet texture information the facility followed posted on the units (she then grabbed the {Facility} Dysphagia Diets sheet from behind the nurses' station on the [NAME] unit). She said meat in a chopped diet should be cut into pieces before it gets to the resident. She said the ground texture needed to be smaller than the chopped diet texture. She said for modified textures the eggplant should be served in small pieces for chopped texture or ground into small pieces for the ground texture. She said the egg strata and the omelet should be cut into pieces for the chopped texture and she would prefer scrambled eggs for the ground texture.</p> <p>During an interview on 11/20/24 at 12:10 P.M., the Registered Dietitian (RD) said the kitchen was not cutting the food into pieces for residents with a chopped texture.</p> <p>During an interview on 11/22/24 at 9:10 A.M., the SLP said residents who have difficulty swallowing were on modified texture diets. She said these residents were at risk for choking if they were not provided the correct diet texture. She said if a resident was on a ground diet and provided whole penne pasta or unchopped eggplant with a hard cheese on top it was a safety concern.</p> <p>During an interview on 11/24/24 at 12:15 P.M., the SLP said staff were educated on the {Facility} Dysphagia Diets in June 2024.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Medway Country Manor Skilled Nursing & Rehabilitat		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Holliston Street Medway, MA 02053	
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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the Diets and Textures in-service documentation, dated 6/19/24, indicated 19 staff signed as being educated. Review of the staff signatures indicated none of the three Unit Managers or Nurse #4 had been educated. The staff attendance sheet indicated the following representations: one housekeeper, seven activity staff, one Social Worker, one Business Office Manager, one Rehabilitation staff, two Dietary staff, one MDS (Minimum Data Set) coordinator, one Medicaid specialist, three nurses and one CNA.</p> <p>2. Review of the facility's Charge Nurse Competency Evaluations included the following areas:</p> <ul style="list-style-type: none"> -Administrative Functions -Charting and Documenting -Drug Administration Functions -Personnel Functions -Nursing Care Functions -Staff Development -Safety and Sanitation -Equipment and Supply Functions -Care Plan and Assessment Functions -Resident Rights Functions -Privacy & Security -Miscellaneous -Working Conditions <p>Review of the facility's CNA Competency Evaluations included the following areas:</p> <ul style="list-style-type: none"> -Administrative Functions -Admission, Transfer, and Discharge Functions -Personnel Functions -Personal Nursing Care Functions -Special Nursing Care Functions -Food Service Functions <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<ul style="list-style-type: none"> -Staff Development -Safety and Sanitation -Equipment and Supply Functions -Care Plan Functions -Resident Rights -Privacy & Security -Working Conditions <p>Review of the following staff education files failed to contain any information regarding competencies (charge nurse or CNA):</p> <p>Nurse #6: hired 8/7/24</p> <p>Nurse #9: hired 2/25/24</p> <p>Unit Manager #1: hired 11/9/22</p> <p>CNA #1: hired 4/5/23</p> <p>CNA #3: hired 9/25/24</p> <p>CNA #5: hired 10/24/19</p> <p>There was no education files provided for Nurse #4 (hired 5/15/24) or CNA #6 (hired 11/21/21).</p> <p>During an interview on 11/22/24 at 11:40 A.M., the Human Resource Coordinator said she conducted a general orientation with staff including the Orientation Education Test Packet. She said this was a one-day lecture orientation and did not include any clinical education/training or return demonstration.</p> <p>During an interview on 11/22/24 at 11:45 A.M., the Director of Nurses (DON) said after the one-day orientation, the nurses and CNAs were placed on orientation with a preceptor on the units and a staff member should be signing off on competencies during this time. She said there was not a specific staff member assigned to provide clinical training as part of the new hire process.</p> <p>During an interview on 11/22/24 at 2:37 P.M., the Human Resource Coordinator said she could not locate any employment files including education and competencies for Nurse #4 or CNA #6.</p> <p>During an interview on 11/22/24 at 2:47 P.M., the Administrator said the facility did not have a system in place to assure staff were competent in their roles. She said she did not think competencies had been completed in the two years she had worked at the facility. She said the preceptors should be orienting new hires to facility policy and procedures such as codes and diet textures.</p> <p>(continued on next page)</p>		

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Refer to F805

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>36542</p> <p>Based on employee record review and interview, the facility failed to complete performance reviews of Certified Nursing Assistants (CNAs) at least once every 12 months and provide regular in-service education based on the outcome of these reviews for 3 out of 3 CNA employee records reviewed.</p> <p>Findings include:</p> <p>Review of the facility's policy titled In-Service Training, Nurse Aide, dated as last revised in August 2022, indicated the following:</p> <ul style="list-style-type: none"> -all personnel are required to participate in regular in-service education -the facility completes a performance review of nurse aides at least every 12 months -in-service training is based on the outcome of the annual performance reviews <p>On 11/22/24 at 12:35 P.M., the surveyor requested employee files for CNAs #1, #5, and #6.</p> <p>On 11/22/24 at 2:18 P.M., the surveyor was provided education files for two of the three CNAs.</p> <p>During an interview on 11/22/24 at 2:37 P.M., the Human Resources Coordinator said there was no file for CNA #6 who was hired in November 2021, and she was unable to locate any information regarding the staff member's education or performance evaluations.</p> <p>Review of the file for CNA #1 indicated the staff member was hired in April 2023. The file failed to include a performance evaluation.</p> <p>Review of the file for CNA #5 indicated the staff member was hired in October 2019. The file failed to include a performance evaluation.</p> <p>During an interview on 11/22/24 at 2:47 P.M., the Administrator said there was no process in place for annual performance reviews or for in-servicing to be based on the performance review. She said there was no one at the facility assigned to do the performance reviews at this time.</p>		

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NAME OF PROVIDER OR SUPPLIER Medway Country Manor Skilled Nursing & Rehabilitat		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Holliston Street Medway, MA 02053	
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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>50740</p> <p>Based on document review and interview, the facility failed to ensure the monthly medication regimen review (MRR) reports for two Residents (#51 and #68), out of a total sample of 22 residents, were included in the medical record or readily available for review to indicate the Physician's response to the recommendations made by the Consultant Pharmacist.</p> <p>Findings include:</p> <p>1. Resident #51 was admitted to the facility in March 2023 with diagnoses including depression, heart failure, and dementia with behavioral disturbance.</p> <p>Review of the medical record for Resident #51 indicated the Consultant Pharmacist had completed a MRR and indicated but was not limited to the following:</p> <p>-9/13/23: Medications reviewed. Please see the Consultant Pharmacist report for the recommendations.</p> <p>-8/29/24: Medications reviewed. Please see the Consultant Pharmacist report for the recommendations.</p> <p>-10/30/24: Medications reviewed. Please see the Consultant Pharmacist report for the recommendations.</p> <p>The Resident's medical record failed to include the Consultant Pharmacist reports indicating the recommendations made and the Physician's response to the recommendations.</p> <p>During an interview on 11/21/24 at 8:36 A.M., Unit Manager #1 said that the pharmacy recommendation reports are not kept in the charts on the unit but are stored in the Director of Nurses' (DON) office.</p> <p>During an interview on 11/21/24 at 2:24 P.M., the DON said the process for MRR is that they are completed by the Consultant Pharmacist monthly and then sent to her via email and she distributes the reports to each unit for them to be addressed by the physician or their designee. The DON said after the reports are addressed, they are returned to her and she keeps them in her office. The DON said she did not have the 9/13/23, 8/29/24, and 10/30/24 recommendation reports for Resident #51.</p> <p>2. Resident #68 was admitted to the facility in March 2024 with diagnoses including depression and heart failure.</p> <p>Review of the medical record for Resident #68 indicated the Consultant Pharmacist had completed a MRR and indicated but was not limited to the following:</p> <p>-2/29/24: Medications reviewed. Please see the Consultant Pharmacist report for the recommendations.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Resident's medical record failed to include the Consultant Pharmacist report indicating the recommendations made and the Physician's response to the recommendations.</p> <p>During an interview on 11/21/24 at 8:36 A.M., Unit Manager #1 said that the pharmacy recommendation reports are not kept in the charts on the unit but are stored in the DON's office.</p> <p>During an interview on 11/21/24 at 2:24 P.M., the DON said the process for MRR is that they are completed by the Consultant Pharmacist monthly and then the reports are sent to her via email and she distributes the reports to each unit for them to be addressed by the physician or their designee. The DON said after the reports are addressed, they are returned to her and she keeps them in her office.</p> <p>During an interview on 11/25/24 at 1:42 P.M., the DON said that she was unable to find the Consultant Pharmacist report from 2/29/24 for Resident #68.</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>46562</p> <p>Based on observations, interviews, and records reviewed for one Resident (#42) of 22 sampled residents, the facility failed to ensure the Resident's drug regimen was free from unnecessary drugs and was not used for an excessive duration. Specifically, the facility failed to ensure Resident #42's levofloxacin (antibiotic) was administered for only three doses as ordered by the physician, resulting in an additional 14 administrations.</p> <p>Findings include:</p> <p>Resident #42 was admitted to the facility in July 2018 with the following diagnoses: diabetes mellitus and end stage renal disease.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 11/5/24, indicted Resident #42 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of 15 and had received antibiotics.</p> <p>Review of Resident #42's Care Plan, initiated on 11/4/24, indicated he/she had pneumonia and should receive antibiotic therapy as ordered by the physician.</p> <p>Review of Resident #42's Physician's Orders indicated but was not limited to:</p> <p>-levofloxacin, alternating dose give 500 milligrams (mg) by mouth one time a day for pneumonia, give levofloxacin 750 mg by mouth one time and then 500 mg every 48 hours for 3 doses, dated 10/31/24</p> <p>Review of Resident #42's October and November 2024 Medication Administration Record indicated Resident #42 received a total of 17 doses of levofloxacin between 10/31/24 and 11/18/24, resulting in an additional 14 administrations.</p> <p>During an interview on 11/21/24 at 1:34 P.M., Unit Manager #2 said Resident #42 should only have received three doses of levofloxacin and the order was transcribed incorrectly.</p> <p>During an interview on 11/25/24 at 12:26 P.M., the Director of Nurses (DON) said physician's orders should be followed and accurate stop dates should be implemented when the order is transcribed.</p>		

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<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>50740</p> <p>Based on record review and interview, the facility failed to ensure one Resident's (#51) drug regimen was free from unnecessary psychotropic medications, out of a total sample of 22 residents. Specifically, the facility failed to ensure an as needed antipsychotic medication was limited to 14 days or extended beyond 14 days with a documented clinical rationale and duration.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Antipsychotic Medication Use, dated July 2022, indicated but was not limited to the following:</p> <p>15. PRN (as needed) orders for antipsychotic medications will not be renewed beyond 14 days unless the healthcare practitioner has evaluated the resident for the appropriateness of that medication.</p> <p>Resident #51 was admitted to the facility in March 2023 with diagnoses including depression and dementia with behavioral disturbance.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #51, dated 8/28/24, indicated that Resident #51 was moderately cognitively impaired, as evidenced by a Brief Interview for Mental Status (BIMS) score of 8 out of 15. The MDS also indicated that Resident #51 was taking an antipsychotic medication on a routine and as needed basis.</p> <p>Review of Resident #51's Physician's Orders indicated but was not limited to the following:</p> <p>-Risperdal (an antipsychotic medication) Give 0.5 milligrams (mg) by mouth every 24 hours as needed for agitation (8/9/24-9/17/24)</p> <p>Review of Resident #51's medical record failed to indicate that Risperdal 0.5 mg as needed was re-evaluated after 14 days. The Resident received the medication on 9/13/24.</p> <p>During an interview on 11/21/24 at 2:24 P.M., the Director of Nursing said that it is her expectation that as needed antipsychotic orders are written for a 14-day duration and reevaluated by the prescriber.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>46562</p> <p>Based on observation, interview, and record review, the facility failed to ensure it was free from a medication error rate of greater than five percent when one of two nurses made three errors out of 27 opportunities, totaling a medication error rate of 11.11%. These errors impacted two Residents (#97, #256), out of five residents observed. Specifically,</p> <ol style="list-style-type: none"> 1. For Resident #97, Nurse #3 omitted medications and did not notify the provider; and 2. For Resident #256, Nurse #3 administered a normal saline flush to his/her intravenous device (a catheter inserted into a blood vessel) without an order. <p>Findings include:</p> <p>Review of Lippincott Nursing Procedures, Ninth Edition, Safe Medication Administration Practices, General, indicated that nurses must adhere to the five rights of medication administration: identify the right patient by using at least two patient-specific identifiers; select the right medication; administer the right dose; administer the medication at the right time; and administer the medication by the right route.</p> <p>Review of the facility's policy titled Administering Medication, dated as revised April 2019, indicated but was not limited to:</p> <ul style="list-style-type: none"> -Medications are administered in accordance with prescriber orders <p>1. On 11/20/24 at 10:08 A.M., the surveyor observed Nurse #3 prepare and administer medication to Resident #97. Nurse #3 prepared and administered Resident #97 the following medication:</p> <ul style="list-style-type: none"> -Vitamin B12 (supplement) 1,000 micrograms (mcg) by mouth -Senna (laxative) 8.6 milligrams (mg) by mouth <p>Review of Resident #97's Physician's Orders indicated he/she was due to be administered:</p> <ul style="list-style-type: none"> -Vitamin B12 1,000 mcg by mouth -Senna 8.6 mg by mouth -famotidine (acid reducer) 20 mg by mouth -folic acid (supplement) 1 mg by mouth <p>Review of Resident #97's November 2024 Medication Administration Record (MAR) indicated Nurse #3 marked the famotidine 20 mg and folic acid 1mg as not available on 11/20/24.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/20/24 at 10:26 A.M., Nurse #3 said she did not administer the famotidine or folic acid to Resident #97 as ordered because they were not available to her in the medication cart. Nurse #3 said when a medication was not available if it is a vitamin or something like that, she just marks it unavailable and reorders it then moves on to the next resident.</p> <p>During an interview on 11/21/24 at 1:34 P.M., Unit Manager #2 said when a medication was omitted, the doctor should be notified to alter the plan if needed.</p> <p>During an interview on 11/21/24 at 2:00 P.M., the Director of Nurses (DON) said if a medication is omitted, the nurse should be checking the medication room and/or the pyxis (a medication storage device to increase medication inventory). The DON said if the medication was still unavailable, the physician should be notified so that an alternative could be ordered. The DON said the physician notification should be documented.</p> <p>2. On 11/20/24 at 9:39 A.M., the surveyor observed Nurse #3 prepare and administer medication to Resident #256. In addition to administering the prepared oral medication, Nurse #3 administered 10 milliliters (ml) of normal saline into his/her right upper extremity intravenous catheter.</p> <p>Review of Resident #256's MAR failed to indicate the normal saline had been documented with further review indicating there was no order to administer the normal saline through the intravenous device.</p> <p>During an interview on 11/20/24 at 10:27 A.M., Nurse # 3 said she had not noticed there was no order for the normal saline flush and just did it because that is what she was used to doing.</p> <p>During an interview on 11/21/24 at 2:00P.M., the DON said all medications and treatments should have an order. The DON said Nurse #3 should have obtained a physician's order prior to flushing the intravenous device.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>46562</p> <p>Based on observation, interview, and policy review, the facility failed to ensure drugs and biologicals were stored in accordance with accepted professional principles of practice. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> 1. Store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the key; and 2. Provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. <p>Findings include:</p> <p>Review of the facility's policy titled Medication Storage in the Facility, dated as revised December 2019, indicated but was not limited to:</p> <ul style="list-style-type: none"> -The facility should check the refrigerator or freezer in which vaccinations are stored, at least two times a day, per CDC Guidelines, -Controlled-substances that require refrigeration are stored within a locked box with the refrigerator, this box must be attached to the inside of the refrigerator, -Schedule [II-V] medications and other medications subject to abuse or diversion are stored in a permanently affixed, [double locked] compartment separate from all other medications, and -Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medication are permitted access to medication, medication rooms, carts, and medication supplies are locked when not attended by the persons with authorized access. <p>Review of the Centers for Disease Control and Prevention (CDC) Vaccine Storage and Handling Toolkit, dated as revised 3/29/24, indicated but was not limited to:</p> <ul style="list-style-type: none"> - If the temperature monitoring device does not read minimum/maximum temperatures, then check and record the current temperature a minimum of two times per workday. <ol style="list-style-type: none"> 1. On 11/21/24 at 11:58 A.M., the surveyor and Nurse #5 observed the East Unit medication refrigerator. The surveyor observed: <ul style="list-style-type: none"> -Two single dose vials of Afluria (Influenza Vaccine) Injectable Suspension 2024-2025 Formula, and -One Spikevax (COVID-19 Vaccine) 2024-2025 Formula <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the East Unit Refrigerator Temperature Log indicated the refrigerator temperature was only recorded once per day from October 1, 2024 to November 20, 2024.</p> <p>During an interview on 11/21/24 at 12:00 P.M., Nurse #5 said the night shift was responsible for checking the temperature of the refrigerator.</p> <p>During an interview on 11/21/24 at 12:01 P.M., Unit Manager #2 said the refrigerator temperature was checked daily. Unit Manager #2 said the 11:00 P.M. -7:00 A.M. shift was responsible for checking and recording the temperature of the medication room refrigerator every night.</p> <p>During an interview on 11/21/24 at 2:00 P.M., the Director of Nurses (DON) said the temperature of refrigerators should be monitored twice per day when vaccines were being stored inside the refrigerator.</p> <p>2. On 11/21/24 at 11:44 A.M., the Surveyor and Nurse #6 observed the [NAME] Unit medication room, in the medication room the refrigerator was observed to contain a plastic container on the shelf of the refrigerator. The plastic container had two bottles of Lorazepam intensol (schedule IV-controlled substance, a benzodiazepine with potential for abuse and addiction) and two vials of injectable Lorazepam. The container was not permanently affixed and the surveyor was able to remove the container from the refrigerator and place it on the counter.</p> <p>Further review of the medication refrigerator and Lorazepam (Ativan) storage indicated both nurses on the unit had the same access to schedule IV medications despite the medication bottles being assigned to only one nurse.</p> <p>During an interview on 11/21/24 at 11:51 A.M., Nurse #6 said she was only permitted to administer one of the liquid Lorazepam bottles and the other bottle belonged to the other nurse's patient. Nurse #6 said there was no way to separate the storage of controlled substances and both nurses on the unit had access to the controlled substances.</p> <p>During an interview on 11/21/24 at 2:00 P.M., the DON said the controlled substance containers should be permanently affixed inside the refrigerator. The DON said only the nurse responsible for the patient should have access to their controlled substances, and both nurses should not have the same access.</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>49428</p> <p>Based on observation, record review, interviews, and review of the facility assessment, the facility failed to provide sufficient support personnel with appropriate competencies and skills to safely and effectively carry out the functions of food and nutrition services. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure support staff with appropriate competencies and skills were available to provide meals that meet the residents' needs; and, 2. Provide documentation that dietary competencies were conducted on all dietary personnel. <p>Findings include:</p> <p>Review of the Facility Assessment, dated 8/7/24, included but was not limited to:</p> <ul style="list-style-type: none"> -This facility assessment will be used to inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessment and plans of care; -Information about our residents: Skilled acuity (Time Period: Quarter 2 April 1 - June 30), Mechanically Altered Diet or Swallowing Disorder-15.3 residents; -Policies and Procedures: Staff are trained on policies and procedures consistent with their roles. <p>Review of the facility's Diet Order Tally Report, dated 11/20/24, indicated but was not limited to the resident tally for the following diet orders:</p> <ul style="list-style-type: none"> -Double portions = 2 residents -Small portions = 1 resident -Chopped texture = 20 residents -Ground texture= 19 residents <p>Review of the facility's policy titled Food and Nutrition Services, revised October 2017, included but was not limited to:</p> <ul style="list-style-type: none"> -Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident, the food appears palatable and attractive, and it is served at a safe and appetizing temperature. <p>Review of the facility's policy titled Tray Identification, revised April 2017, included but was not limited to:</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Policy Statement: Appropriate identification/coding shall be used to identify various diets.</p> <p>Policy Interpretation and Implementation:</p> <p>-The food services manager or supervisor will check trays for correct diets before the food carts are transported to their designated areas.</p> <p>Review of the facility's policy titled Kitchen Weights and Measures, revised April 2017, included but was not limited to:</p> <p>Policy Statement: Food service staff will be trained in proper use of cooking and serving measurements to maintain portion control.</p> <p>Policy Interpretation and Implementation:</p> <p>-Cooks and food services staff will be trained in weights and measures, volume and weights, appropriate utensil use, and food can sizes.</p> <p>Review of the facility's document titled {Facility} Dysphagia Diets, undated, included but was not limited to the following:</p> <p>-Regular Texture Diet:</p> <p>Description: Unaltered meals</p> <p>Soft tender meat</p> <p>Soft vegetables</p> <p>Soft fruit</p> <p>Moist soft bread/pie and cakes allowed</p> <p>Rice with sauce, gravy allowed</p> <p>-Dysphagia Chopped</p> <p>Soft tender meat cut into bite sized pieces</p> <p>Soft diced cooked vegetables</p> <p>Soft diced fruit</p> <p>Moist bread/pie and cake</p> <p>Pancakes/waffles cut at service</p> <p>-Dysphagia Ground</p> <p>(continued on next page)</p>

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Moist ground meat with gravy</p> <p>Soft diced vegetables</p> <p>Soft diced fruit</p> <p>May have soft bread (no rolls, muffins, English muffins, or bagels)</p> <p>Desserts (soft cookie/pudding/ice cream/fruit)</p> <p>1. On 11/20/24 at 11:30 A.M., the surveyor observed a portion of the lunch tray line in the main kitchen. The Food Service Director (FSD) was not present during tray line observation. Dietary Staff #2 was the cook. The following observations were made:</p> <p>-Ground-textured meals, chopped meals, and regular-textured meals contained whole foods such as a square of eggplant parmesan (layers of breaded eggplant, tomato sauce, and mozzarella cheese), whole penne pasta, and steamed broccoli and cauliflower of various sizes, including whole florets and large chunks of stalks. There was no observed distinguishable difference between a regular diet, a chopped diet, or a ground diet;</p> <p>-One meal ticket indicated ground texture, pureed vegetables, dislikes bread. The resident received one scoop of whole penne pasta and one scoop of pureed vegetable; no entree or protein;</p> <p>-One meal ticket indicated double portions. A single scoop of penne pasta, double serving of eggplant parmesan, and one scoop of vegetables was plated.</p> <p>During an interview on 11/20/24 at 11:32 A.M., Dietary Staff #2 said the ground and chopped meals were plated correctly and followed the facility's guidance on food textures. Dietary Staff #2 said breadcrumbs are considered bread; if she is told no bread then she will not plate any food items containing bread such as eggplant parmesan or the meatloaf alternate.</p> <p>During an interview on 11/20/24 at 11:46 A.M., the Dietitian said she expected double portions to be double of each food item. The Dietitian said for anyone with a dislike of bread, they should still be offered food items that are breaded such as eggplant parmesan and meatloaf or a different entree option per their food preferences.</p> <p>On 11/21/24 at 7:40 A.M., the surveyor observed a portion of the breakfast tray line in the main kitchen. The FSD was not present during the beginning of the tray line observation. Dietary Staff #7 was the cook. The following observations were made:</p> <p>-ground-textured meals were given a muffin;</p> <p>-chopped-textured meals were served a slice of French toast sliced once diagonally and chopped sausage links chopped into various sizes;</p> <p>-a double portioned meal was plated as a double portion of scrambled eggs, one sausage, and one muffin.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER Medway Country Manor Skilled Nursing & Rehabilitat		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Holliston Street Medway, MA 02053	
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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/21/24 at 12:15 P.M., the Speech Language Pathologist (SLP) said she, the FSD, and the Dietitian have been collaborating on diets and food textures in recent months to better meet the residents' needs. She said the kitchen has been slowly implementing any diet and food texture changes, but the kitchen had not been performing consistently or changes did not last long.</p> <p>During an interview on 11/25/24 at 1:31 P.M., the FSD said he had not been aware of the kitchen's inconsistency in preparing and serving diets and food textures consistent with facility policy, physician's orders, and the Dietitian's and SLP's orders/recommendations. The FSD said the dietary staff needed extensive education to increase competencies and skills in order to provide meals that meet the residents' needs.</p> <p>2. During an interview on 11/24/24 at 12:15 P.M., the SLP said she had never provided written or verbal diet education for the orientation program and does not believe that therapeutic diets or diet textures are included in orientation. She said diet textures are a part of providing safe care to residents and should be addressed to all employees during orientation and on an ongoing basis. She said staff were educated on the {Facility} Dysphagia Diets in June 2024.</p> <p>Review of the in-service documentation, dated 6/19/24, included signatures of staff who were educated. There were 20 signatures on the Staff Attendance sheet, two of which were Food Service staff: Dietary Staff #4 and Dietary Staff #6.</p> <p>During an interview on 11/25/24 at 1:31 P.M., the FSD said he had no documentation of job-related competencies for dietary staff. The FSD said diets and textures are on the job training and not documented. The FSD said any education or in-service he provided to dietary staff was verbal and he did not maintain documentation. The FSD also said he did not obtain signatures from dietary staff when he educated or provided in-services.</p> <p>During an interview on 11/25/24 at 2:08 P.M., the Administrator said any orientation and competency documentation specific to food and nutrition services would be in the employee files.</p> <p>The surveyor reviewed five random Dietary employee files and did not observe competency documentation in five out of five sampled files.</p> <p>Refer to F805</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>49428</p> <p>Based on observation, interview, and record review, the facility failed to ensure the appropriate modified texture diet was prepared and served for one test tray. Additionally, the facility failed to ensure food was prepared and served in a form designed to meet the individual needs of five Residents (#98, #353, #67, #39, and #19), out of a total of 22 sampled residents. Specifically, the facility failed:</p> <ol style="list-style-type: none"> 1. To prepare and serve a test tray with a ground-textured diet; 2. For Residents #98 and #353, to prepare and serve a ground diet per the physician's order; and 3. For Residents #67, #39, and #19, to prepare and serve a chopped diet per the physician's orders. <p>Findings include:</p> <p>Review of the facility's policy titled Therapeutic Diets, revised October 2017, included but was not limited to:</p> <p>Policy Statement: Therapeutic diets are prescribed by the attending physician to support the resident's treatment and plan of care and in accordance with his or her goals and preferences.</p> <p>Policy Interpretation and Implementation:</p> <ul style="list-style-type: none"> -Diet will be determined in accordance with the resident's informed choice, preferences, treatment goals, and wishes. Diagnosis alone will not determine whether the resident is prescribed a therapeutic diet. -Diet order should match the terminology used by the food and nutrition services department. -A therapeutic diet is considered a diet ordered by a physician, practitioner, or dietitian as part of a treatment for disease or clinical condition, to modify specific nutrients in the diet, or to alter the texture of a diet. For example: <ol style="list-style-type: none"> a. Diabetic/calorie controlled diet; b. Low sodium diet; c. Cardiac diet; and d. Altered consistency diet. -If a mechanically altered diet is ordered, the provider will specify the texture modification. <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The dietitian, nursing staff, and attending physician will regularly review the need for, and resident acceptance of, prescribed therapeutic diets.</p> <p>-The dietitian and nursing staff will document significant information relating to the resident's response to his/her therapeutic diet in the resident's medical record.</p> <p>Review of the facility's policy titled Food and Nutrition Services, revised October 2017, included but was not limited to:</p> <p>-Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident, the food appears palatable and attractive, and it is served at a safe and appetizing temperature.</p> <p>a. If an incorrect meal is provided to a resident, nursing staff will report it to the food service manager so that a new food tray can be issued.</p> <p>Review of the facility's policy titled Tray Identification, revised April 2017, included but was not limited to:</p> <p>Policy Statement: Appropriate identification/coding shall be used to identify various diets.</p> <p>Policy Interpretation and Implementation:</p> <p>-The food services manager or supervisor will check trays for correct diets before the food carts are transported to their designated areas.</p> <p>-Nursing staff shall check each food tray for the correct diet before serving to residents.</p> <p>Review of the facility's document titled {Facility} Dysphagia Diets, undated, included but was not limited to the following:</p> <p>-Regular Texture Diet:</p> <p>Description: Unaltered meals</p> <p>Soft tender meat</p> <p>Soft vegetables</p> <p>Soft fruit</p> <p>Moist soft bread/pie and cakes allowed</p> <p>Rice with sauce, gravy allowed</p> <p>-Dysphagia Chopped</p> <p>Soft tender meat cut into bite sized pieces</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Soft diced cooked vegetables</p> <p>Soft diced fruit</p> <p>Moist bread/pie and cake</p> <p>Pancakes/waffles cut at service</p> <p>-Dysphagia Ground</p> <p>Moist ground meat with gravy</p> <p>Soft diced vegetables</p> <p>Soft diced fruit</p> <p>May have soft bread (no rolls, muffins, English muffins, or bagels)</p> <p>Desserts (soft cookie/pudding/ice cream/fruit)</p> <p>1. On 11/20/24 at 11:30 A.M., the surveyor observed the lunch tray line in the main kitchen. The Food Service Director (FSD) was not present for the observation. The lunch meal was eggplant parmesan in a casserole form (layers of breaded eggplant, tomato sauce, and mozzarella cheese), penne pasta, and steamed broccoli and cauliflower, consisting of whole cauliflower and broccoli florets and different sized pieces of cauliflower and broccoli stems with a large portion of the broccoli consisting of broccoli stems.</p> <p>On 11/20/24 at 11:32 A.M., the surveyor observed that ground-textured meals were identical to regular-textured meals: one square of eggplant parmesan, whole penne pasta, and steamed broccoli and cauliflower of various shapes and sizes.</p> <p>On 11/20/24 at 11:32 A.M., Dietary Staff #2 said one square of eggplant parmesan, whole penne pasta, and the steamed broccoli and cauliflower (not ground or diced) was appropriate for a ground-textured diet.</p> <p>On 11/20/24 at 11:47 A.M., Unit Manager (UM) #1 and the surveyor observed on the [NAME] Unit a plated meal with the meal ticket indicating ground-texture diet, pureed vegetables. UM #1 and the surveyor observed the meal to be whole penne pasta and pureed vegetables. UM #1 said the pasta did not appear to be appropriate for a ground-textured diet.</p> <p>On 11/20/24 at 11:50 A.M., the surveyor observed UM #2 checking lunch trays for the East Unit. UM #2 reviewed a meal that indicated ground texture and said the square of eggplant parmesan, whole penne pasta, and steamed vegetables of various sizes was appropriate for a ground-textured diet. The surveyor observed staff take the tray into the Resident's room.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/20/24 at 12:19 P.M., the surveyor and the FSD conducted a test tray. The surveyor requested a regular diet with ground texture. The test tray consisted of one square of eggplant parmesan, whole penne pasta, and steamed broccoli and cauliflower (florete and stem pieces of various sizes). The FSD said for a ground-textured meal he would expect the test tray to have mashed potatoes instead of pasta and ground vegetables. The FSD said the square of eggplant parmesan (including the eggplant skin and mozzarella cheese) was appropriate for a ground diet since it was very soft.</p> <p>On 11/21/24 at 12:15 P.M., the Speech Language Pathologist (SLP- a health professional who evaluates, diagnoses, and treats speech, language, and swallowing disorders) said of the test tray, for a ground-textured diet, she had particular concern for the eggplant skin and mozzarella cheese and expected the eggplant parmesan to be cut into small pieces or ground. She said she expected the penne pasta to be cut into small pieces or a smaller sized pasta to be used, and the vegetables to be cooked soft and served in small pieces. She said the ground-textured test tray meal was not the appropriate ground texture.</p> <p>15214</p> <p>2A. Resident #98 was admitted in July 2024 with diagnoses which included metabolic encephalopathy, heart failure, dementia and aphasia.</p> <p>Review of the care plan indicated the Resident had a Focus of altered textured food with a Goal of tolerating the current texture with Interventions to monitor and document any signs or symptoms of dysphagia (difficulty swallowing) and to provide the diet as ordered.</p> <p>Review of the Physician's Orders indicated Resident #98 was to have a ground texture diet.</p> <p>On 11/20/24 at 12:30 P.M., the surveyor observed Resident #98 attempting to eat a large square piece of eggplant, which was not cut up, and a variety of sizes of pieces of broccoli stems. The eggplant and broccoli were not ground in consistency per the physician's order. The Resident was edentulous (without teeth) making it difficult for the Resident to eat the meal in the form presented to him/her.</p> <p>36542</p> <p>B. Resident #353 was admitted to the facility in October 2024 with a diagnosis of dysphagia.</p> <p>Review of the care plan indicated the Resident had a Focus of altered textured food with a Goal of tolerating the current texture with Interventions to monitor and document any signs or symptoms of dysphagia and to provide the diet as ordered.</p> <p>Review of the Physician's Orders indicated that as of 10/21/24 Resident #353 was to have a ground texture with nectar thick liquids.</p> <p>Review of the Speech Therapy Evaluation, dated 10/21/24, indicated Resident #353 was rejecting a puree diet and the diet texture was increased to ground texture.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Medway Country Manor Skilled Nursing & Rehabilitat		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Holliston Street Medway, MA 02053	

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/20/24 at 8:37 A.M., the surveyor observed Resident #353 in bed, self-feeding. The Resident's meal was an egg strata (baked casserole dish made with layers of bread, eggs, cheese). The Resident's meal ticket indicated the Resident was to have a ground diet. The egg strata was whole and not observed to be in ground form.</p> <p>On 11/20/24 at 12:20 P.M., the surveyor observed Resident #353 in bed, self-feeding lunch. The meal was penne pasta and eggplant parmesan. The Resident's meal ticket indicated the Resident was to have a ground diet. The penne were whole and not ground and the eggplant parmesan was in a large square piece and not in small pieces.</p> <p>On 11/21/24 at 8:37 A.M., the surveyor observed Resident #353 in bed having breakfast. The meal was scrambled eggs, ground sausage and a muffin cut into fourths. The muffin was not observed to have any butter (or moistened).</p> <p>3A. Resident #67 was admitted to the facility in September 2022 with a diagnosis of dysphagia related to a history of a stroke.</p> <p>Review of the care plan indicated the Resident had a Focus of altered textured food with a Goal of tolerating the current texture with Interventions to monitor and document any signs or symptoms of dysphagia and to provide the diet as ordered.</p> <p>Review of the Physician's Orders indicated that as of 8/30/24 Resident #67 was to have a chopped texture with thin liquids.</p> <p>On 11/19/24 at 8:45 A.M., the surveyor observed Resident #67 in bed. The Resident's meal was an omelet which was whole and not cut up into pieces. The Resident's meal ticket indicated the Resident was to have a chopped diet.</p> <p>On 11/20/24 at 8:35 A.M., the surveyor observed Resident #67 in bed having breakfast. The Resident's meal was an egg strata. The Resident's meal ticket indicated the Resident was to have a chopped diet. The egg strata was whole and not cut into pieces.</p> <p>On 11/20/24 at 12:15 P.M., the surveyor observed Resident #67 in bed, self-feeding lunch. The meal was penne pasta and eggplant parmesan. The Resident's meal ticket indicated the Resident was to have a chopped diet. The penne were whole, and the eggplant parmesan was in a square piece.</p> <p>On 11/21/24 at 8:35 A.M., the surveyor observed Resident #67 having breakfast. The meal was scrambled eggs, cut up pieces of sausage and four halves of French toast. The Resident's meal ticket indicated the Resident was to have a chopped diet. The French toast was not observed to be cut into pieces.</p> <p>During an interview on 11/21/24 at 9:06 A.M., Nurse #4 (the nurse for Resident #353 and Resident #67) said the nurses on the units check the meal trays prior to providing the meal to the Resident. He said the nurses check the trays for accuracy (allergies, preferences, texture). He said he was unsure of specific diet textures and did not know if there was anything available on the unit for him to reference food textures. He said he noticed chopped diets contained some food items that were in whole form and not chopped. He said he instructed Certified Nursing Aides and other nurses to chop those food items when they delivered the tray to the resident.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Medway Country Manor Skilled Nursing & Rehabilitat		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Holliston Street Medway, MA 02053	
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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>46562</p> <p>B. Resident #39 was admitted to the facility in September 2021 with diagnoses which included dysphagia.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 9/4/24, indicated Resident #39 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15 and required a mechanically altered diet.</p> <p>Review of Resident #39's Physician's Order, dated 6/19/24, indicated his/her diet required a chopped texture.</p> <p>Review of Resident #39's care plan for potential nutritional problem, dated 9/3/24, indicated he/she required an altered texture.</p> <p>On 11/19/24 at 9:12 A.M., the surveyor observed Resident #39 sitting on the edge of his/her bed unattended (no staff present) with his/her breakfast tray in front of him/her on the tray table. He/she was eating a cheese omelet that had not been chopped or cut up prior to being served. His/her tray contained a whole banana that had not been diced. Review of the meal ticket indicated his/her diet should consist of a chopped texture.</p> <p>During an interview with observation on 11/20/24 at 8:26 at A.M., the surveyor observed Resident #39 sitting on the edge of his/her bed unattended with his/her breakfast tray in front of him/her on the tray table. He/she had been served a slice of egg strata and home fries. The home fries were cut at varying sizes. Resident #39 said his/her meals always came with this presentation and were not chopped or cut up by the staff. Review of the meal ticket indicated his/her diet should consist of a chopped texture.</p> <p>On 11/20/24 at 12:17 P.M., the surveyor observed Resident #39 was sitting on the edge of his/her bed unattended with his/her lunch tray on the tray table. He/she was eating penne with eggplant and large pieces of broccoli. The penne were whole and had not been chopped. Resident #39 said some of the broccoli pieces were softer than others, but some were a little bit hard. Review of the meal ticket indicated his/her diet should consist of a chopped texture.</p> <p>During an interview on 11/20/24 at 12:20 P.M., Unit Manager #2 and the surveyor reviewed Resident #39's meal and Unit Manager #2 said the facility considers whole penne pasta with slices of eggplant and large pieces of broccoli adequate for a chopped diet.</p> <p>On 11/21/24 at 8:45 A.M., the surveyor observed facility staff exiting the room, Resident #39 was sitting on the edge of his/her bed unattended with his/her breakfast tray on the tray table. He/she had been served French toast and sausage. The French toast had not been cut and the sausage had been served in varying sizes. Review of the meal ticket indicated his/her diet should consist of a chopped texture.</p> <p>During an interview on 11/21/24 at 8:55 A.M., the SLP reviewed Resident #39's meals. She said if the food was not prepared in a chopped form, the staff should be cutting it at the time of service, prior to leaving the room. She said the penne pieces should have been smaller; the French toast should have been cut up; and the sausage and broccoli pieces should have been cut into smaller pieces.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Medway Country Manor Skilled Nursing & Rehabilitat		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Holliston Street Medway, MA 02053	

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>50740</p> <p>C. Resident #19 was admitted to the facility in December 2023 with diagnoses including dementia and dysphagia.</p> <p>Review of the M assessment, dated 9/17/24, indicated Resident #19 was severely cognitively impaired as evidenced by a BIMS score of 3 out of 15 and required a mechanically altered diet.</p> <p>Review of Resident #19's Physician's Order, dated 9/12/24, indicated his/her diet required a chopped texture.</p> <p>Review of Resident #19's care plan for potential nutritional problem, dated 9/17/24, indicated he/she required an altered texture.</p> <p>On 11/20/24 at 8:50 A.M., the surveyor observed Resident #19 sitting on the edge of his/her bed unattended with his/her breakfast tray in front of him/her on the tray table. He/she was eating a cheese omelet that had not been chopped/cut up prior to being served. Review of the meal ticket indicated his/her diet should consist of a chopped texture.</p> <p>On 11/20/24 at 12:34 P.M., the surveyor observed Resident #19 sitting at a table in the main dining room for lunch. The Resident was eating a grilled cheese sandwich, which was cut in half. Review of the meal ticket indicated his/her diet should consist of a chopped texture.</p> <p>During an interview on 11/20/24 at 12:07 P.M., the SLP said there was a list of diet texture information the facility followed posted on the units (she then grabbed the sheet from behind the nurses' station on the [NAME] unit). She said meat on a chopped diet should be cut into pieces before it gets to the resident. She said the ground texture needed to be smaller than the chopped diet. She said for modified textures the eggplant should be served in small pieces for chopped texture or ground into small pieces for the ground texture. She said the egg strata and the omelet should be cut into pieces for the chopped texture and she would prefer scrambled eggs for the ground texture.</p> <p>During an interview on 11/20/24 at 12:10 P.M., the Registered Dietitian said the kitchen was not cutting the food into pieces for residents with a chopped texture.</p> <p>During an interview on 11/22/24 at 9:10 A.M., the SLP said residents who have difficulty swallowing were on modified texture diets. She said these residents were at risk for choking if they were not provided the correct diet texture. She said if a Resident was on a ground diet and provided whole penne pasta or unchopped eggplant with a hard cheese on top it is a safety concern.</p>

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<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** 49428</p> <p>Based on observation and interview, the facility failed to follow professional standards of practice for food safety and sanitation to prevent the potential spread of foodborne illness to residents who are at high risk. Specifically, the facility failed to ensure the main kitchen was maintained in a sanitary and safe condition.</p> <p>Findings include:</p> <p>1. Review of the 2022 Food Code by the Food and Drug Administration (FDA), revised January 2023, indicated but was not limited to the following:</p> <p>3-305.11 (A) Except as specified in paragraphs (B) and (C) of this section, food shall be protected from contamination by storing the food (1) in a clean, dry location.</p> <p>4-602.11 (D) Equipment is used for storage of packaged or unpackaged food such as a reach-in refrigerator and the equipment is cleaned at a frequency necessary to preclude accumulation of soil residues.</p> <p>4-602.13 Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.</p> <p>6-501.12 (A) Physical facilities shall be cleaned as often as necessary to keep them clean.</p> <p>Review of the facility's policy titled Sanitization, revised November 2022, indicated but was not limited to the following:</p> <p>-The food service area is maintained in a clean and sanitary manner.</p> <p>Policy Interpretation and Implementation:</p> <p>-All kitchen areas and dining areas are kept clean, free from garbage and debris, and protected from rodents and insects.</p> <p>-All utensils, counters, shelves, and equipment are kept clean, maintained in good repair and are free from breaks, corrosions, open seams, cracks, and chipped areas that may affect their use or proper cleaning. Seals, hinges, and fasteners are kept in good repair.</p> <p>Review of the facility's policy titled Refrigerators and Freezers, revised November 2022, indicated but was not limited to the following:</p> <p>-This facility will ensure safe refrigerator and freezer maintenance, temperature, and sanitation, and will observe food expiration guidelines.</p> <p>Policy Interpretation and Implementation:</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Medway Country Manor Skilled Nursing & Rehabilitat		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Holliston Street Medway, MA 02053	

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Supervisors inspect refrigerators and freezers monthly for gasket condition, fan condition, presence of rust, excess condensation, and any other damage or maintenance needs. Necessary repairs are initiated immediately. Maintenance schedules per manufacturer guidelines are scheduled and followed.</p> <p>-Refrigerators and freezers are kept clean, free of debris, and disinfected with sanitizing solution on a scheduled basis and more often as necessary.</p> <p>Review of the Kitchen Cleaning Schedule indicated but was not limited to the following:</p> <p>Daily:</p> <p>-Floors swept and mopped at the end of each shift.</p> <p>Weekly:</p> <p>Sunday- Clean out milk fridge, move milk to walk-in.</p> <p>Monday- Clean baseboards around kitchen.</p> <p>Tuesday- Back rooms swept and mopped.</p> <p>Wednesday- Clean out milk fridge, move milk to walk-in.</p> <p>Thursday- Clean under and side walls of flat top and oven</p> <p>Saturday- Walk-in fridge floor swept and mopped, ensure we get under racks; fans in both walk-ins wiped down and free of dust and debris.</p> <p>Review of the Kitchen Cleaning Schedules for the weeks of 11/3/24-11/9/24 and 11/10/24-11/16/24 showed each day of the week was initialed by dietary staff indicating the cleaning was performed.</p> <p>Review on the Checker Cleaning List indicated but was not limited to the following:</p> <p>-Rows of kitchen tasks and columns for each day of the month those tasks are to be performed</p> <p>Starter (A.M.) #3:</p> <p>-Sweep and mop dish room</p> <p>Starter (P.M.) #7:</p> <p>-Sweep and mop dish room</p> <p>Checker (A.M.) #1:</p> <p>-Milk chest clean inside;</p> <p>-Mop kitchen and stock rooms.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Checker (P.M.) #5:</p> <ul style="list-style-type: none"> -Milk chest wipe down outside; -Mop kitchen/stock rooms. <p>Runner (A.M.) #2:</p> <ul style="list-style-type: none"> -Metal shelves top and bottom -Sweep stock rooms -Sweep kitchen <p>Runner (P.M.) #2:</p> <ul style="list-style-type: none"> -Metal shelves top and bottom -Sweep stock rooms -Sweep kitchen <p>Cook (A.M.)</p> <ul style="list-style-type: none"> -organize walk-in fridge <p>Cook (P.M)</p> <ul style="list-style-type: none"> -organize walk-in fridge <p>Review of the October sheets for the Starter, Checker, Runner, and [NAME] showed a line down the column for each day that month, indicating the tasks had been performed. The surveyor was not provided copies of the November sheets.</p> <p>On 11/19/24 at 8:00 A.M., the surveyor observed the following during the initial tour of the main kitchen:</p> <ul style="list-style-type: none"> -gaps between the baseboard molding and floor tile with missing baseboard molding in some areas; -buildup of crumbs and debris on the floor perimeter, including in gaps; -dust and debris buildup underneath range; -areas of black splotchy growth on walls in the dish room; -black, crumbling, and slimy grout in areas of the dish room; <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-crumbled drywall surrounding an electrical outlet that was located to the side and below the handwashing sink and below the paper towel dispenser;</p> <p>-drop ceiling tiles peeling and stained with food splatter;</p> <p>-drop ceiling tiles, located above prep table, not snugly placed against metal ceiling grid leaving gaps between the tile and the grid;</p> <p>-metal ceiling grids with chipping paint in various areas of the kitchen including above the steam table and drying rack for clean dome lids;</p> <p>-four of four fans used to circulate air with visible, severe dust buildup; one fan was located above clean plates and serve ware;</p> <p>-metal shelving holding clean plates with rust and dust;</p> <p>-milk chest seals with black buildup;</p> <p>-vent above Dry Storage room [ROOM NUMBER] door and located above potato and onion bins with peeling paint and dust and leaves between the slats;</p> <p>-black splotchy growth around the perimeter of Dry Storage room [ROOM NUMBER] as well as on the floor underneath the shelving;</p> <p>-In Dry Storage room [ROOM NUMBER], a wall with a lip, which was located above a section of shelves, with dust and a mouse dropping.</p> <p>On 11/19/24 at 8:45 A.M., the surveyor observed the following during the initial tour of the walk-in refrigerator:</p> <p>-shelves that held food and drinks, soiled with tan colored, fluffy buildup;</p> <p>-condenser fans with thick gray buildup and tan powdery buildup;</p> <p>-interior walls, located behind shelves that held food and drinks, with light colored fluffy buildup.</p> <p>On 11/20/24 at 8:00 A.M., the surveyor observed the main kitchen and storage areas in the same condition as stated above. Additionally, the surveyor observed the milk chest with spilled milk inside and a slight foul odor of spoiled milk.</p> <p>On 11/21/24 at 7:40 A.M., the surveyor observed the main kitchen and storage areas in the same condition as stated for 11/19/24 and 11/20/24 with the following exceptions:</p> <p>-the milk chest with spilled milk located in the same area as the previous day had a stronger odor of spoiled milk;</p> <p>-some, but not all, ceiling tiles and portions of metal ceiling grid had been repaired.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/19/24 at 8:30 A.M., the Food Service Director (FSD) said there were no active or outstanding work orders for maintenance in regard to kitchen repairs.</p> <p>During an interview on 11/20/24 at 8:00 A.M., Dietary Staff #4 and the surveyor observed the walk-in refrigerator shelves and floor together. Dietary Staff #4 said the shelves had buildup in several areas and needed to be cleaned. Dietary Staff #4 said for the walk-in shelves they were unsure of when the shelving was last cleaned and the floor underneath the shelves was soiled and needed cleaning. Dietary Staff #4 said they follow a cleaning schedule which includes sweeping and mopping under shelves. Dietary Staff #4 said the dietary staff sweeps and mops the floor daily and they try to get underneath the shelves when they can.</p> <p>During an interview on 11/20/24 at 8:00 A.M., Dietary Staff #8 and the surveyor together observed the fans in the main kitchen areas. Dietary Staff #8 said the kitchen staff take turns cleaning the fans. Dietary Staff #8 said all four fans had buildup and needed cleaning.</p> <p>During an interview on 11/21/24 at 7:40 A.M., the FSD said he oversees kitchen cleaning on a daily basis.</p> <p>During an interview on 11/21/24 at 7:40 A.M., the FSD and the surveyor together observed the milk chest. The FSD said the seal and the interior with spilled milk could use a better cleaning.</p> <p>During an interview on 11/21/24 at 8:50 A.M., the FSD, the Director of Maintenance (DOM), and the surveyor together observed the main kitchen and storage areas:</p> <p>Ceiling tile and metal grid:</p> <ul style="list-style-type: none"> -The DOM said the ceiling tiles and metal grids were breached and should be replaced; the metal grids should be stripped or replaced to prevent pieces from falling; - The FSD said ceiling tiles should be in place to prevent gaps between the tile and metal grid; -The FSD said the peeling of the ceiling tiles and metal grids are a contamination hazard in the kitchen and could potentially contaminate clean dishware/serve ware and food. <p>Kitchen floor perimeter:</p> <ul style="list-style-type: none"> -Observed gaps between the drywall and the kitchen floor which included observation of crumbs and debris buildup; -The FSD said the gaps are difficult to clean and harbor crumbs and debris and potentially invite pests; -The DOM said the perimeter of the floor should be lined entirely with tile or baseboard molding. <p>Dish room:</p> <ul style="list-style-type: none"> -Observed wall areas with black splotches and areas of grout that was black, slimy, or crumbling; <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The FSD said the walls should be clean of growth or buildup and the tile clean and uncompromised.</p> <p>Vent above Dry Storage room [ROOM NUMBER]:</p> <p>-The DOM said the vent needed to be sanded and cleaned of dust and leaf debris.</p> <p>Dry Storage room [ROOM NUMBER]:</p> <p>-The FSD said the black splotches around the perimeter of Dry Storage room [ROOM NUMBER] should not be there and should be cleaned;</p> <p>-The FSD stood on a stool and observed the dust and mouse dropping on the surface of the lip on the wall above the shelves. The FSD said he never thought of cleaning that area.</p> <p>Walk-in Refrigerator:</p> <p>-The FSD said the food shelves, walls, and floor in the walk-in refrigerator had buildup and/or were soiled and needed to be cleaned. The FSD said he thought the walk-in shelves were on the cleaning schedule.</p> <p>-The FSD said the condenser fans in the walk-in refrigerator had buildup and needed cleaning. The FSD said the condenser fans were not on any kitchen or maintenance department cleaning schedules.</p> <p>-The DOM said the condenser fans needed to be cleaned.</p> <p>Crumbling drywall around electrical outlet:</p> <p>-The FSD said the drywall around the electrical outlet posed a hazard, especially being directly adjacent to the handwashing sink. The FSD said the wall should be fixed.</p> <p>Fans:</p> <p>-The FSD said all four kitchen fans had dust buildup. The FSD said one fan could potentially contaminate the dishes and serve ware located on the shelves below it. The FSD said all four fans needed to be cleaned.</p> <p>During an interview on 11/25/24 at 12:48 P.M., the Director of Nursing (DON) said she expected the kitchen to operate under clean and sanitary conditions. The DON said she expected all kitchen areas to be uncompromised, specifically the ceiling tiles and metal grids, the baseboard molding, and the grout. The DON said she expected food storage areas to be clean and sanitary. The DON said she expected the kitchen to be maintained in a way to prevent contamination and foodborne illness of any kind.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15214</p> <p>Based on record review and staff interviews, the facility failed to ensure that pneumonia vaccines were administered to 12 Residents (#29, #53, #8, #54, #24, #85, #91, #17, #79, #19, #353, #63) with signed consents (by the resident or Health Care Proxy) to receive the vaccine, of a total sample of 20 residents reviewed for immunizations.</p> <p>Specifically, a random sample of 20 residents who consented to receive the pneumonia vaccine was reviewed. Of the 20 residents who gave consent to receive the pneumonia vaccine, 12 residents had not been given the pneumonia vaccine as of 11/25/24.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Pneumococcal Vaccine, revised on 8/28/24, indicated but was not limited to the following:</p> <p>1. Recommended Vaccines</p> <p>-Pneumococcal Conjugate Vaccine (PCV13, Prevnar 13): Recommended for all adults [AGE] years and older, including nursing home residents. It protects against 13 types of pneumococcal bacteria.</p> <p>-Pneumococcal Polysaccharide Vaccine (PPSV23, Pneumovax 23): Recommended for all adults [AGE] years and older, typically administered at least one year after receiving PCV 13. It covers 23 types of pneumococcal bacteria.</p> <p>2. Vaccination Schedule</p> <p>-Initial Vaccination: Residents who have not previously received PCV13 should get it, followed by PPSV23 at least one year later.</p> <p>-Catch-Up Vaccination: If a resident is due for vaccination or needs a booster, healthcare providers should follow the CDC's (Centers for Disease Control and Prevention) guidelines for timing and dosing.</p> <p>3. Facility Policies</p> <p>To ensure residents are up to date with vaccinations.</p> <p>-Routine Screening: Regular checking vaccination status for new admissions and existing residents.</p> <p>-Vaccination Programs: Implementing on-site vaccination clinics or coordinating with local health departments to provide vaccines.</p> <p>-Documentation: Maintaining accurate records of vaccinations and boosters administered.</p> <p>-Follow Massachusetts DPH and CDC Guidelines.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. State and Federal Regulations</p> <p>-Massachusetts Public Health: The Massachusetts Department of Public Health (DPH) aligns with federal guidelines but may have additional recommendations requirements.</p> <p>-Federal Regulations: The Centers for Medicare and Medicaid Services (CMS) require nursing homes to follow CDC immunization guidelines, including those for pneumococcal vaccines, as part of infection control protocols.</p> <p>5. Coordination with Healthcare Providers</p> <p>-Nursing homes are expected to collaborate with healthcare providers and public health officials to ensure that all eligible residents receive recommended vaccinations and that their immunization status is tracked and managed effectively.</p> <p>CMS updated its Medicare coverage requirements for pneumococcal vaccine on June 27, 2024, to align with recommendations from the Advisory Committee on Immunization Practices (ACIP).</p> <p>The coverage requirements indicated but were not limited to:</p> <p>Long-term care facilities must also comply with the following requirements for pneumococcal vaccines:</p> <p>-Assessment: Assess the vaccination status of patients and health care workers</p> <p>-Offer vaccination: Offer the vaccine to patients and health care workers</p> <p>-Ensure vaccination: Require patients and health care workers to provide proof of vaccination or immunity</p> <p>The Infection Preventionist (IP) provided a roster of residents who had consented and were eligible to receive the pneumonia vaccine.</p> <p>Review of the resident's records indicated that of the 20 residents reviewed for consent and eligibility to receive the pneumonia vaccine, the following 12 residents had not received the vaccine as of 11/25/24, despite the resident or their HCP's consent to receive it.</p> <ol style="list-style-type: none"> 1. Resident #29 gave consent on 10/15/24. 2. Resident #353 gave consent on 10/28/24. 3. Resident #8 gave consent on 9/9/24. 4. Resident #54's HCP gave consent on 9/17/24. 5. Resident #24 gave consent on 9/20/24. 6. Resident #85's HCP gave consent on 10/7/24. <p>(continued on next page)</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7. Resident #91 gave consent on 9/23/24.</p> <p>8. Resident #17 gave consent on 9/19/24.</p> <p>9. Resident #79's HCP gave consent in 5/2016.</p> <p>10. Resident #19's HCP gave consent on 9/23/24.</p> <p>11. Resident #53's HCP gave consent on 9/20/24.</p> <p>12. Resident #63's HCP gave consent on 6/29/24.</p> <p>During an interview on 11/22/24 at 2:37 P.M., the surveyor reviewed the facility's immunization program with the IP. The IP said that the residents who had consented to receive the pneumonia vaccine had not yet received it. Additionally, the IP said that the Administrator had just ordered the pneumonia vaccine, and said the facility would be administering it once it was received. The IP said that she had only recently assumed the duty of IP and said she understood how important it was to immunize and protect residents against pneumonia, per the facility policy, especially during the cold, flu, and pneumonia season.</p>		

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<p>F 0924</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Put firmly secured handrails on each side of hallways.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49424</p> <p>Based on observations and interviews, the facility failed to ensure the handrail in the corridor of the [NAME] Unit was secured to the wall for one of three resident units.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Maintenance Service, revised December 2009, indicated but was not limited to:</p> <ul style="list-style-type: none"> -The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner always. -Functions of the maintenance personnel include maintaining the building in good repair and free from hazards; -Providing routinely scheduled maintenance service to all areas. <p>Review of the [NAME] Unit Maintenance log indicated that between the dates 10/16/24 and 10/25/24 an entry was written stating the hallway handrail outside of room [ROOM NUMBER] was broken with no indication of completion or acknowledgement. The entries after and before this were crossed out.</p> <p>During an initial tour on 11/19/24 at 8:40 A.M., the surveyor observed the handrail in the corridor on the [NAME] unit was loose and was not securely attached to the wall with areas of broken plaster with holes, posing a potential safety hazard to residents.</p> <p>During an environmental tour on 11/20/24 at 1:27 P.M., the surveyor observed the handrail remained broken; multiple residents were sitting at the end of the hallway adjacent to the broken handrail.</p> <p>During an interview on 11/20/24 at 1:13 P.M., the Maintenance Director said he is by himself in his department, and it is a big building. He said he doesn't round frequently because he is very busy fixing concerns reported to him. He said all resident areas should be safe for residents and in good repair.</p> <p>During an interview on 11/20/24 at 1:18 P.M., Resident #94 said the handrail has been broken since he/she moved into their new room on the unit which he/she said was weeks ago. Resident #94 said the other side of the handrail is broken as well and no pressure can be applied or it will fall out of the wall completely.</p> <p>During an interview with observation on 11/20/24 at 1:40 P.M., the Administrator said she would expect this would be identified and repaired. She said all the handrails should be secured and residents should not be using this since it is not properly secured and could pose a risk of falling out of the wall if any weight was put on the handrail.</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>36542</p> <p>Based on staff interview and record review, the facility failed to ensure the Certified Nursing Assistants (CNA) completed the required 12 hours (no less than) of annual training, which at a minimum must include dementia and abuse training for 3 out of 3 CNA education files reviewed.</p> <p>Findings include:</p> <p>Review of the facility's policy titled In-Service Training, Nurse Aide, dated as last revised in August 2022, indicated the following:</p> <ul style="list-style-type: none"> -all personnel are required to participate in regular in-service education -the facility completes a performance review of nurse aides at least every 12 months -in-service training is based on the outcome of the annual performance reviews -ensures the continuing competency of nurse aides, are no less than 12 hours per employment year, address areas of weakness -nurse aide participation in training is documented by the staff development coordinator or his/her designee and includes: date and time of training, topic of training, method used for training, summary of the competency assessment and hours of training completed <p>On 11/22/24 at 12:35 P.M., the surveyor requested employee files for CNAs #1, #5, and #6.</p> <p>On 11/22/24 at 2:18 P.M., the surveyor was provided education files for two of the three CNAs.</p> <p>During an interview on 11/22/24 at 2:18 P.M., the Human Resources Coordinator said there was no employee or education file for CNA #6 who was hired in November 2021, and she was unable to locate any information regarding the staff member's education including in-servicing, dementia training, abuse prevention training or performance evaluations.</p> <p>Review of the file for CNA #1 indicated the staff member was hired in April 2023. The file included six undated in-service quizzes.</p> <p>During an interview on 11/22/24 at 2:45 P.M., the Administrator said an education fair was held in November/December 2023 and the six undated in-service quizzes for CNA #1 were from this education fair. She said there should have been 12 and she did not know where the rest of them were.</p> <p>Review of the file for CNA #5 indicated the staff member was hired in October 2019. The file contained the following education: enhanced barrier precautions from March 2023 and May 2023 and a post-dialysis quiz from June 2023. There was no subsequent education in the employee file.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER Medway Country Manor Skilled Nursing & Rehabilitat		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Holliston Street Medway, MA 02053	
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 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 11/22/24 at 2:40 P.M., the Assistant Director of Nurses said she had started working at the facility in July 2024 and had not been tracking CNA in-service hours since she arrived.</p> <p>During an interview on 11/22/24 at 2:42 P.M., the Director of Nurses said she had started working at the facility in May 2024 and had not been tracking CNA in-service hours since she arrived.</p> <p>During an interview on 11/22/24 at 2:47 P.M., the Administrator said the facility had held an education fair in November/December 2023 and she thought everyone had received their 12 hours of required in-servicing but was not sure if anyone had tracked the hours or where the documentation of education would be. She said there was no process in place for tracking the hours of in-servicing or for the in-servicing to be based on the performance review.</p>		