

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER St Joseph Manor Health Care Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 215 Thatcher Street Brockton, MA 02302	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41106</p> <p>Based on record review and interview, the facility failed to provide indwelling catheter (a flexible tube inserted into the bladder to drain urine outside of the body) care and management consistent with professional standards for one Resident (#98), out of a total sample of 22 residents. Specifically, the facility failed to ensure the Foley catheter was assessed for removal as soon as possible after returning from the hospital and failed to ensure he/she followed up with Urology as recommended.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Catheter Care, Urinary, revised August 2022, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -Nursing and the interdisciplinary team should assess and document the ongoing need for a catheter that is in place. Use standardized tool for documenting clinical indications for catheter use. -Remove the catheter as soon as it is no longer needed. <p>Review of the facility's form titled Foley Catheter Assessment, undated, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -The goal of this assessment is to determine if an indwelling catheter can be removed without detrimental consequences for the resident. <p>-If none of the conditions apply, proceed with assessment as follows:</p> <ol style="list-style-type: none"> 1. Notify physician to discontinue order. 2. If resident is incontinent after removal; proceed to bladder incontinent management program. <p>Resident #98 was readmitted to the facility in May 2024 with diagnoses including neuromuscular dysfunction of bladder, quadriplegia cervical level 1-4 incomplete, cervical 2 spinal cord injury American Spinal Injury Association ([NAME]) D (Motor function is preserved below the neurological level at least half), cerebral infarction (stroke) with hemiplegia (weakness) involving right side.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Minimum Data Set (MDS) assessment, dated 7/31/24, indicated Resident #2 scored 9 out of 15 on the Brief Interview for Mental Status (BIMS) indicating he/she had moderate cognitive impairment.</p> <p>During an interview on 11/05/24 at 1:35 P.M., with Resident #98 present, Family Member (FM) #1 said Resident #98 has not seen a urologist since admission to this facility. FM #1 said they have been asking for the Foley catheter to be removed and have spoken to multiple staff members, including Nurse #9. FM #1 said prior to Resident #98's initial admission to the hospital in December 2023, Resident #98 did not have a Foley catheter and when Resident #98 was in the Hospital in May 2024, they had removed the catheter but put it back in because Resident #98 was incontinent. Resident #98 and FM #1 said they would like to see if the catheter can be removed.</p> <p>Review of the Hospital Discharge Summary, dated 5/2/24, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -Brief hospital course: intraventricular hemorrhage (stroke) patient presented with left sided neglect in hemi-inattention, balance difficulties with relatively preserved strength. - During his/her stay patient developed progressive dyspnea (shortness of breath). -He was treated with intravenous diuresis (medication to increase removal of fluid through the kidneys) and the patient's respiratory status markedly improved to his/her baseline and was converted to oral diuresis medication. -Urinary incontinence (loss of bladder control): Patient remained incontinent particularly at night. Given incontinence and now large dose of diuresis, plan on continuing Foley catheter. <p>Review of the Foley Catheter Assessment, dated 5/2/24, indicated the form was blank except for a facility staff member's signature at the bottom.</p> <p>Review of the Comprehensive Care plan indicated Resident #98 had an indwelling catheter dated 5/16/24. Further review of the care plan did not indicate any assessment for removal or follow-up with a urologist (Physician who specializes in treatment of urinary function or disorders).</p> <p>Review of the Nursing Note, dated 5/30/24 at 3:39 P.M., indicated Veterans Administration (VA) in process of scheduling urology appointment.</p> <p>Review of the Nursing Note, dated 5/21/24 at 2:58 PM., indicated Resident #98 noted this morning with large continuous amounts of blood clots coming from penis. Nurse Practitioner (NP) made aware and new order to send to hospital for evaluation at 8:30 A.M., still being evaluated at this time.</p> <p>Review of the Nursing Note, dated 5/21/24 at 10:35 P.M., indicated Resident #98 returned from the hospital at 7:33 P.M. Discharge summary said urine shows no blood and is clear, no new order, follow-up with specialist. Family and on call notified.</p> <p>Review of the Nurse Practitioner's (NP) progress note, dated 5/28/24, indicated but was not limited to the following:</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>History of Present Illness:</p> <ul style="list-style-type: none"> - Patient is status post hospital transfer related to blood coming through urinary meatus (tip), however no hematuria (blood) noted. -Medical work-up without acute findings, urine negative for urinary tract infection and patient returned to facility, unable to locate any discharge summary but this was reported from nursing staff. -Will refer to urology for evaluation. <p>Assessment/Plan:</p> <ul style="list-style-type: none"> -Anemia: Patient with drop in hemoglobin (protein in red blood cells that carries oxygen) and hematocrit (percentage of red blood cells in total blood volume) (H&H) from admission, nursing reports clots from urinary meatus (tip of the urethra) but no hematuria, will refer to urology. <p>Review of the NP's progress note, dated 6/14/24, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -Patient with a drop in H&H from admission nursing staff report clots from urinary meatus, but no hematuria. Will refer to urology. <p>Review of the Appointment book on the unit failed to indicate a urology appointment had been made.</p> <p>Further review of the medical record including Physician, NP and nursing notes, physician orders, and assessments failed to indicate that Resident #98 was evaluated for removal of the catheter, a voiding trial was attempted to remove the catheter, or was scheduled to see a urologist for evaluation of the catheter need.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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** 41106</p> <p>Based on observation and interview, the facility failed to follow professional standards of practice for food safety and sanitation to prevent potential spread of foodborne illness to residents who are at high risk. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure the main kitchen, main dining room steam table, and basement food storage area were clean and maintained in a sanitary manner to prevent potential food contamination; and 2. Maintain two of three kitchenettes in a clean and sanitary condition, and ensure food stored is not expired and stored at appropriate temperatures to prevent foodborne illness. <p>Findings include:</p> <p>Review of the 2022 Food Code by the Food and Drug Administration (FDA), revised ,d+[DATE], indicated but was not limited to the following:</p> <p>,d+[DATE].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>,d+[DATE].17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking.</p> <p>(B) Except as specified in (E) - (G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the FDA Food Code 2022 Chapter 3. Food Chapter 3 - 29 PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety.</p> <p>(D) A date marking system that meets the criteria stated in (A) and (B) of this section may include: (1) Using a method approved by the regulatory authority for refrigerated, ready-to-eat time/temperature control for safety food that is frequently rewrapped, such as lunch meat or a roast, or for which date marking is impractical, such as soft serve mix or milk in a dispensing machine; (2) Marking the date or day of preparation, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (A) of this section; (3) Marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (B) of this section; or (4) Using calendar dates, days of the week, color-coded marks, or other effective marking methods, provided that the marking system is disclosed to the REGULATORY AUTHORITY upon request.</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 - Many</p>	<p>.d+[DATE].11 (D) Equipment is used for storage of packaged or unpackaged food such as a reach-in refrigerator and the equipment are cleaned at a frequency necessary to preclude accumulation of soil residues.</p> <p>.d+[DATE].12 (A) Physical facilities shall be cleaned as often as necessary to keep them clean.</p> <p>1. On [DATE] at 8:15 A.M., the surveyor made the following observations in the main kitchen, dry storage in the basement, and Main dining room off the kitchen:</p> <p>Main kitchen:</p> <ul style="list-style-type: none"> -On the shelf below the main steam table there were numerous mouse droppings and food particles. -On the floor between the kitchen appliances and wall, there were numerous mouse droppings, dirt and debris. -Under the steam oven there was an open drain that was clogged with debris and grayish/black thick wet slime and there was standing water around the drain opening. -To the right of the walk-in refrigerator was a staff break area with debris and food particles on the floor. The wall was visibly dirty with dried liquid stains by the table. On the table was a white bag containing food, not labeled or dated. -The dish room floor mat was observed to have buildup of black wet debris in the cut-outs, and when the mat was lifted there was a large amount of wet black debris. -The main kitchen ice machine drip tray drain was clogged with debris. The drip tray had a buildup of black wet substance. The clear plastic cover where the ice is dispensed was dirty. <p>Dry storage in the basement:</p> <ul style="list-style-type: none"> -Borders of the entire room under the shelves had buildup of debris and mice droppings. <p>Main dining room off the kitchen:</p> <ul style="list-style-type: none"> -In the cabinet below the main steam table there were numerous mouse droppings. <p>During an interview on [DATE] at 8:15 A.M. through 9:00 A.M., the Food Service Manager (FSM) said they had a problem with mice over a month ago, but the pest control company is here weekly, and we have not seen any sightings in the past month. The FSM said the kitchen, steam tables and the basement should have been cleaned of all mice droppings. The corners and behind the kitchen appliances, the drain under the steam table, and the ice machine should have been cleaned.</p> <p>2. On [DATE] at 9:00 A.M., the surveyor observed Applewood dining room and kitchenette and made the following observations:</p> <ul style="list-style-type: none"> -The kitchenette cabinets and drawers stored snacks, glasses, silverware, condiment packages and drinks. <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49425</p> <p>Based on observation, interview, and document review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment, and to help prevent the development and potential transmission of communicable diseases and infections. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> 1. Perform a COVID-19 related investigation and conduct contact tracing to prevent, to the extent possible, the onset and spread of infection; and 2. Maintain an infection prevention and control program which included a complete and accurate system of surveillance to identify any trends or potential infections. <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's policy titled COVID-19 Policy and Procedure, dated as revised 3/23, indicated but was not limited to the following: <ul style="list-style-type: none"> -Perform outbreak testing of residents and staff as soon as possible when a case is identified. -If facility identifies that the resident or staff member's first exposure occurred less than 24 hours ago, then they should wait to test until 24 hours after any exposure. -Test exposed residents and staff at least every 48 hours on the affected unit until we go seven days without a new case -Residents and staff who are recovered from COVID-19 in the last 30 days can be excluded from this testing. <p>Review of the facility's policy titled Infection Prevention and Control Program (IPCP), dated as revised 2018, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -The elements of the infection prevention and control program consist of coordination/oversight, policies/procedures, surveillance, and outbreak management -Outbreak Management is the process that consists of: Determining the presence of an outbreak, documenting information about the outbreak <p>Review of CDC guidance titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, revised May 2023, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -Healthcare facilities should have a plan for how SARS-CoV-2 exposures in a healthcare facility will be investigated and managed and how contact tracing will be performed. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-A single new case of SARS-CoV-2 infection in any healthcare personnel (HCP) or resident should be evaluated to determine if others in the facility could have been exposed.</p> <p>-Perform testing for all residents and HCP identified as close contacts or on the affected unit(s) if using a broad-based approach, regardless of vaccination status.</p> <p>During an interview on 11/4/24 at 10:05 A.M., the Infection Preventionist (IP) said she monitors any positive case of COVID-19 on a tracking sheet.</p> <p>Review of the most recent COVID-19 outbreak documentation provided by the IP on 11/4/24 at 10:34 A.M. titled Residents Illness Tracking Form, indicated the facility had two positive residents in January 2024, eight positive residents in February 2024, and one positive resident in March 2024. The tracking forms failed to indicate any contact tracing, testing of close contacts or evaluation of the outbreak to determine if other residents or staff may have been exposed to COVID-19.</p> <p>During an interview on 11/4/24 at 3:46 P.M., the IP said the COVID-19 outbreak began in January 2024 with one positive resident. She said the facility also had some positive staff members. The IP said all close contacts, including staff were tested on the affected unit day one, day two, and day five, until there were no more positive cases until day 10. She said resident testing is documented in the specific resident record, and she does not document positive staff on any tracking sheets. The IP said the staff are responsible for testing themselves and provide her with a photo if they test positive for COVID-19. She said she has no way of knowing if staff tested when required to do so. She does not keep track of the staff testing and has no further documentation regarding the COVID-19 outbreak in the facility. The surveyor and IP reviewed the facility provided COVID-19 procedure guidelines together. The IP said she was unaware of the updated guidelines and has not been following them.</p> <p>During an interview on 11/5/24 at 2:36 P.M., the Director of Nursing (DON) said her expectation is for the IP to conduct a complete investigation of a COVID-19 positive case per the facility guidelines. She said contact tracing and testing must be completed and documented to help determine the status of the outbreak and reduce the spread of COVID-19.</p> <p>2. Review of the facility's policy titled Surveillance for Infections, dated as revised 9/2017, indicated but was not limited to the following:</p> <p>-The Infection Preventionist will conduct ongoing surveillance for Healthcare-Associated Infections (HAIs) and other epidemiologically significant infections that have substantial impact on potential resident outcome and that may require transmission-based precautions and other preventative interventions.</p> <p>-The criteria for such infections are based on the current standard definitions of infections</p> <p>-The purpose of the surveillance of infections is to identify both individual cases and trends of epidemiologically significant organisms, and Healthcare-Associated infections, to guide appropriate interventions, and to prevent future infections.</p> <p>Review of the facility's policy titled Infection Prevention and Control Program (IPCP), dated as revised 2018, indicated but was not limited to the following:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Surveillance: Process surveillance (adherence to infection prevention and control practices) and outcome surveillance (incidence and prevalence of healthcare acquired infections) are used as measures of the IPCP effectiveness</p> <p>-Surveillance tools are used for recognizing the occurrence of infections, recording their number and frequency, detecting outbreaks and epidemics, monitoring employee infection, monitoring adherence to infection prevention and control practices.</p> <p>Review of the facility's surveillance data sheets titled Monthly Infection Line Listing indicated but was not limited to the following:</p> <p>July 2024</p> <p>-7 out of 20 residents met criteria for infection and 20 out of 20 residents were started on antibiotics.</p> <p>August 2024</p> <p>-4 out of 19 residents met criteria for infection and 19 out of 19 residents were started on antibiotics.</p> <p>September 2024</p> <p>-3 out of 17 residents met criteria for infection and 17 out of 17 residents were started on antibiotics.</p> <p>The monthly line listings failed to indicate any tracking of illness, not prescribed antibiotics, for surveillance of the potential spread of illnesses.</p> <p>During an interview on 11/4/24 at 3:46 P.M., the IP said the facility uses McGeer Criteria (set of guidelines used to identify HAIs) to determine if an illness meets criteria for infection. She said she reviews the residents' progress notes and the 24-hour shift report to determine if residents have signs and symptoms of an infection. The IP said she does not track or monitor any residents that do not require the use of antibiotics.</p> <p>During an interview on 11/5/24 at 2:36 P.M., the DON said her expectation is for the monthly line listings to include all illnesses, not just antibiotic use, to ensure proper tracking of illness and infections within the facility.</p>