

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Bear Mountain at Reading		STREET ADDRESS, CITY, STATE, ZIP CODE 1364 Main Street Reading, MA 01867	

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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>15024</p> <p>Based on records reviewed and interviews, for 21 of 21 sampled Residents who were alert, orient, and able to communicate with staff, (Resident's #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, and #21) the Facility failed to ensure they were issued and provided with a written notice of a room change and/or the receipt of a new roommate prior to making the changes.</p> <p>Findings include:</p> <p>Review of the Facility's Resident Room Change Policy, revised on 12/06/21, indicated when a resident bed change is occurring, the resident being moved will be informed of the move verbally and in writing and the receiving resident will also be informed verbally and in writing of the pending admission of the resident by the Social Worker or designee. The Policy indicated when the resident receives a roommate as a new admission to the facility the resident receiving the roommate will be informed in writing by the Social Worker or designee.</p> <p>Review of the Facility's Daily Census Reports, dated 08/27/24, 08/28/24 and 08/29/24, indicated there were multiple resident rooms changes and/or residents who received a new roommate, as follows:</p> <ul style="list-style-type: none"> - 08/28/24- Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11 were transferred from their rooms on the Short Term Rehabilitation (STR) Unit to rooms on the facility's Long Term Care (LTC) Unit(s). - 08/29/24- Resident #12 moved from his/her room on the STR Unit to a room on the LTC Unit. - 08/29/24-Resident #13 moved from his/her private room on the STR Unit to a private room on the LTC Unit. - 8/28/24- multiple Residents received new roommates as a result of room changes as follows: <ul style="list-style-type: none"> - Resident #14 received Resident #2 - Resident #15 received Resident #3 - Resident #16 received Resident #5 <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Bear Mountain at Reading		STREET ADDRESS, CITY, STATE, ZIP CODE 1364 Main Street Reading, MA 01867	
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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - Resident #17 received Resident #8 - Resident #18 received Resident #10 - Resident #19 received Resident #11 - Resident #20 received Resident #9 <p>- 08/28/24-Resident #1 and Resident #4 were moved out of their individual rooms into a room together, and Resident #6 and Resident #7 (spouses) who resided in different rooms, were moved out of those rooms and moved into a room together.</p> <p>- 08/29/24- Resident #21 received Resident #12 as a new roommate as a result of room changes.</p> <p>Review of Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11's clinical records indicated there was no documentation to support that written notices were issued and provided by the Facility prior to their room change on 08/28/24.</p> <p>Review of Resident #12 and Resident #13's clinical records indicated there was no documentation to support that written notices were provided by the Facility prior to their room change on 08/29/24.</p> <p>Review of Resident #14, #15, #16, #17, #18, #19, and #20 clinical records indicated there was no documentation to support that written notices were issued and provided by the Facility prior to them receiving a new roommate on 08/28/24.</p> <p>Review of Resident #21's clinical record indicated there was no documentation to support that a written notice was issued and provided by the Facility prior to Resident #21 receiving a new roommate on 08/29/24.</p> <p>During resident interviews conducted on 09/11/24 starting at 10:55 A.M. through 4:30 P.M., the Surveyor spoke with 15 of the affected residents, they were alert, oriented and able to clearly communicate during the interviews. Resident #2, #3, #4, #5, #6, #7, #8, #9, #12, #13, #14, #15, #16, #18, and #19 said they did not receive written notice prior their to room changes and/or receive written notice of receiving a new roommate.</p> <p>During a telephone interview on 09/10/24 at 2:10 P.M., Resident #1's Representative said she did not receive a written notice prior to Resident #1 being moved to another room on another unit on 08/28/24. Resident #1's Representative said Resident #1 told her someone just moved him/her and that he/she did not know what was happening.</p> <p>During an interview on 09/11/24 at 3:10 P.M., the Medical Records Coordinator confirmed that there were no written notices located in the medical records for sampled Residents (Resident #1 through Resident #20) as it related to a room change or change of roommate.</p> <p>Interviews with the Administrator and the Director of Nurses (DON) were conducted as follows:</p> <ul style="list-style-type: none"> - 09/11/24 at 9:15 A.M., in person interviews with the Administrator and DON <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Bear Mountain at Reading		STREET ADDRESS, CITY, STATE, ZIP CODE 1364 Main Street Reading, MA 01867	

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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- 09/13/24 at 9:55 A.M., telephone interviews with the Administrator and DON</p> <p>- 09/17/24 at 12:00 P.M., follow-up telephone interviews with the Administrator and DON</p> <p>During interviews the Administrator and DON said they confirmed with the Medical Records Coordinator that there was no written notice located in Resident #21's medical record as it related to a change in roommate on 08/29/24.</p> <p>During the interviews the Administrator and DON said they received a corporate directive on 08/28/24 to relocate all of the Residents residing on the STR Unit, that same day, to rooms on the LTC Unit(s). The Administrator and DON said the moves could have been postponed long enough to allow the Facility to follow their Resident Room Change Policy.</p> <p>The Administrator and DON said prior to the room changes that were made on 08/28/24 and on 08/29/24, Residents were not shown the room he/she was moved into and/or were also not introduced to who would be their new roommate. The Administrator and DON said most of the room changes occurred within two hours on 08/28/24 and the remaining two residents (Resident #12 and Resident #13) changed rooms on 08/29/24.</p> <p>The Administrator and DON said per the Facility Policy, the Residents would have received notice at least 24 hours in advance of the moves with an opportunity for both the residents changing rooms and the roommates receiving the residents to become oriented with the upcoming change, but that none of that occurred prior to the moves.</p> <p>The Administrator and DON said the affected residents should have also had the opportunity to discuss the upcoming change with their family and/or resident representative, but had not. The Administrator and DON said on 08/28/24 and on 08/29/24, written notices were not issued and provided to the affected residents, to their family and/or to resident representative(s) prior to or when the rooms were being changed and/or when a resident received a change of roommate.</p>