

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2024
NAME OF PROVIDER OR SUPPLIER  Bostonian Nursing Care & Rehabilitation Ctr, The		STREET ADDRESS, CITY, STATE, ZIP CODE  337 Neponset Avenue Dorchester, MA 02122	

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>41456</p> <p>Based on observations, record review and interviews, the facility failed to implement a care plan for skin protection for 1 Resident (#18) out of a total sample of 25 residents.</p> <p>Finding include:</p> <p>Resident #18 was admitted to the facility in October 2023 with diagnoses including paraplegia.</p> <p>Review of Resident #18's most recent Minimum Data Set (MDS) indicated the Resident scored a 15 out of a possible 15 on the Brief Interview for Mental Status, which indicated he/she was cognitively intact. The MDS also indicated Resident #18 was dependent on staff for all bed mobility tasks.</p> <p>Review of Resident #18's medical chart indicated he/she was hospitalized from 6/2/24 to 6/14/24 and upon return to the facility, the Resident had a deep tissue injury to his/her left heel.</p> <p>On 6/25/24 at 8:08 A.M., Resident #18 was observed lying in bed with both heels directly on the bed. There were two pressure relieving heel booties on the chair across from the bed.</p> <p>On 6/26/24 at 7:12 A.M., 7:57 A.M. 12:27 P.M., and 12:47 P.M., Resident #18 was observed lying in bed with both heels directly on the bed. There were two pressure relieving heel booties on the chair across from the bed.</p> <p>During an interview on 6/26/24 at 12:27 A.M., Resident #18 said he/she does not wear the protective booties because nursing has not offered to put them on. Resident #18 said he/she would wear the booties if nursing would put them on.</p> <p>Review of Resident #18's physician orders indicated the following order:</p> <p>-Encourage booties to bilateral heels as resident allows, initiated on 6/17/24.</p> <p>Review of Resident #18's Kardex (a form indicating the level of care required) indicated the following:</p> <p>-Encourage booties to bilateral heels as resident allows.</p> <p>(continued on next page)</p>

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2024
NAME OF PROVIDER OR SUPPLIER  Bostonian Nursing Care & Rehabilitation Ctr, The		STREET ADDRESS, CITY, STATE, ZIP CODE  337 Neponset Avenue Dorchester, MA 02122	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/26/24 at 12:53 P.M., Nurse #2 said she was unaware if Resident #18 had any skin issues on his/her heels. Nurse #2 said she had not yet offered to assist the Resident with putting on the booties today.</p> <p>During an interview on 6/26/24 at 1:09 P.M., the Director of Nursing said orders should be followed as written.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2024
NAME OF PROVIDER OR SUPPLIER  Bostonian Nursing Care & Rehabilitation Ctr, The		STREET ADDRESS, CITY, STATE, ZIP CODE  337 Neponset Avenue Dorchester, MA 02122	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41456</p> <p>Based on observations, record review and interviews, the facility failed to implement bilateral hand orthotics for the treatment of contractures for 1 Resident (#79) out of a total sample of 25 residents.</p> <p>Findings include:</p> <p>Resident #79 was admitted to the facility in September 2020 with diagnoses including subdural hematoma (bleeding in the brain) and contractures of both the left and right hands.</p> <p>Review of Resident #79's most recent Minimum Data Set (MDS) dated [DATE], indicated the Resident was unable to complete the Brief Interview for Mental Status (BIMS) and the staff had assessed him/her to have severe cognitive impairment. The MDS also indicated Resident #79 was dependent on staff for all functional daily tasks.</p> <p>Review of Resident #79's physician orders indicated the following order:</p> <p>-Bilateral palm rolls on at all times - remove for hygiene and ADLs (Activities of Daily Living), every shift, initiated on 10/8/2020.</p> <p>On 6/25/24 at 8:02 A.M., Resident #79 was observed lying in bed with his/her hands in a fist position and face cloths in both hands. The face cloths were not rolled and only partially in the Resident's hands.</p> <p>On 6/26/24 at 8:05 A.M., 10:21 A.M., and 11:20 A.M., Resident #79 was observed with his/her hands in a fist position and face cloths in both hands. The face cloths were not rolled and only partially in the Resident's hands.</p> <p>During an interview on 6/26/24 at 11:20 A.M., Certified Nursing Assistant (CNA) #4 searched Resident #79's room and was unable to find hand rolls. CNA #4 said she had never seen the Resident use hand rolls and that staff place towels in Resident #79's hands daily.</p> <p>During an interview on 6/26/24 at 11:26 A.M., Nurse #1 said Resident #79 has an order to use bilateral hand rolls daily due to his/her hand contractures. Nurse #1 said if the hand rolls are missing and staff need to notify the rehabilitation department so new hand rolls can be ordered. Nurse #1 said she was unaware Resident #79's hand rolls had gone missing.</p> <p>During an interview on 6/26/24 at 11:32 A.M., the Occupational Therapist (OT) said she was unaware Resident #79's hand rolls were missing. The OT said hand rolls are used for individuals with contractures in order for hands to be kept open and prevent contractures from worsening. The OT said wash cloths, especially if not rolled, are an ineffective replacement for hand rolls.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2024
NAME OF PROVIDER OR SUPPLIER  Bostonian Nursing Care & Rehabilitation Ctr, The		STREET ADDRESS, CITY, STATE, ZIP CODE  337 Neponset Avenue Dorchester, MA 02122	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/26/24 at 1:09 P.M., the Director of Nursing said she would expect the nursing staff to make a referral to rehabilitation if equipment such as hand rolls go missing. The Director of Nursing said wash cloths do not meet the purpose of hand rolls.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2024
NAME OF PROVIDER OR SUPPLIER  Bostonian Nursing Care & Rehabilitation Ctr, The		STREET ADDRESS, CITY, STATE, ZIP CODE  337 Neponset Avenue Dorchester, MA 02122	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>41019</p> <p>Based on observation, policy review, and interview, the facility failed to maintain appropriate food sanitation practices in the kitchen.</p> <p>Findings include:</p> <p>Review of the facility policy titled Nutrition and Foodservice- Employee Practices, dated 09/2023, indicated the following:</p> <ul style="list-style-type: none"> <li>- Gloves worn in food preparation should be changed: <ul style="list-style-type: none"> <li>* as soon as they become soiled or torn</li> <li>* at least every four hours during continual use and more often when necessary</li> <li>* after handling raw meat and before handling cooked or ready-to-eat food</li> </ul> </li> </ul> <p>During an observation on 6/27/24 at 7:47 A.M., the cook on the serving line was wearing a pair of disposable gloves and walked away from serving the food on the line and put on oven mitts over the disposable gloves, opened the steamer, and then removed the oven mitts. Without changing the disposable gloves, the cook proceeded to touch and serve a ready to eat english muffin with the potentially contaminated gloves.</p> <p>At 7:49 A.M., the cook, while wearing the same contaminated gloves, opened the refrigerator door, and then proceeded to touch ready to eat pancakes with the contaminated gloves.</p> <p>During an interview on 6/27/24 at 10:00 A.M., the Food Service Director was made aware of the cross contamination and said that cooks should change their gloves before touching ready to eat food.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2024
NAME OF PROVIDER OR SUPPLIER  Bostonian Nursing Care & Rehabilitation Ctr, The		STREET ADDRESS, CITY, STATE, ZIP CODE  337 Neponset Avenue Dorchester, MA 02122	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41456</p> <p>Based on observations, record review and interviews, the facility failed to maintain an accurate medical record by 1. inaccurately marking a treatment complete when it was not for 1 Resident (#18) and 2. not completing daily documentation for 1 Resident (#12) out of a total sample of 25 residents.</p> <p>Finding include:</p> <p>1. Resident #18 was admitted to the facility in October 2023 with diagnoses including paraplegia.</p> <p>Review of Resident #18's most recent Minimum Data Set (MDS) indicated the Resident scored a 15 out of a possible 15 on the Brief Interview for Mental Status (BIMS), which indicated he/she was cognitively intact. The MDS also indicated Resident #18 was dependent on staff for all bed mobility tasks.</p> <p>Review of Resident #18's medical chart indicated he/she was hospitalized from 6/2/24 to 6/14/24 and upon return to the facility, the Resident had a deep tissue injury to his/her left heel.</p> <p>Review of Resident #18's physician orders indicated the following order:</p> <p>-Encourage booties to bilateral heels as resident allows, initiated on 6/17/24.</p> <p>On 6/26/24 at 12:27 P.M., Resident #18 was observed lying in bed with both heels directly on the bed. There were two pressure relieving heel booties on the chair across from the bed.</p> <p>During an interview on 6/26/24 at 12:27 A.M., Resident #18 said he/she does not wear the protective booties because nursing has not offered to put them on. Resident #18 said he/she would wear the booties if nursing would put them on.</p> <p>Review of the Treatment Administration Record (TAR) indicated nursing had documented the physician order as complete and Resident #18 was wearing the bilateral heel booties.</p> <p>During an interview on 6/26/24 at 12:53 P.M., the surveyor showed Nurse #2 the TAR. Nurse #2 said she documented the physician order as completed even though she had not completed the order.</p> <p>During an interview on 6/26/24 at 1:09 P.M., the Director of Nursing said nurses should not document orders are complete if they had not completed the treatment.</p> <p>2. Resident #12 was admitted to the facility in May 2024 with diagnoses including muscle weakness and dementia.</p> <p>Review of Resident #12's most recent Minimum Data Set (MDS) dated [DATE] indicated the Resident scored 5 out of a possible 15 on the Brief Interview for Mental Status (BIMS), which indicated the Resident has severe cognitive impairment. The MDS also indicated Resident #12 is dependent for bathing tasks.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2024
NAME OF PROVIDER OR SUPPLIER  Bostonian Nursing Care & Rehabilitation Ctr, The		STREET ADDRESS, CITY, STATE, ZIP CODE  337 Neponset Avenue Dorchester, MA 02122	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Activity of Daily Living (ADL) documentation for the month of June 2024, indicated the following:</p> <ul style="list-style-type: none"> <li>-there were 12 daytime shifts (7:00 A.M. to 3:00 P.M.) with no ADL documentation completed.</li> <li>-there were 9 afternoon shifts (3:00 P.M. to 11:00 P.M.) with no ADL documentation completed.</li> <li>-there were 16 nighttime shifts (11:00 P.M. to 7:00 A.M.) with no ADL documentation completed.</li> </ul> <p>During an interview on 6/26/24 at 10:09 A.M., Certified Nursing Assistant (CNA) #3 said all documentation is completed on the computer and the CNAs are expected to document all care on all shifts.</p> <p>During an interview on 6/26/24 at 1:09 P.M., the Director of Nursing said the CNAs are expected to document all care provided throughout the day on all shift and there should be no missing documentation.</p>