

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Briarwood Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Lincoln Street Needham, MA 02492	

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 0658</p> <p>Level of Harm - 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** 43963</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1) who had a history of pulmonary embolism (PE, blood clot in the lung), deep vein thrombosis (DVT, blood clot) in his/her leg, and was being treated with Eliquis (anticoagulant) which per physician's order had a stop date of 01/04/25, the Facility failed to ensure nursing provided care and services that met professional standards of practice related to medication review and physician follow-up, when Resident #1's Health Care Agent (HCA) requested that nursing contact the physician to request that Resident #1 remain on Eliquis, and although his/her physicians' progress note indicated to continue the Eliquis, no new order for the Eliquis was obtained by nursing and Resident #1's Eliquis was discontinued. On 02/13/25, Resident #1 was transferred to the Hospital Emergency Department (ED) for evaluation of new onset acute shortness of breath, he/she was diagnosed with a new blood clot in both of his/her lungs and was admitted for treatment.</p> <p>Findings include:</p> <p>Review of the Facility Policy titled Anticoagulation-Clinical Protocol, dated as last revised November 2018, indicated the physician and staff will identify individuals who are currently being anticoagulated, identify situations where an individual is not anticoagulated but where anticoagulation should be indicated, and will seek the underlying cause of conditions requiring anticoagulation.</p> <p>The Policy further indicated the following;</p> <ul style="list-style-type: none"> -The Physician will prescribe anticoagulation therapy appropriately, consistent with recognized guidelines; -The Physician will collaborate with the consultant pharmacist and nursing staff to identify potentially serious medication interactions; -The Physician will review the progress of individuals who are being anticoagulated; and -The Physician will periodically identify individuals whose anticoagulation can be discontinued or reduced and will document a rationale for continuing anticoagulation over time, including the medication and dosage. <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: 225437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Briarwood Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Lincoln Street Needham, MA 02492	
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 0658</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #1 was admitted to the facility in June 2024, diagnoses included a pulmonary embolism, a lower left extremity Deep Vein Thrombosis (DVT) and a history of a cerebral vascular accident (CVA, stroke).</p> <p>Review of Resident #1's Hospital Discharge (DC) Summary, dated 06/24/24, indicated he/she had been started on anticoagulation therapy related to a newly identified pulmonary embolism and left lower extremity DVT.</p> <p>The DC Summary indicated that he/she should be administered Eliquis 10 milligrams (mg) twice a day for seven (7) days, then decrease to Eliquis five (5) mg twice a day for at least the following six (6) months, and to follow-up with his/her physician in the next 1-2 months.</p> <p>Review of Resident #1's Physician's Orders, dated 06/26/24, indicated to administer Eliquis 5 mg, give two (2) tablets (10 mg) by mouth 2 times a day for 7 days and then administer Eliquis 5 mg, give one (1) tablet by mouth 2 times a day for 6 months, with an end date of 01/04/25.</p> <p>Review of Resident #1's Care Plan Meeting Review Note, dated 01/02/25, indicated that his/her HCA requested that nursing contact his/her physician to address the need for Resident #1 to remain on Eliquis.</p> <p>Review of Resident #1's Nurse Progress Note, dated 01/07/25, indicated that his/her HCA wanted nursing to contact the Nurse Practitioner (NP) to ensure that he/she was placed back on Eliquis. The Note indicated that the NP was contacted and that the NP would review Resident #1's orders.</p> <p>Review of Resident #1's Nurse Progress Note (written by the DON), dated 01/07/25, indicated that his/her physician would be in on 01/08/25 to review reinstating Resident #1's Eliquis.</p> <p>Review of Resident #1's Physician Progress Note, dated 01/08/25, indicated he/she was being treated for a pulmonary embolism, a DVT of his/her left lower extremity, was on Eliquis currently for 6 months and indicated to continue Eliquis.</p> <p>Review of Resident #1's Medication Administration Record (MAR), dated January 2025, indicated his/her last dose of Eliquis was administered on 01/04/25.</p> <p>Review of Resident #1's medical record, including but not limited to nurse progress notes, physician/NP progress notes, and physician orders, indicated that there was no documentation to support that a new order was obtained by nursing to continue Resident #1's anticoagulation (Eliquis).</p> <p>Resident #1 did not receive Eliquis 5 mg by mouth twice a day in the facility starting 01/05/25 up to and including 02/13/25, when he/she was transferred to the Hospital ED.</p> <p>Review of Resident #1's Nurse Progress Note, dated 02/13/25, indicated Resident #1 was found to be short of breath, using accessory muscles for breathing, oxygen saturation was 70% on room air, and he/she required a non-re-breather without effect. The Note indicated Resident #1 was transported to the Hospital ED for evaluation.</p> <p>Review of Resident #1's emergency room Department Report, dated 02/13/25, indicated he/she was found to have bilateral pulmonary emboli and required a heparin (anticoagulant) drip.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Briarwood Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Lincoln Street Needham, MA 02492	
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 0658</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The Report further indicated that he/she had a recent history of a PE, however no Eliquis was noted on his/her medication list from the Facility, that secondary to his/her recurrent PE's, immobility, and now Flu positive, Resident #1 should be on lifelong anticoagulation.</p> <p>During an interview on 02/14/25 at 10:57 A.M., Resident #1's HCA said that she made it very clear to the Social Worker (SW), Assistant Director of Nurses (ADON), Director of Nurses (DON), and Resident #1's Physician, that she wanted to keep him/her on Eliquis related to his/her history of blood clots or she wanted to be provided with an explanation as to why the physician would discontinue the anticoagulation medication.</p> <p>During an interview on 02/18/25 at 11:30 A.M., the Social Worker said that there had been a care plan meeting on 01/02/25, and Resident #1's HCA requested that his/her physician keep him/her on Eliquis.</p> <p>The SW said the Assistant Director of Nurses (ADON) was present in that care plan meeting and said that she (the ADON) would follow up with the physician regarding his/her HCA request to keep Resident #1 on Eliquis.</p> <p>During an interview on 02/18/25 at 4:10 P.M., the Director of Nurses (DON) said that on 01/07/25 Resident #1's HCA requested to have him/her remain on Eliquis. The DON said that she spoke to the NP and the NP told her that Resident #1's MD was going to address the issue upon his next review. The DON said she spoke to the MD, and he said that Resident #1 was going to continue Eliquis.</p> <p>During a telephone interview on 02/28/25 at 11:50 A.M., the Physician said that he had been made aware that Resident #1's HCA was concerned about keeping him/her on Eliquis, said when he spoke to the HCA in early January (01/08/25), he thought that Resident #1 was still on the Eliquis as ordered and was unaware that it had been discontinued at the facility.</p> <p>The DON said that she was not aware that the stop date had already passed, that Resident #1's Eliquis had been discontinued, and a new physician's order had not been obtained to restart the Eliquis. The DON said the Facility's expectation is that all anticoagulation orders must be reviewed with the Physician or NP if a stop date is initiated upon admission.</p> <p>The DON said that if any resident or HCP/Responsible Party requests medications be reinstated, nursing must notify the DON, Physician/NP, Administrator and a progress note must be written by the nurse to ensure the continuity of care.</p> <p>On 02/18/25, the Facility was found to be in Past Noncompliance and presented the Surveyor with a plan of correction (with an effective date of 02/17/25) that addressed the area(s) of concern as evidenced by:</p> <p>A) On 02/13/25 Resident #1 was transferred to the Hospital Emergency Department (ED) for evaluation, treatment and was admitted for recurrent bilateral PE's and Influenza A.</p> <p>B) On 2/17/25 an Ad-[NAME] Quality Assurance Performance Improvement (QAPI) meeting was conducted to review the incident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Briarwood Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Lincoln Street Needham, MA 02492	

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 0658</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>C) On 02/17/25, the DON completed a Facility wide audit of all residents on anticoagulation therapy to ensure all orders are current and valid.</p> <p>D) On 02/17/25, the DON educated all licensed nursing staff on reviewing medications with stop dates for follow-up, the policy for medication errors, physician orders, documentation and placing medications on hold.</p> <p>E) On 2/17/25, the DON educated the Providers on follow up for anticoagulation medications that have a stop date for new orders to be provided, either continuing or discontinuing the medication and the policy for documentation.</p> <p>F) On 2/17/25, the DON/designee will continue to audit residents with anticoagulation medications that have a stop date to ensure compliance with Physician's Orders, and/or need for new orders.</p> <p>G) Audit results will be reported to the DON or designee weekly and brought to the Quality Assurance and Performance Improvement (QAPI) meeting monthly until 100 percent compliance is achieved for three consecutive months.</p> <p>H) The Director of Nurses and/or designee are responsible for overall compliance.</p>