

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER St Francis Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Plantation Street Worcester, MA 01604	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>37086</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who required the use of adaptive equipment (a double handled mug) for beverages due to hand tremors, as well as staff assistance with set-up for meals, the Facility failed to ensure he/she received adequate staff assistance during meal service related to the nurses' inspection of meal trays for appropriateness of the meal, as well as for the inclusion of necessary adaptive equipment per each resident's meal ticket, prior to the meal tray being delivered and served to the resident, in an effort to prevent an incident/accident resulting in an injury. On 03/30/24, Resident #1's dinner tray was not checked by nursing prior to being served as required, the tray did not include his/her required double handled mug and his/her hot beverage was served in a Styrofoam cup. Resident #1 spilled the hot beverage on his/her thigh, which resulted in him/her sustaining a second degree burn (a partial thickness burn that affects the first and second layers of skin), which required treatment.</p> <p>Findings include:</p> <p>Review of the (undated) Facility Policy titled Food Tray Accuracy and Delivery, indicated the following:</p> <p>-A licensed nurse or qualified designee will check each resident tray prior to distributing to the resident to ensure that the name and room number of the resident are accurate and verify that the items on the plate or tray match the meal ticket for accuracy of the ordered diet, allergies and necessary adaptive equipment.</p> <p>-If the meal tray is missing necessary equipment the member of the nursing department or qualified professional will report it to the Food Service Manager so that the missing items can be provided prior to distributing the resident tray.</p> <p>Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 04/05/24, indicated that on 03/30/24, Resident #1 was served his/her dinner, which included hot coffee, with paper products (Styrofoam cups) instead of his/her double handled mug. Resident #1 spilled the hot coffee on his/her left thigh and sustained a (second degree) burn which was deep pink with blisters at the edges.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 225438	If continuation sheet Page 1 of 4

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Investigation Report Form, dated 03/30/24 at 7:47 P.M., indicated that Resident #1 accidentally spilled hot coffee on his/her left thigh when he/she poured coffee from one cup (Styrofoam cup) to another cup and his/her hands were shaking. The Investigation indicated that Resident #1 did not report the incident immediately (instead waited approximately two hours).</p> <p>Resident #1 was admitted to the Facility in July 2023, diagnoses included Parkinsonism (an umbrella term that refers to brain conditions that cause tremors, slow movements, stiffness and rigidity) and diabetes mellitus with polyneuropathy (causes decreased sensation).</p> <p>Review of Resident #1's Quarterly Minimum Data Set (MDS) Assessment, dated 01/09/24, indicated he/she scored a 15 out of 15 on his/her Brief Interview for Mental Status (BIMS) Assessment (0-7 suggests severe cognitive impairment, 8-12 suggests moderately impaired cognition, and 12-15 suggests a resident is cognitively intact). The MDS also indicated he/she required staff assistance for meal set-up.</p> <p>Review of Resident #1's meal ticket (in place at time of incident on 03/30/24), indicated it included his/her name, diet, preferences and that he/she required adaptive equipment, a two handled covered mug.</p> <p>Review of Resident #1's Nutrition Care Plan, with goal date of 07/09/24, indicated he/she required a double handled mug with a spout.</p> <p>During an interview on 04/25/24 at 1:20 P.M., Cook #1 said she was on duty on 03/30/24 for the second shift (11:30 A.M. through 8:00 P.M.) and the kitchen was short staffed. Cook #1 said she called the Food Service Director (FSD) for instruction, and said the FSD told her to use paper products for the dinner meal (instead of regular plates, silverware, mugs etc).</p> <p>Cook #1 said that at that time (03/30/24), she was unaware that resident specific adaptive equipment was to be provided even when the Facility implemented the use of paper products instead of regular dishware. Cook #1 said that no resident specific adaptive equipment was provided to the residents during the dinner meal on 03/30/24.</p> <p>During an interview on 04/25/24 at 1:35 P.M., the Food Service Director (FSD) said that he instructed Cook #1 to use paper products for the dinner meal on 03/30/24. The FSD said that resident specific adaptive equipment should still be provided to residents who require it, even when the Facility chooses to use paper products instead of regular dishware.</p> <p>The FSD said Resident #1 required a two handled mug for beverages, however for the dinner meal on 03/30/24, he/she was provided a Styrofoam cup for his/her hot coffee.</p> <p>During an interview on 04/25/24 at 1:58 P.M., Nurse #1 said she was on duty for the 3:00 P.M. to 11:00 P.M. shift on 03/30/24. Nurse #1 said she did not check the resident's dinner meal trays for accuracy of diets, texture, or adaptive equipment, prior to the meals being distributed to the residents that night. Nurse #1 said she had not been trained to do so and at that time (03/30/24) she was unaware that it was nursing's responsibility.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Nurse #1 said that Resident #1 reported, a couple hours (exact time unknown) after dinner, that he/she spilled hot coffee on his/her left thigh during dinner. Nurse #1 said she provided first aid, notified the Nurse Practitioner to obtain treatment orders, and also notified the Director of Nurses. Nurse #1 said the skin on Resident #1's left thigh was deep red with blisters forming at the edges.</p> <p>Review of Resident #1's physician's orders indicated he/she had a new order, dated 3/30/24, for Silvadene Cream 1% (topical antibiotic used for burns) to be applied to his/her left thigh burn twice daily.</p> <p>During an interview on 04/25/24 at 2:42 P.M., Certified Nurse Aide (CNA) #1 said Resident #1 was on her assignment on 03/30/24 for the 3:00 P.M. to 11:00 P.M. shift. CNA #1 said she delivered Resident #1's tray to him/her and said although she knew Resident #1 required a two handled mug for beverages, he/she instead was provided a Styrofoam cup for hot coffee. CNA #1 said she had not seen the nurse(s) check the resident dinner trays (for accuracy) on 03/30/24, prior to the CNA's delivering them that night.</p> <p>Review of Resident #1's care Kardex (in place at time of incident on 03/30/24, used by Certified Nurse Aides to determine individual care needs) indicated he/she required a doubled handled mug with spout.</p> <p>During an interview on 04/25/24 at 3:34 P.M., the Director of Nurses (DON) said that the nurse(s) on the unit should have checked each resident's meal tray for accuracy prior to the meal tray being provided to a resident. The DON said that on 03/30/24, the nurse(s) should have notified kitchen staff that Resident #1 did not have his/her double handled mug on his/her dinner meal tray.</p> <p>On 04/25/24, the Facility was found to be in Past Non-Compliance and presented the Surveyor with a plan of correction which addresses the areas of concern as evidenced by:</p> <p>A) 03/30/24, Resident #1 was assessed by nursing, new orders were obtained for Silvadene Cream 1% (topical antibiotic used for burns) to be applied to his/her left thigh burn twice daily.</p> <p>B) 04/01/24 through 04/07/24, the Assistant Director of Nurses educated all licensed staff that nurses must check meal trays for correct diet consistency and adaptive equipment prior to the trays being given to the residents.</p> <p>C) 04/01/24 through 04/07/24, the Assistant Director of Nurses educated all licensed staff that when delivering residents meal trays, staff must offer to assist residents with setting up their tray such as opening cartons, cutting food, and pouring drinks.</p> <p>D) 04/01/24 through 04/09/24, the Food Service Director and Kitchen Manager educated the dietary staff on providing adaptive equipment to residents even when using Styrofoam and paper products.</p> <p>E) 04/03/24, the Food Service Director and the Administrator began an audit visualizing adaptive equipment against each resident's meal ticket on the resident's meal trays.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>F) 04/10/24, weekly audits were initiated related to adaptive equipment use and meal tickets, audits will continue times four weeks, then monthly times three weeks, will be conducted by the Administrator, Food Service Director, Food Service Manager, Assistant Director of Therapy, Therapy Assistants, Unit Nurse Managers and Nursing Shift Supervisors.</p> <p>G) The results of the weekly audits will be brought to Quality Assurance Performance Improvement (QAPI) monthly times three months or until substantial compliance is achieved.</p> <p>H) The Director of Nurses and/or designee are responsible for overall compliance.</p>		