

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2024
NAME OF PROVIDER OR SUPPLIER  Blaire House of Worcester		STREET ADDRESS, CITY, STATE, ZIP CODE  116 Houghton 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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>42741</p> <p>Based on interview and record review, the facility failed to ensure documentation was available to show that Nurse Aide registry checks were completed for three Staff Members (#1, #2, and #3), out of five staff members personnel files reviewed.</p> <p>Specifically the facility failed to provide documentation that showed Nurse Aide registry checks were completed for screening of Staff Members #1, #2, and #3, prior to the staff members working with residents in the facility.</p> <p>Findings include:</p> <p>Review of the facility policy titled Abuse Prevention Policies and Procedures, revised 4/17, indicated the following:</p> <ul style="list-style-type: none"> <li>-All applicants for employment shall provide professional references.</li> <li>-The facility shall conduct application reference checks to the extent possible.</li> <li>-In addition, the facility will conduct further screening (s) as required including but not limited to Board of Nursing license verification, Nurse Aide Registry .</li> </ul> <p>1. Review of Staff Member #1's personnel record indicated that Staff Member #1 had been working at the facility since February 2024. Further review of Staff Member #1's personnel record indicated no documentation that a Nurse Aide registry check had been performed prior to him/her starting work in the facility.</p> <p>2. Review of Staff Member #2's personnel record indicated that Staff Member #2 had been working at the facility since June 2024. Further review of Staff Member #2's personnel record indicated no documentation a Nurse Aide registry check had been performed prior to him/her starting work in the facility.</p> <p>3. Review of Staff Member #3's personnel record indicated that Staff Member #3 had been working at the facility since June 2023. Further review of Staff Member #3's personnel record indicated no documentation a Nurse Aide registry check had been performed prior to him/her starting work in the facility.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/27/24 at 11:37 A.M., the Human Resources (HR) Staff Member said Nurse Aide registry checks should be performed on all staff members prior to them working in the facility. The HR Staff Member said she was unable to provide any documentation to show Staff Member's #1, #2, and #3 had Nurse Aide registry checks performed prior to the Staff Members working in the facility. The HR Staff Member further said there should have been documentation in each of the staff member's personnel records to show Nurse Aide registry checks were performed and there was not.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37400</p> <p>Based on observation, interview, record and policy review, the facility failed to ensure that infection surveillance was implemented for skin infections requiring medical intervention for eight Residents (#9, #8, #52 #2, #45, #59, #20, and #61) out of a total sample of 20 residents.</p> <p>Specifically, the facility failed to track and trend skin disorders in order to assess/evaluate rashes that developed for Resident's (#9, #8, #52 #2, #45, #59, #20, and #61), and to implement strategies to minimize the potential risk of transmission of infections.</p> <p>Findings include:</p> <p>Review of the facility policy titled Surveillance for Infections, revised September 2017, indicated the Infection Preventionist (IP) will conduct ongoing surveillance for Healthcare-Associated Infections (HAIs) and other epidemiologically significant infections that have substantial impact on potential resident outcomes and that may require Transmission-Based Precautions (TBP: infection control measures used in addition to standard precautions for patients who may be infected with certain infectious agents) and other preventative interventions. The policy included the following:</p> <ul style="list-style-type: none"> <li>-The purpose of the surveillance of infections is to identify both individual cases and trends of epidemiologically significant organisms and HAIs, to guide appropriate interventions, and to prevent future infections.</li> <li>-The criteria for such infections are based on the current standard definitions of infections.</li> <li>-Infections that will be included in routine surveillance include those with: <ul style="list-style-type: none"> <li>&gt;evidence of transmissibility in a healthcare environment</li> <li>&gt;available processes and procedures that prevent or reduce the spread of infection</li> <li>&gt;clinically significant morbidity or mortality associated with infection (for example: pneumonia, urinary tract infections .)</li> <li>&gt;pathogens associated with serious outbreaks (for example: Norovirus, influenza, scabies .)</li> </ul> </li> <li>-Infections that may be considered in surveillance include those with limited transmissibility in a healthcare environment; and/or limited prevention strategies</li> <li>-Nursing Staff will monitor residents for signs and symptoms that may suggest infection, according to the current criteria and definitions of infection, and will document and report suspected infections to the Charge Nurse as soon as possible</li> <li>-If a communicable disease outbreak is suspected, this information will be communicated to the Charge Nurse and the IP immediately.</li> </ul> <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 - Some</p>	<p>-Implement Transmission-Based Precautions based on the patient's clinical presentation and likely infection diagnoses (e.g. syndromes suggestive of transmissible infections such as diarrhea, meningitis, fever and rash, respiratory infection) as soon as possible after the patient enters the healthcare facility (including reception or triage areas in emergency departments, ambulatory clinics or Physicians' offices) then adjust or discontinue precautions when more clinical information becomes available (e.g. confirmatory laboratory results).</p> <p>During the initial pool process conducted on 6/25/24 at 9:40 A.M., the surveyor observed Resident #9 ambulating in the hallway. The Resident approached the surveyor and asked the surveyor to look at his/her body and started to disrobe the shirt that he/she was wearing, stating he/she was very itchy. The surveyor observed the Resident to be scratching at his/her upper chest. The surveyor was able to re-direct the Resident and said that she would notify the Nurse of his/her itchiness and have them assess him/her. The surveyor immediately notified the Nurse who was present a few feet away of the Resident's concern relative to itchiness.</p> <p>On 6/25/24 from 2:40 P.M. through 4:28 P.M., the surveyor observed Resident #9 dressed and seated in a stationary chair in the day room with numerous other residents during activities. He/she was observed to be frequently rubbing his/her back against the back of the stationary chair as well as scratching his/her right lower abdomen, upper chest, left leg, left knee and face. While Resident #9 was seated in the day room during the activities of coloring and pet videos with facility staff, the surveyor observed other residents to be intermittently scratching their arms, back and/or stomach. One resident who was seated at a table in a stationary chair coloring with another resident, was observed to take a colored pencil and use it to scratch his/her upper back repeatedly and then place the colored pencil back on the table. Another Resident (#8), who was seated in a stationary chair during the activity, was observed to continuously scratch his/her stomach and at one point, lifted up his/her shirt exposing the abdomen which had multiple red, open dime sized areas which he/she was scratching. A Certified Nurses Aide (CNA) approached Resident #8 and assisted him/her out of the day room while stating that he would inform the Nurse about the Resident's itchiness.</p> <p>On 6/26/24 at 7:27 A.M. through 7:58 A.M., the surveyor observed Resident #9 seated in a stationary chair in the day room with other residents during the breakfast meal. The Resident was observed to get up during the meal and state that he/she was itchy all over. A CNA was observed to approach the Resident at the time and tell the Resident that he could apply some lotion for the itchy skin, and redirected the Resident back to his/her breakfast tray. During the observation, the Resident was scratching his/her chest, upper arms and lower legs.</p> <p>During an interview on 6/26/24 at 10:15 A.M., Unit Manager (UM) #1 said that the NP evaluated Resident #9 today and put in orders relative to his/her rash. UM #1 said the Resident had been complaining of being itchy all over his/her skin, the NP was notified, assessed the Resident and gave new orders for treatment today. UM #1 said that she completed a skin assessment on the Resident today and there were no open areas or raised bumps, but there were areas on the Resident's underarms and legs that were irritated and red from scratching.</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 - Some</p>	<p>On 6/26/24 at 3:50 P.M., the surveyor observed Resident #52 enter the dining room, sit on a stationary chair, remove his/her left sock and scratch his/her left lower leg and feet repeatedly. The surveyor observed that the Resident's lower leg had numerous bumps and/or red open areas on the ankle, upper toes and between the toes. The surveyor also observed multiple red areas/bumps on his/her arms. UM #1 entered the dining room and also observed Resident #52. When the surveyor asked about the Resident's skin and observed itchiness, UM #1 said that Resident #52 has had a rash about three weeks ago and UM #1 said she thought the incidences of resident rashes started with Resident #52. UM#1 said Resident #52 had Triamcinolone cream to treat the rash previously, but it looked like he/she still had the rash. UM #1 said she was not aware of the Resident's current rash and would check in with the Resident's Nurse. When the surveyor asked UM #1 about her reference to the rash starting with Resident #52, and if there was any more information or tracking/trending of the resident rashes, UM #1 said she was unsure if anyone was tracking the residents with rashes.</p> <p>On 6/26/24 at 4:25 P.M., the surveyor reviewed the observations of numerous residents with itchiness, scratching of skin and observations of rashes with the Director of Nursing (DON). The DON said she was aware that there were residents who have had rashes, the Providers were aware, and treatments have been ordered. The DON said the clinical team met daily, reviewed resident progress notes and discussed resident conditions so follow-up could occur.</p> <p>During an interview on 6/27/24 at 10:18 A.M., the DON said she reviewed the clinical records for Resident's #9 and #52. The DON said upon review, there was not much documentation relative to the skin concern/rash for Resident #9. The DON said Resident #52 was noted yesterday (6/26/24) to have a rash that was itchy and spreading and the rash required a treatment. The DON said the facility completed an audit and identified eight residents who had skin concerns related to rashes. The DON further said that the facility was aware of some of the residents identified and that 6 of the 8 residents with rashes had treatments in place. The DON said one of the treatments prescribed for one of the residents was not working so they had requested that the Provider assess for a new treatment. The DON said the facility had not been tracking the presence of resident rashes to identify if there were trends. The DON further said that the NP was coming to assess Resident #8 today.</p> <p>Review of the List of Residents with Rashes, provided by the DON on 6/27/24, indicated the following Residents were impacted:</p> <ul style="list-style-type: none"> <li>-Resident #9</li> <li>-Resident #8</li> <li>-Resident #52</li> <li>-Resident #2</li> <li>-Resident #45</li> <li>-Resident #59</li> <li>-Resident #20</li> <li>-Resident #61</li> </ul> <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 - Some</p>	<p>During an interview on 6/27/24 at 12:26 P.M., the NP said that he assessed Resident #8 relative to his/her rash. The NP said Resident #8 had the rash for months, that the initial occurrence of the rash started with Resident #8. The NP said Resident #8's current rash was a re-occurrence, was previously treated with a steroid cream which made it worse, so he was going to change the treatment. When the surveyor asked about whether the rash could be transmittable, the NP said that it could be bacterial which could be transmitted to others. The NP said Resident #8 was placed on Contact Precautions, which would be difficult to maintain because he/she was mobile and frequently touching things, and that new medication/treatment orders were added for the treatment of his/her rash. The NP further said the facility had provided him with a list of residents identified with rashes to be reviewed today, that he was aware that there have been several residents who have developed rashes and was not aware if there was any tracking and/or trending of the resident rashes.</p> <p>During an interview on 6/27/24 at 2:00 P.M., the DON said the facility had not tracked the occurrence of resident rashes and had no line listing for infections other than for COVID-19, Influenza or for other infections requiring antibiotics.</p> <p>During an interview on 6/27/24 at 2:39 P.M., CNA #1 said there were several residents on his assignment who have itchy rashes and have been observed to be scratching. CNA #1 said one of the Residents (#38) had a rash on his/her arms and back a few weeks ago which has since resolved, and currently two residents (Resident #55, who was not identified on the list provided to the survey team by the DON, and Resident #61) had rashes on their chest, back and hands. When the surveyor asked about what the process was for identifying skin conditions, CNA #1 said if he observed any resident scratching or had skin rashes/irritation, he would notify the Nurse.</p> <p>During an interview on 6/27/24 at 2:45 P.M., CNA #2 said there were three Residents on his assignment with rashes (Resident's #9, #35 and #52). CNA #2 said these Residents were itchy, had rashes that are red and bleed from scratching. CNA #2 further said that if he observed any change in a resident's skin conditions, he would notify the Nurse.</p> <p>During an interview on 6/27/24 at 2:50 P.M., CNA #3 said that she noticed that there were residents who say they are itchy or are observed to be itchy and scratching their skin. CNA #3 said when she observes this, she would notify the Nurse. When the surveyor asked if there were residents that had rashes/itchy skin, CNA #3 said Resident #8 and Resident #9 currently had itchy rashes.</p> <p>During an interview on 6/27/24 at 3:51 P.M., the surveyor discussed with the DON that several staff were interviewed and reported resident rashes (Resident's #38, #55 and #35) who were not included on the list provided to the survey team. The DON said she would follow-up with the staff and the Residents not on the list, to assess their skin. The DON further said that the facility was continuing to work with the Providers and the Epidemiologist.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44129</b></p> <p>Based on interview, record and policy review, the facility failed to offer Pneumococcal Vaccinations as recommended for three Residents (#42, #56, and #14) out of five applicable Residents, out of a total sample of 20 residents, putting the Residents at risk for developing facility acquired Pneumonia.</p> <p>Specifically, the facility failed to ensure that Pneumococcal Vaccinations were offered, received, or declined to Resident's #42, #56 and #14 per Physician's orders and after obtaining consent from the Residents and/or their Representatives.</p> <p>Findings include:</p> <p>Review of the CDC (Centers for Disease Control) website: Pneumococcal Vaccine Timing for Adults greater than or equal to [AGE] years (cdc.gov), dated 3/15/23, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-For adults 65 and over who have not had any prior Pneumococcal Vaccines, then the patient and Provider may choose Pneumococcal Conjugate Vaccine (PCV) 20 or PCV15 followed by Pneumococcal Polysaccharide Vaccine (PPSV) 23 one year later.</li> <li>-For adults 65 and over who has had Pneumococcal Conjugate Vaccine 13 (PCV 13) and Pneumococcal Polysaccharide Vaccine 23 (PPSV 23), and it has been 5 years or greater since the last Pneumococcal Vaccination, then the patient and the vaccine Provider may choose to administer the 20-Valent Pneumococcal Conjugate Vaccine (PCV 20).</li> </ul> <p>Review of the Facility Vaccine Procedure, revised 11/2023, indicated but was not limited to:</p> <ul style="list-style-type: none"> <li>-The licensed Nurse under the direction of the Director of Nursing (DON) will administer recommended immunization to residents/employees</li> <li>-Obtain informed consent from each resident, responsible party .to receive recommended vaccinations.</li> <li>-The licensed Nurse will obtain a Physician order .and administer the vaccine per the Physician order.</li> <li>-The licensed Nurse will administer the designated vaccine to all residents who have signed the informed consent requesting to be vaccinated.</li> </ul> <p>1. Resident #42 was admitted to the facility in November 2023 with a diagnosis of Dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory and loss of judgment) and was over the age of 65.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Pneumonia Vaccine Informed Consent Form located in the Resident's chart indicated that the Resident's Representative consented for the Resident to receive the Pneumococcal Vaccine on 12/17/23.</p> <p>Review of the Resident's Medical Record indicated the following Physician's orders:</p> <ul style="list-style-type: none"> <li>-May receive Pneumococcal Conjugate 13 Valent (PCV 13) vaccine in accordance with CDC current recommended immunization schedule for adults, with documented informed consent and if not otherwise contraindicated, initiated 11/25/23</li> <li>-May receive Pneumococcal Polysaccharide 23 Valent (PPSV 23) vaccine in accordance with CDC current recommended immunization schedule for adults with documented informed consent and if not otherwise contraindicated, initiated 11/29/23</li> </ul> <p>Review of the Resident's immunization history in the facility's electronic health record (EHR) indicated no evidence the Resident received any Pneumococcal Vaccinations.</p> <p>Review of the MIIS (Massachusetts Immunization Information System) record provided by the facility indicated no history of Resident #42 ever having received a Pneumococcal Vaccination.</p> <p>Review of the CDC Pneumovax Advisor tool indicated the following recommendation for Resident #42 based on his/her history of Pneumococcal Vaccination:</p> <ul style="list-style-type: none"> <li>-Give one dose of PCV15 or PCV 20. If PCV 20 is used, the Pneumococcal Vaccinations are complete.</li> </ul> <p>Review of the Medical Record failed to indicate Resident #42 had a medical contraindication to or had been offered, received, or declined the appropriate Pneumococcal Vaccination.</p> <p>2. Resident #56 was admitted to the facility in June 2023, with a diagnosis of Dementia and was over the age of 65.</p> <p>Review of the Pneumonia Vaccine Informed Consent Form located in the Resident's chart indicated the Resident's Representative consented for Resident #56 to receive the Pneumococcal Vaccine on 6/6/23.</p> <p>Review of the Resident's Medical Record indicated the following Physician's orders:</p> <ul style="list-style-type: none"> <li>-May receive Pneumococcal Conjugate 13 Valent (PCV 13) vaccine in accordance with CDC current recommended immunization schedule for adults, with documented informed consent and if not otherwise contraindicated, initiated 6/7/23</li> <li>-May receive Pneumococcal Polysaccharide 23 Valent (PPSV 23) vaccine in accordance with CDC current recommended immunization schedule for adults with documented informed consent and if not otherwise contraindicated, initiated 6/7/23</li> </ul> <p>Review of the Resident's immunization history in the facility's EHR did not indicate evidence that the Resident received any Pneumococcal Vaccination.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the MIIS (Massachusetts Immunization Information System) record provided by the facility indicated no history of Resident #56 ever having received a Pneumococcal Vaccination.</p> <p>Review of the CDC Pneumovax Advisor tool indicated the following recommendation for Resident #56 based on his/her history of Pneumococcal Vaccination:</p> <p>-Give one dose of PCV15 or PCV 20. If PCV 20 is used, the Pneumococcal Vaccinations are complete.</p> <p>Review of the Medical Record failed to indicate that Resident #56 had a medical contraindication to or had been offered, received, or declined the appropriate Pneumococcal Vaccination.</p> <p>During an interview on 6/26/24 at 1:55 A.M., the DON said both Resident #42 and #56 did not receive Pneumococcal Vaccinations until today, after the surveyor inquired as to whether the required immunizations had ever been provided to the Residents. The DON further said that both Residents should have received the vaccinations shortly after consenting, and it should not have taken this long for them to have received the vaccinations.</p> <p>50563</p> <p>3. Resident #14 was admitted to the facility in May 2023 with diagnoses including Dementia, Chronic Obstructive Pulmonary Disease (COPD-a condition of the lungs that causes decreased air flow and breathing problems), Dysphagia (difficulty swallowing), Heart Failure (when the heart can no longer pump blood as well as it should resulting in fluid buildup in the feet, arms, lungs and other organs) and was over the age of 65.</p> <p>Review of the MIIS record provided by the facility indicated the following Pneumococcal Vaccination history:</p> <p>-PCV 13 administration date of 10/24/18.</p> <p>Review of the Pneumococcal Vaccination Informed Consent Form indicated Resident #14 's Representative consented for the Resident to receive the Pneumococcal Vaccination in accordance with CDC recommendations on 5/5/23.</p> <p>Review of the June 2024 Physician's orders included the following:</p> <p>-May receive PPSV 23 Vaccine in accordance with CDC current recommended immunization schedule for adults with documented informed consent and if not otherwise contraindicated, initiated 5/9/23.</p> <p>Review of the Resident's clinical and immunization record indicated no documented evidence the Resident had received any Pneumococcal Vaccinations after consent was obtained on 5/5/23.</p> <p>Review of the CDC Pneumovax Advisor tool indicated the following recommendation for Resident #14:</p> <p>-Give one dose of PCV 20 or,</p> <p>-Give a second dose of PPSV 23</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2024
NAME OF PROVIDER OR SUPPLIER  Blaire House of Worcester		STREET ADDRESS, CITY, STATE, ZIP CODE  116 Houghton 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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/26/24 at 2:01 P.M., the DON/Infection Control Preventionist (ICP) said Resident #14 had been due for the PCV 20 Vaccination. The DON/ICP said the PCV 20 Vaccination was administered today and should have been administered shortly after consent was obtained.</p> <p>During an interview on 6/27/24 at 11:17 A.M., the Nurse Practitioner (NP) #1 said he had received information from the DON relative to residents and their Pneumococcal Vaccination status this week. NP #1 said he was reviewing the resident list and was utilizing the CDC recommendations in order to determine the type of Pneumococcal Vaccination required for the residents who were due to receive them.</p>		