

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225444	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Blue Hills Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1044 Park Street Stoughton, MA 02072	

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 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>41106</p> <p>Based on record review and interview, the facility failed to ensure Advance Directives were formulated and signed by the clinician (Physician, Nurse Practitioner, or Physician Assistant) making them valid for one Resident (#18), out of a total sample of 16 residents.</p> <p>Findings include:</p> <p>Review of the Massachusetts Medical Orders for Life-Sustaining Treatment (MOLST) form, dated 8/10/13, indicated but was not limited to the following:</p> <p>Instructions:</p> <p>-This form should be signed based on goals of care discussions between the patient (or patient's representative signing below) and the signing clinician.</p> <p>-Sections A through C are valid orders only if sections D and E are complete.</p> <p>If any section is not completed, there is no limitation on the treatment indicated in that section.</p> <p>Section D: Patient or patient's representative signature is required.</p> <p>Section E: Clinician signature required.</p> <p>Review of Resident #18's MOLST indicated section D and section E were both signed by Resident #18's Healthcare proxy (HCP) on 9/18/21. Resident #18 indicated advanced directives to be: Do not resuscitate (DNR), Do not intubate (DNI), Do not hospitalize (DNH), no dialysis.</p> <p>-Section E was not signed by the clinician making Resident #18's MOLST form not valid.</p> <p>Review of Resident #18's care plan indicated but was not limited to:</p> <p>-Advanced Directives DNR, DNI, DNH, no dialysis, HCP invoked.</p> <p>-My advanced directives will be honored through the next 90 days.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Please note, my wishes are clearly marked and identified in my medical record.</p> <p>-Please review my code status quarterly at my intra-disciplinary care plan meeting.</p> <p>During an interview on 10/10/24 at 3:20 P.M., the Director of Nurses (DON) said the MOLST should be signed by the physician to be valid. The DON said she will check in overflow to see if there is a MOLST signed by the clinician.</p> <p>During an interview on 10/10/24 at 4:40 P.M., the DON said there is no MOLST signed by the physician.</p>		

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<p>F 0636</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>41065</p> <p>Based on Minimum Data Set (MDS) assessment review and staff interview, the facility failed to ensure staff completed the Comprehensive MDS assessment within the required time frame for five Residents (#59, #20, #23, #42, #22), out of a total of 28 comprehensive assessments reviewed from September 2024 through October 9, 2024.</p> <p>Findings include:</p> <p>The MDS is part of the U.S. federally mandated process for clinical assessment of all residents in Medicare or Medicaid-certified nursing homes. It is a core set of screening, clinical and functional status elements, including common definitions and coding categories, which forms the foundation of a comprehensive assessment.</p> <p>An Admission MDS assessment is considered timely when it is completed within 14 calendar days after admission to the facility.</p> <ol style="list-style-type: none"> <li>Resident #59 was admitted to the facility in September 2024.</li> </ol> <p>Review of the admission MDS assessment, dated 9/16/24, indicated it was not completed until 9/27/24, a total of four days late.</p> <ol style="list-style-type: none"> <li>Resident #20 was admitted to the facility in September 2024.</li> </ol> <p>Review of the admission MDS assessment, dated 9/16/24, indicated it was not completed until 10/2/24, a total of eight days late.</p> <ol style="list-style-type: none"> <li>Resident #23 was admitted to the facility in September 2024.</li> </ol> <p>Review of the admission MDS assessment, dated 9/16/24, indicated it was not completed until 9/26/24, a total of three days late.</p> <ol style="list-style-type: none"> <li>Resident #42 was admitted to the facility in August 2024.</li> </ol> <p>Review of the admission MDS assessment, dated 9/3/24, indicated it was not completed until 9/12/24, a total of two days late.</p> <ol style="list-style-type: none"> <li>Resident #22 was admitted to the facility in August 2024.</li> </ol> <p>Review of the admission MDS assessment, dated 8/26/24, indicated it was not completed until 9/4/24, a total of two days late.</p> <p>(continued on next page)</p>

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<p>F 0636</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/10/24 at 11:03 A.M., the MDS Coordinator said she was responsible for the completion of the MDS assessments and was aware that they were not being completed timely. She said she was recently out of work and there was nobody to assist her with the completion of the assessments while she was out of the building</p> <p>During an interview on 10/10/24 at 1:57 P.M., the MDS timeliness was discussed with the Administrator. He said there should be someone to support the MDS Coordinator when she is out so the assessments are not completed late.</p>		

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<p>F 0638</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>41065</p> <p>Based on Minimum Data Set (MDS) assessment review and staff interview, the facility failed to ensure staff completed the Quarterly MDS assessment within the required time frame for three Residents (#30, #21, #41), out of a total of 28 comprehensive assessments reviewed from September 2024 through October 9, 2024.</p> <p>Findings include:</p> <p>The MDS is part of the U.S. federally mandated process for clinical assessment of all residents in Medicare or Medicaid-certified nursing homes. It is a core set of screening, clinical and functional status elements, including common definitions and coding categories, which forms the foundation of a comprehensive assessment.</p> <p>A Quarterly MDS assessment is considered timely if the Assessment Reference Date (ARD) of the Quarterly MDS is completed within 92 days of the most recent OBRA Assessment reference date (Admission, Annual, Quarterly, or a Significant Change in Status Assessment), and submitted no later than 14 days after the assessment reference date.</p> <p>1. Resident #30 was admitted to the facility in November 2017.</p> <p>Review of the quarterly MDS assessment, dated 9/17/24, indicated it was not completed until 10/3/24, a total of three days late.</p> <p>2. Resident #21 was admitted to the facility in July 2017.</p> <p>Review of the quarterly MDS assessment, dated 9/17/24, indicated it was not completed until 10/3/24, a total of three days late.</p> <p>3. Resident #41 was admitted to the facility in January 2020.</p> <p>Review of the quarterly MDS assessment, dated 9/17/24, indicated it was not completed until 10/3/24, a total of three days late.</p> <p>During an interview on 10/10/24 at 11:03 A.M., the MDS Coordinator said she was responsible for the completion of the MDS assessments and was aware that they were not being completed timely. She said she was recently out of work and there was nobody to assist her with the completion of the assessments while she was out of the building.</p> <p>During an interview on 10/10/24 at 1:57 P.M., the MDS timeliness was discussed with the Administrator. He said there should be someone to support the MDS Coordinator when she is out so the assessments are not completed late.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>48084</p> <p>Based on record review and interviews, the facility failed to ensure one Resident (#37), out of a total sample of 16 residents, received care and treatment to promote healing of pressure injuries. Specifically, the facility failed to address wound physician's recommendations timely for care and treatment of two Stage 3 pressure ulcers (full thickness tissue loss that extends through the skin into the fat and deeper tissue, but does not expose bone, tendon, or muscle) to the coccyx (tailbone) and right buttock.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Pressure Ulcer Prevention and Management, dated as last revised 3/4/24, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-The facility shall establish and utilize a systematic approach for pressure injury prevention and management, including prompt assessment and treatment; intervening to stabilize, reduce or remove underlying risk factors; monitoring the impact of the interventions; and modifying the interventions as appropriate.</li> <li>-Licensed nurses will conduct full body skin assessment on all residents upon admission/readmission, weekly, and after any newly identified pressure injury. Findings will be documented in the medical record.</li> <li>-The staging of pressure injuries will be clearly documented.</li> <li>-The RN Unit Manager, or designee, will review all relevant documentation regarding skin assessments, pressure injury risks, progression toward healing, and compliance at least weekly, and document a summary of findings in the medical record.</li> <li>-The attending physician will be notified of progression towards healing, or lack of healing, of any pressure ulcers weekly.</li> </ul> <p>Resident #37 was admitted to the facility in August 2024 with diagnoses which included unstageable pressure ulcer (the base of the wound bed is covered by a layer of dead tissue often yellow, green, grey, brown, or black therefore the wound cannot be accurately staged) of the sacral region (back of the pelvis at the base of the spine above the coccyx/tailbone). (Note: Sacrum and Coccyx are often inadvertently used interchangeably due to the proximity of the two areas.)</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #37 indicated he/she scored 2 out of 15 on the Brief Interview for Mental Status (BIMS) indicating he/she had severe cognitive impairment. Additionally, he/she had an unstageable pressure injury.</p> <p>Review of the Admission Nursing Assessment skin check indicated a pressure ulcer to the coccyx but failed to indicate a stage or description of the wound.</p> <p>Review of the Discharge Summary, dated 8/14/24, indicated but was not limited to the following:</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Diagnosis: Pressure Ulcer of Sacral region, unstageable.</p> <p>-Wound Care Treatment Daily: Wound recommendations for buttocks: Treatment Plan: Opticel (gelling fiber wound dressing providing optimal moist wound healing environment)</p> <ol style="list-style-type: none"> <li>1. Remove old dressing (moisten dressing with normal saline prior to removal if adhered to wound bed).</li> <li>2. Cleanse wound with wound wash to peri wound, let it dry.</li> <li>3. Apply skin prep.</li> <li>4. Cut Opticel to fit wound base. Apply into wound bed dry.</li> <li>5. Cover with foam dressing. Change dressing daily.</li> </ol> <p>-Ascorbic Acid 500 milligrams (mg) give one tablet by mouth twice a day.</p> <p>Review of the Physician's Orders from admission failed to indicate wound care was ordered as recommended.</p> <p>Review of the physician and nursing notes failed to indicate the recommendations for the dressings were reviewed with the Attending Physician and declined.</p> <p>Further review of the Physician's Orders indicated but were not limited to the following:</p> <p>-Silver Sulfadiazine External 1% Cream: Apply to burrock (sic) topically every shift for wound (8/14/24- Discontinued 8/15/24)</p> <p>-Silver Sulfadiazine External 1% Cream: Apply to buttocks/coccyx topically every shift for wound (8/15/24)</p> <p>-Ascorbic Acid 500 milligrams (mg) give one tablet by mouth two times a day for supplement (8/14/24)</p> <p>Further review of the medical record indicated Resident #37 was seen by the Wound Physician on 8/15/24.</p> <p>Review of the Initial Wound Evaluation and Management Summary, dated 8/15/24, indicated the following:</p> <p>-Patient presents with wound on coccyx and right buttock.</p> <p>-Site 1: Stage 3 Pressure Wound Coccyx Full Thickness measures 1.4 x 0.3 x 0.2 centimeters (cm)</p> <p>-Site 2: Stage 3 Pressure Wound of the Right Buttock Full Thickness measures 0.8 x 0.5 x 0.2 cm</p> <p>Dressing Treatment Plan: Calcium Alginate and Gauze Island with border dressing daily.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Recommendations: Cleanse with normal saline at time of dressing change. Vitamin C 500 mg twice daily and Zinc Sulfate 220 mg once daily for 14 days.</p> <p>Review of the Physician's Orders failed to indicate the Wound Care Physician's recommendations were ordered as recommended.</p> <p>Review of the physician and nursing notes failed to indicate the recommendations for the dressings or the Zinc Sulfate were reviewed with the Attending Physician and declined.</p> <p>Review of the Wound Care Evaluation &amp; Management Summary, dated 8/22/24, indicated the same recommendations were made from 8/15/24.</p> <p>Review of the Physician's Orders failed to indicate the Wound Care Physician's recommendations were ordered as recommended.</p> <p>Review of the physician and nursing notes failed to indicate the recommendations for the dressings or the Zinc Sulfate were reviewed with the Attending Physician and declined.</p> <p>Review of the Physician's Orders indicated the following: (12 days after initially recommended by the Wound Doctor)</p> <p>-Coccyx: Cleanse area with normal saline or wound cleanser. Apply skin barrier wipe to peri wound area. Apply Calcium Alginate and cover with border gauze as needed for skin impairment and every evening shift for skin impairment. (8/27/24)</p> <p>-Right Buttock: Cleanse area with normal saline or wound cleanser. Apply skin barrier wipe to peri wound area. Apply Calcium Alginate and cover with border gauze as needed for skin impairment and every evening shift for skin impairment. (8/27/24)</p> <p>-Zinc 50 mg by mouth one time a day for supplement for 14 days. (8/27/24)</p> <p>Review of the Wound Care Evaluation &amp; Management Summary, dated 8/29/24, indicated the following:</p> <p>-Site: 1 Coccyx wound was macerated with increased moisture after Foley catheter discontinuation.</p> <p>-Site: 2 Right Buttock was at goal.</p> <p>No changes were made to either treatment and the recommendations remained the same as the orders implemented on 8/27/24.</p> <p>-Site: 3 Sacrum (New Area) measured 2.2 x 2.1 x not measurable cm (depth not measurable due to the presence of nonviable tissue and necrosis (death of body tissue)). Wound was surgically debrided to remove the necrotic tissue down to the healthy tissue.</p> <p>Dressing Treatment Plan: Calcium Alginate and Gauze Island with border dressing daily.</p> <p>Review of the Physician's Orders failed to indicate the Wound Care Physician's recommendations for Site 3: Sacrum were ordered as recommended.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the physician and nursing notes failed to indicate the recommendation for the Sacral wound was reviewed with the Attending Physician and declined.</p> <p>Review of the Physician's Orders indicated the following: (5 days after initially recommended by the Wound Doctor)</p> <p>-Sacrum: Cleanse area with normal saline or wound cleanser. Apply skin barrier wipe to peri wound area. Apply Calcium Alginate and cover with border gauze as needed for skin impairment and every evening shift for skin impairment. (9/3/24)</p> <p>Review of the Wound Care Evaluation &amp; Management Summary, dated 9/5/24, indicated the following:</p> <p>-Site: 1 Coccyx wound was at goal.</p> <p>-Site: 2 Right Buttock was at goal.</p> <p>No changes were made to either treatment and the recommendations remained the same as the orders implemented on 8/27/24.</p> <p>-Site: 3 Sacrum was resolved.</p> <p>Review of the Wound Care Evaluation &amp; Management Summary, dated 9/12/24, indicated the following:</p> <p>-Site: 1 Coccyx wound was at goal.</p> <p>-Site: 2 Right Buttock was at goal.</p> <p>Dressing Treatment Plan for both areas was for Collagen Sheet and cover with border gauze.</p> <p>Review of the Physician's Orders failed to indicate the Wound Care Physician's recommendations were ordered as recommended.</p> <p>Review of the physician and nursing notes failed to indicate the recommendations for the dressings were reviewed with the Attending Physician and declined.</p> <p>Review of the Wound Care Evaluation &amp; Management Summary, dated 9/19/24, indicated the following:</p> <p>-Site: 1 Coccyx wound was not at goal. Consider patient behavior as factor that is complicating wound healing and discussed it further with staff and/or family.</p> <p>-Site: 2 Right Buttock was not at goal.</p> <p>Dressing Treatment Plan for both areas was for Collagen Sheet and cover with border gauze.</p> <p>Review of the Physician's Orders indicated the following: (7 days after initially recommended by the Wound Doctor)</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Coccyx: Cleanse area with normal saline or wound cleanser. Apply skin barrier wipe to peri wound area. Apply Collagen Sheet (cut collagen sheet size of wound) and cover with border gauze as needed for skin impairment and every evening shift for skin impairment. (9/19/24)</p> <p>-Right Buttock: Cleanse area with normal saline or wound cleanser. Apply skin barrier wipe to peri wound area. Apply Collagen Sheet (cut collagen sheet size of wound) and cover with border gauze as needed for skin impairment and every evening shift for skin impairment. (9/19/24)</p> <p>During an interview on 10/9/24 at 2:55 P.M., the Director of Nurses (DON) said Resident #37 declines to get out of bed and is non-complaint with repositioning as he/she likes to lay on their back. She said Resident #37 has a very long history of large pressure areas to his/her sacrum/buttocks/coccyx. She said she does rounds with the Wound Doctor and the Assistant Director of Nurse (ADON) writes the orders after the notes come over.</p> <p>During a wound care observation on 10/10/24 at 2:00 P.M., the Wound Doctor confirmed both areas were present on admission, have improved at this time, and said Resident #37 is non-compliant with offloading the wounds. He said there is a long history of pressure ulcers to this area making him/her more susceptible for future breakdown.</p> <p>During an interview on 10/11/24 at 8:55 A.M., the DON said the Medication Nurse and/or ADON review the recommendations when they come in. She said the Attending Physician doesn't always agree but if they disagree there should be a note in the medical record.</p> <p>During an interview on 10/11/24 at 9:49 A.M, the ADON said the DON does the actual wound rounds and she writes the orders after the notes are done. She said she usually has the recommendations and writes the orders the next day. She said typically the Attending Physician goes along with wound care recommendations and if they decline, then there should be a note in the record. The ADON did not recall why Resident #37 had an order for Silver Sulfadiazine Cream on admission and not a dressing. Regarding the Wound Care recommendations not ordered timely from visits on 8/15, 8/22, and 9/12, the ADON said they had some issues getting the notes to upload into the electronic medical record but could not recall the exact dates. She said if the notes are not uploaded the next day, she usually emails the Wound Doctor. She said she has never called him looking for missing recommendations. The ADON was unable to provide any email correspondence from August 2024 between her and the Wound Doctor regarding missing recommendations. The ADON provided the surveyor with one email correspondence dated 9/17/24 that indicated they were unable to use recommendation, today is Wednesday that is a delay in treatment. PCP came into the facility with new order to continue same treatment. The ADON said a week is unreasonable to wait for a recommendation to come over and it should be received and addressed by the next day. She said she did not have the Wound Doctor's phone number, so she just sends an email and waits for them to come in. She said sometimes the notes are emailed to us and other times they are directly uploaded to the medical record.</p> <p>During an interview on 10/11/24 at 11:38 A.M., the DON said she does rounds with the Wound Doctor, but he does not give verbal recommendations. She said he usually reviews the chart, finishes the notes, and then uploads them into the medical record. She said usually they have the notes within 24 hours, not days/weeks later. She said there were some integration issues, so he was emailing the recommendations, but she was not aware they were having issues getting the recommendations timely. She said if they did not get the recommendation then they should be contacting the Wound Doctor for them, she said she has his phone number and email and then they should be writing a progress note.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/11/24 at 2:20 P.M., the Wound Doctor said he rounds weekly with the DON and the notes are supposed to sync/integrate but they don't always, so he emails them and/or manually uploads them himself. He said IT was investigating because there was no rhyme or reason to what was and was not uploading. He said he recalls some communication with the ADON about notes and said when he was notified they did not receive a note he would send it right over. He said he did not recall specifically how many times there was a delay in receiving the recommendations, but it was few, with different residents and even in different buildings. He said it was a system problem that they need to get fixed and in the meantime, he had just been manually uploading the notes himself. The Wound Doctor failed to provide any correspondence regarding missing notes or integration issues with Resident #37.</p>		

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NAME OF PROVIDER OR SUPPLIER  Blue Hills Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1044 Park Street Stoughton, MA 02072	
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(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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>49424</p> <p>Based on observation and interview, the facility failed to ensure staff provided residents an environment free from accident hazards on one unit of three units in the facility. Specifically, the facility failed to ensure a utility room with hazardous items stored in it was not easily accessible to wandering residents on a Dementia Special Care Unit.</p> <p>Findings include:</p> <p>On 10/9/24 at 9:14 A.M., the surveyor observed an unlocked utility room with the door ajar, the surveyor was easily able to enter the room with just a gentle push of the door. Inside the room the surveyor observed:</p> <ul style="list-style-type: none"> <li>-Two open four-gallon bottles of no-rinse floor stripper</li> <li>-A pair of unsecured and unlabeled dentures</li> <li>-Four full containers of used sharps being stored</li> <li>-A four-gallon bottle of concentrated degreaser cleaner with approximately half of the liquid remaining in the bottle.</li> </ul> <p>On 10/9/24 at 10:24 A.M., the surveyor observed on the South unit of the Dementia Specialty Care facility, a resident walking without direction independently past the unlocked utility room.</p> <p>On 10/9/24 at 11:19 A.M., the surveyor observed Housekeeper #2 putting trash and a dirty linen cart inside of the unsecured utility room and leaving the door unlocked and ajar upon exiting.</p> <p>On 10/9/24 at 4:10 P.M., the surveyor observed the utility room door unlocked and ajar with staff and residents walking by the utility room.</p> <p>On 10/10/24 at 8:02 A.M., the surveyor observed the door of the utility room unlocked and ajar; the door was able to be pushed open without force.</p> <p>On 10/10/24 at 8:30 A.M., the surveyor observed the Director of Maintenance walking past the unlocked ajar utility room door and stopped to talk with a resident in the room across the hall.</p> <p>On 10/10/24 at 8:34 A.M., the surveyor observed a resident ambulating independently in the hallway with no direction. The surveyor observed him/her looking around and entering a room three doors down from the unlocked ajar utility room. The surveyor also observed another resident ambulating in the hallway independently.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/10/24 at 8:38 A.M., the surveyor observed a resident going behind the curtain next to the utility room door where Hoyer lift equipment was kept. The surveyor observed this resident attempt to take down a stop sign in front of an exit door at the end of hallway. The resident sat in another resident's wheelchair at the end of the hall after staff redirected the resident away from exit door.</p> <p>During an interview on 10/10/24 at 8:40 A.M., Certified Nursing Assistant (CNA) #1 said there are about five or six residents who wander up and down the hallway on this unit. She said some go in and out of other residents' rooms and that is why most rooms have a stop sign banner to deter residents from wandering where they shouldn't be.</p> <p>During an interview on 10/10/24 at 8:43 A.M., Nurse #1 said the stop signs are up to prevent the residents who wander into rooms they shouldn't. She said there are a lot of residents who wander (walk without direction) and attempt to go in rooms they should not.</p> <p>On 10/10/24 at 9:24 A.M., the surveyor observed a resident in a wheelchair self-propelling down the hallway past the unlocked and ajar utility room door.</p> <p>On 10/10/24 at 9:28 A.M., the surveyor observed CNA # 1 push the door open and push the dirty linen cart in the room and exit the room without ensuring the door was closed and locked. CNA #1 said they must put everything away because the residents will take things.</p> <p>On 10/10/24 at 10:42 A.M., the surveyor observed Housekeeping staff #2 exit the utility room and did not ensure the door was locked or secured behind her. The surveyor observed that the door to the utility room remained unlocked and ajar.</p> <p>On 10/10/24 at 9:32 A.M., the surveyor observed the door to the utility room unsecured and ajar while a resident was walking in the hallway attempting to enter a room with a Velcro stop sign banner which was next to the utility room.</p> <p>During an interview on 10/10/24 at 11:30 A.M., the Director of Nurses (DON) said the door to the utility room should be closed and secured at all times. She said her expectation is that staff ensure the door is closed and the room is secured so no residents can wander into the utility room and have access to hazardous materials.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>48084</p> <p>Based on record review and staff interview, the facility failed to ensure that as needed (PRN) orders for psychotropic medications were limited to 14 days, unless otherwise documented by the attending physician or prescribing practitioner that it was appropriate to extend beyond 14 days for one Resident (#3), out of a total sample of 16 residents. Specifically, the facility failed to ensure a rationale was documented in the medical record for extending the use of Trazodone (anti-depressant) used for anxiety/agitation/insomnia.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Use of Psychotropic Medications, dated as last revised 3/4/24, indicated but was not limited to the following:</p> <p>-A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. Psychotropic drugs include but are not limited to the following categories: antipsychotics, antidepressants, anti-anxiety, and hypnotics.</p> <p>-PRN orders for all psychotropic drugs shall be used only when the medication is necessary to treat a diagnoses' specific condition that is documented in the clinical record, and for a limited duration (i.e., 14 days).</p> <p>-If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she shall document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>Resident #3 was admitted to the facility in December 2023 with diagnoses which included insomnia, psychotic disorder with delusions, mood disorder, falls, and dementia.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 12/15/23, indicated he/she scored 4 out of 15 on the Brief Interview for Mental Status (BIMS) indicating he/she had severe cognitive impairment. Additionally, he/she was taking an antidepressant.</p> <p>Review of the Physician's Orders from admission indicated but were not limited to the following:</p> <p>-Trazodone 25 milligrams (mg) by mouth two times a day for antidepressant (12/11/23)</p> <p>-Trazodone 25 mg by mouth every 6 hours as needed for anxiety/agitation for 14 days (12/11/23)</p> <p>-Trazodone 50 mg by mouth at bedtime for insomnia (12/11/23)</p> <p>-Trazodone 50 mg by mouth every 24 hours as needed for insomnia for 14 days (12/11/23)</p> <p>Review of the physician and psych progress notes indicated the following:</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-12/12/23, Resident #3 was seen by the Attending, the progress note indicated he/she was in no apparent distress and the plan was to provide supportive care and follow up with psych services routinely. Additionally, the note indicated to monitor sleep habits and adjust accordingly. The note failed to indicate a plan to extend the newly ordered PRN medications for Resident #3.</p> <p>-12/13/23, Resident #3 was seen by Psychiatry for an initial consult, the progress note indicated he/she was appearing pleasant with baseline confusion. He/she is tolerating the current psych med regime which I will recommend to maintain for now in order to obtain a longer baseline to avoid instability. Attempt gradual dose reduction (GDR) next exam if deemed necessary. RECOMMENDATION: MEDICATION CHANGES: Extend both PRN Trazodone orders for 90 days. The note failed to indicate a rationale to extend the newly ordered PRN medications for Resident #3.</p> <p>Review of the nursing notes (12/11/23-12/13/23) failed to indicate Resident #3 had experienced anxiety, agitation, or insomnia since admission.</p> <p>Review of the Medication Administration Record (MAR) (12/11/23-12/13/23) failed to indicate either PRN medication had been administered.</p> <p>Review of the physician progress note, dated 12/14/23, failed to indicate a rationale to extend the newly ordered PRN medications for Resident #3. Review of subsequent progress notes for December 2023 failed to indicate a rationale to extend the newly ordered PRN medications for Resident #3.</p> <p>Review of the Physician's Orders indicated the following changes were made on 12/13/23:</p> <p>-Trazodone 50 mg by mouth every 24 hours as needed for insomnia for 14 days (12/11/23-Discontinued 12/13/23)</p> <p>-Trazodone 50 mg by mouth every 24 hours for insomnia for 90 days (12/13/23)</p> <p>During an interview on 10/11/24 at 9:49 A.M., the Assistant Director of Nurses (ADON)/Staff Development Coordinator (SDC) said PRN psychotropic medications are to be limited to 14 days unless the Doctor writes an order to extend it and documents a rationale as to why they want to keep it longer. The ADON/SDC said she was not sure why the Trazodone was extended right after admission to the facility and was unable to provide the surveyor with a documented rationale in the medical record.</p> <p>During an interview on 10/11/24 at 12:20 P.M., the Director of Nurses (DON) and Corporate Nurse #1 said the provider should document a rationale to extend the PRN psychotropic and they were unable to locate a documented rationale in the medical record for extending the PRN Trazodone from 14 days to 90 days.</p> <p>During a follow up interview on 10/11/24 at 2:36 P.M., Corporate Nurse #1 said she thinks psych wanted to extend the Trazodone given his/her history of behaviors prior to admission and to ensure the medication didn't drop off after 14 days if he/she did need it. However, she was unable to provide a documented clinical rationale from the provider in the medical record.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>41106</p> <p>Based on observation and interview, the facility failed to follow professional standards of practice for food safety and sanitation to prevent potential spread of foodborne illness to residents who are at high risk. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Maintain the resident kitchenette in a clean and sanitary condition, and to ensure all food was properly labeled and dated and removed after three days in one of one kitchenette reviewed; and</li> <li>2. Ensure the ceiling in the main kitchen was maintained in a safe sanitary condition to prevent flaking with potential to contaminate food and clean dishes below.</li> </ol> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the facility's policy titled Use and Storage of Food Brought in by Family or Visitors, dated 2024, indicated but was not limited to the following: <ul style="list-style-type: none"> <li>-It is the right of the residents of this facility to have food brought in by family or other visitors, however, the food must be handled in a way to ensure the safety of the resident.</li> <li>-All food items that are already prepared by the family or visitor brought in must be labeled with the content and dated.</li> <li>-The facility may refrigerate labeled and dated prepared items in the nourishment refrigerator.</li> <li>-The food must be consumed by the resident within 3 days.</li> <li>-If not consumed within 3 days, food will be thrown away by facility staff.</li> </ul> </li> </ol> <p>On 10/10/24 at 8:44 A.M., the surveyor made the following observations in the only resident kitchenette:</p> <p>Freezer compartment:</p> <ul style="list-style-type: none"> <li>-There was an open box of unsealed Jamaican Hot beef Patties, not labeled or dated.</li> </ul> <p>Refrigerator:</p> <ul style="list-style-type: none"> <li>-Orange bag which contained a plastic container of a meal consisting of rice, meat, and gravy, dated 9/30/24.</li> <li>-On the top shelf there was a plastic container of rice, meat, and gravy, not labeled or dated.</li> <li>-Clear plastic pitcher of orange juice, dated 10/3/24.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- [NAME] bag containing a take-out container, labeled with a resident's name but not dated.</p> <p>-There was a water bottle stuck to the floor of the refrigerator in a red dried liquid. The red liquid was also splattered of the side wall and the inside bottom of the door.</p> <p>During an interview on 10/10/24 at 3:05 P.M., the surveyor and the Food Service Manager (FSM) observed the kitchenette and all the observation listed above were observed, except the Frozen Jamaican Hot Beef Patties box had been removed. The FSM said her staff stock and check the refrigerator a couple times a day. FSM said all the resident's food brought in from home should be labeled, dated, and all foods should be removed after three days.</p> <p>2. Review of the 2022 Food Code by the U.S. Food and Drug Administration (FDA) indicated but was not limited to:</p> <p>6-101.11 Surface Characteristics. Floors, walls, and ceilings that are constructed of smooth and durable surface materials are more easily cleaned.</p> <p>6-2 Design, Construction, and Installation 6-201 Cleanability:</p> <p>6-201.11 Floors, Walls, and Ceilings. Except as specified under S 6-201.14 and except for antislip floor coverings or applications that may be used for safety reasons, floors, floor coverings, walls, wall coverings, and ceilings shall be designed, constructed, and installed so they are SMOOTH and EASILY CLEANABLE.</p> <p>Indoor areas 6-101.11 Surface Characteristics.</p> <p>On 10/11/24 at 8:32 A.M., the surveyor observed the ceiling above both sides of the dishwasher (including right side where the clean dishes exit the dish machine) and above the milk refrigeration chest located outside the walk-in refrigerator to be in disrepair with large areas of the ceiling flaking off and a large brown water stain in the area above the milk chest. There were clean pots and pans stored to right of the flaking ceiling by the milk chest.</p> <p>During an interview on 10/11/24 at 8:45 A.M., the FSM said the ceiling has been like this for several months. She said the Maintenance Director already worked on the area above the milk chest, but it is flaking off again. The surveyor viewed the ceiling over the milk chest to be actively flaking off and containing a large brown water damaged area.</p> <p>During an interview on 10/11/24 at 9:32 A.M., the Maintenance Director said he tried to patch the area above the milk chest a while ago.</p> <p>During an interview on 10/11/24 at 10:33 A.M., the Administrator said he thought some work had been done on the kitchen ceiling already and was not aware the ceiling was still flaking.</p> <p>During an interview on 10/11/24 at 11:24 A.M., with the Maintenance Director and the Administrator present, the Maintenance Director said the ceiling flaking and water stain have been there for a while. He said he started on the ceiling over the milk chest, but there was a leak in the bathroom above which left a water stain on the ceiling, and it started flaking again.</p>		