

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225449	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Hathorne Hill Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 15 Kirkbride Drive Danvers, MA 01923	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36876</p> <p>Based on observation, record review, and interview, the facility failed to implement interventions related to pressure ulcer care and prevention for one Resident (#46) out of a total of 23 sampled Residents. Specifically, the facility failed to implement an air mattress as recommended by the Wound Physician for Resident #46 after he/she developed a stage III pressure ulcer at the facility.</p> <p>Findings include:</p> <p>Review of the facility's Pressure Injury Prevention and Management Policy, dated May 2024, indicated: Evidenced based interventions for prevention will be implemented for all residents who are assessed at risk or who have a pressure injury present. Basic or routine care interventions could include, but are not limited to: Redistribute pressure, minimize exposure to moisture and keep skin clean, provide appropriate, pressure redistributing support surfaces.</p> <p>Resident #46 was admitted to the facility in July 2024 with diagnoses including spinal stenosis and age related osteoporosis.</p> <p>Review of the Minimum Data Set Assessment (MDS) dated [DATE] indicated Resident #46 is severely cognitively impaired evidenced by a score of five out of possible 15 on the Brief Interview for Mental Status exam.</p> <p>Review of Resident #46's clinical record indicted he/she developed a Stage III pressure ulcer on his/her sacrum at the facility.</p> <p>Review of the Wound Physicians note dated 11/18/24 indicated: Resident was seen today as a consultation for evaluation and management of their wound(s). Location Sacrum. Context: Pressure. Sacral area has a full thickness wound with slough and granulation tissue present, consistent with Stage 3 Pressure injury. Patient educated on offloading. Air mattress rec'd (recommended). Will start treatment plan today. Treatment Recommendations: 1. Cleanse with wound cleanser. 2. apply Honey gel to base of the wound. 3. secure with Bordered foam. 4. change Daily, PRN for soiling, saturation, or accidental removal . Wound Recommendations as above. Facility Pressure Ulcer Prevention Protocol, Group 2 support surface - powered pressure reducing air mattress or non-powered advanced pressure reducing mattress.</p> <p>On 12/3/24 at 9:09 A.M., and 12/4/24 at 7:16 A.M., the surveyor observed Resident #46 asleep on a standard mattress and not an air mattress.</p> <p>(continued on next page)</p>

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225449	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Hathorne Hill Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 15 Kirkbride Drive Danvers, MA 01923	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #46's physicians orders and care plans failed to indicate the use of an air mattress.</p> <p>During an interview on 12/4/24 at 11:47 A.M., Nurse Practitioner (NP) #1 said that he works with the Wound Physician and will review recommendations and either approve them or alter them. NP #1 said that he would agree with the use of an air mattress for Resident #46 and he was not aware that one was not in place. NP #1 said that there was no reason for Resident #46 to not have an air mattress.</p> <p>During an interview on 12/4/24 at 12:37 P.M. Unit Manager #1 said that she rounds with the wound physician and relays the recommendations for treatments. Unit Manager #1 said that when the Wound Physician had recommended the air mattress, one was not available. Unit Manager #1 said when one became available it was forgotten.</p> <p>During an interview on 12/4/24 at approximately 1:30 P.M., the Administrator said she would expect staff to implement interventions as recommended by the Wound Physician.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225449	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Hathorne Hill Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 15 Kirkbride Drive Danvers, MA 01923	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>41019</p> <p>Based on observation and interview, the facility failed to maintain a sanitary oxygen filter for one Resident (#93) out of a total sample of 23 residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled Oxygen Concentrator, dated 8/1/24, indicates the following:</p> <p>Care of Concentrator: Follow the manufacturer recommendations for the frequency of cleaning filters and servicing the device.</p> <p>Resident #93 was admitted in October 2023 with diagnoses including chronic obstructive pulmonary disorder.</p> <p>Review of the current physician's order indicated Resident #93 requires oxygen delivery continuously. There were no physicians orders related to the monitoring or maintenance of Resident #93's oxygen concentrator filter.</p> <p>During an observation on 12/3/24 at 8:07 A.M., Resident #93's oxygen filter was dirty and caked in dust.</p> <p>During an observation on 12/4/24 at 10:30 A.M., Resident #93's oxygen filter was dirty and caked in dust.</p> <p>During an interview on 12/4/24 at 10:30 A.M., Nurse #1 said she does not know who changes the filters. She said she is only responsible for changing the oxygen tubing weekly.</p> <p>During an interview on 12/4/24 at 1:18 P.M., the Maintenance Director said he checks the oxygen filters monthly and changes them. The Maintenance director said that if a filter is dirty or dusty then it can be changed as needed as well and would expect to be told if a filter needed to be changed. The Maintenance Director said he changed all of the filters on 11/26/24.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225449	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Hathorne Hill Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 15 Kirkbride Drive Danvers, MA 01923	
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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15016</p> <p>Based on record review and interview, the facility failed to follow the dietary plan for one Resident (#44) of 23 sampled residents. Specifically, the facility served Resident #44 fish, which was a documented allergen.</p> <p>Findings include:</p> <p>Resident #44 was admitted to the facility in December 2023 with the following active diagnoses: dementia and chronic pulmonary disorder.</p> <p>Review of Resident #44's Minimum Data Set assessment dated [DATE], indicated he/she required set-up assistance for meals. The Resident had a Brief Interview for Mental Status exam score of 9, signifying moderately impaired cognition.</p> <p>Review of Resident #44's allergens list dated 1/15/18, indicted he/she was allergic to fish containing products.</p> <p>Review of Resident #44's Nurse Practitioner note dated 1/26/24, indicated staff accidentally gave fish (not tuna) for his/her evening meal and reported an allergic reaction. The note indicated he/she experienced a tingling on his/her nose, but no other symptoms.</p> <p>Review of Nurse #3 written statement dated 1/26/24, indicated she served the incorrect meal tray for Resident #44, which included fish.</p> <p>During an interview on 12/4/24 at 2:05 P.M., the Administrator said the incident was reported to the Department of Public Health, immediately investigated, and staff were re-educated on food allergens. The Administrator said the issue was addressed through the facility's quality assurance program.</p> <p>Review of the documentation indicated the incident was reported to the Department of Public Health and an internal investigation completed on 1/26/24. Review of staff re-education for allergens indicated this was completed by 1/29/24. The quality assurance performance improvement plan for food allergies was completed on 2/16/24.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225449	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Hathorne Hill Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 15 Kirkbride Drive Danvers, MA 01923	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15016</p> <p>Based on observation, record review, and interview, the facility failed to accurately document the completion of shaving for one Resident (Resident #22) of 23 sampled residents.</p> <p>Findings include:</p> <p>Resident #22 was admitted to the facility in May 2024, and has active diagnoses which include anxiety, depression, and esophageal cancer.</p> <p>Review of Resident #22's Minimum Data Set (MDS) assessment dated [DATE], indicated he/she required partial to moderate assistance with personal hygiene (includes shaves). The Resident had a Brief Interview for Mental Status exam score of 14, signifying intact condition. The Resident exhibited verbal and non-verbal behaviors and rejected care approximately 1 to 3 times per week.</p> <p>Review of Resident #22's care plan dated 1/2/24, indicated he/she required set-up and assist of one as needed for personal hygiene. The care plan also indicated he/she required two staff members present for all care related to accusatory statements. The care plan indicated he/she was verbally abusive toward staff and frequently refused care.</p> <p>During an interview on 12/3/24 at 12:45 P.M., Resident #22 said he/she asked nursing staff to shave him/her over the past three weeks, but they had refused. The Resident said he/she needed some help to shave because of upper body muscle weakness. The surveyor observed that Resident #22 had a full mustache and the remainder of his/her face had approximately 1/4 inch long whiskers.</p> <p>On 12/4/24 at approximately 9:00 A.M. and on 12/5/24 at 8:59 A.M., the surveyor observed that Resident #22's face remained unshaven. Resident #22 said staff had not offer to shave him/her.</p> <p>Review of Resident #22's November and December 2024 Tasks document indicated he/she refused personal hygiene assistance only once, on 11/22/24. The Tasks document did not specify if shaving assistance was offered or refused.</p> <p>Review of Resident #22's nurse progress notes did not reference shaving or rejection of personal hygiene assistance.</p> <p>During an interview on 12/5/24 at 10:07 A.M., Unit Manager #2 said she had provided care, including activities of daily living assistance, to Resident #22 since his/her admission. Unit Manager #2 said the Certified Nurse Aide (CNA) who is usually assigned to Resident #22 was not working at this time. Unit Manager #2 said Resident #22 frequently refuses personal hygiene assistance, including shaves, and often tells staff to leave his/her room. Unit Manager #2 reviewed the November and December 2024 Tasks document and said it was inaccurate because staff were not coding that the Resident had refused personal hygiene assistance.</p>		