STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225456	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oceanside Rehabilitation and Nursing Center	44 South Street Rockport, MA 01966

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45984 Based on record review, interview and policy review, the facility failed to develop an individualized, comprehensive care plan for one Resident (#43) out of a total sample of 18 residents. Specifically, the facility failed to develop a comprehensive care plan for Resident #43 related to Type 2 Diabetes Mellitus . Findings include: Review of the facility policy titled Care Plans, Comprehensive Person-Centered, dated March 2022, indicted the following: - A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. - The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. - The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required MDS assessment and no more than 21 days after admission. - The comprehensive, person-centered care plan includes: measurable objectives and timeframes, describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being, includes the resident's stated goals upon admission and desired outcomes. Resident #43 was admitted to the facility in December 2023 with diagnoses including Type 2 Diabetes Mellitus, muscle wasting and atrophy, and anxiety disorder. Review of Resident #43's most recent Minimum Data Set Assessment (MDS) dated [DATE], indicated that the Resident had a Brief Interview for Mental Status score of 5 out of a possible 15 indicating severe cognitive impairment. Further review of the MDS indicated that the resident has Type 2 Diabetes (T2DM). Review of Resident #43's physician's orders indicated the following: (continued on next page)

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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Dated 7/10/23: Novolog Injection Solution 100 UNIT/ML (milliliters) (Insulin Aspart) - Inject as per sliding scale: if 0 - 299 = 0 no coverage; 300 - 500 = 6 units 6 units; 501+ = 10 units Call MD, subcutaneously three times a day related to Type 2 Diabetes Mellitus. - Dated 7/3/24: HGB A1C (a blood test to show what your average blood sugar level over time) now and every 3 months for Diabetes. Review of Resident #43's active care plans failed to indicate an individualized, person-centered care plan for T2DM. During an interview on 7/17/24 at 10:03 A.M., Nurse #3 said any resident with a diagnosis of T2DM should have a care plan for it. Nurse #3 and the surveyor looked through Resident #43's active care plans together and did not identify a T2DM care plan. During an interview on 7/17/24 at 10:19 A.M., the Director of Nursing said Resident #43 should have a person-centered care plan related to T2DM as he/she has T2DM with fluctuating blood sugars.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45984 Based on observation, record review, and interview, the facility failed to follow professional standards of nursing practice for one Resident (#10) out of a total sample of 18 residents. Specifically, the facility failed to obtain a physician order for an air mattress prior to the resident using one. Findings include: Resident #10 was admitted to the facility in June 2023 with diagnoses including unspecified dementia, moderate protein-calorie malnutrition and polyosteoarthritis. Review of Resident #10's most recent Minimum Data Set Assessment (MDS) dated [DATE], indicated that the Resident had a Brief Interview for Mental Status (BIMS) score of 5 out of a possible 15 indicated severe cognitive impairment. Further review of Resident #10's MDS indicated that he/she requires assistance with all activities of daily living. The surveyor made the following observations: - On 7/16/24 at 7:34 A.M. and 11:58 A.M., Resident #10 was observed laying in his/her bed which was an air mattress set to 80 pounds. - On 7/17/24 at 9:24 A.M. and 10:01 A.M., Resident #10 was observed laying in his/her bed which was an air mattress set to 80 pounds. Review of Resident #10's physician's order dated 7/5/23, indicated that the Resident was currently receiving hospice services. Review of Resident #10's active physician's orders care plans or kardex (nursing care card) failed to indicate the Resident is using an air mattress. Review of Resident #10's skin integrity risk care related to fragile skin dated 6/20/23 indicated the following interventions: - Educate resident/family/caregivers of causative factors and measures to prevent skin injury. Review of Resident #10's hospice care plan dated initiated 7/5/23 and revised 6/21/24 indicated the following interventions: - Keep comfortable, observe for facial grimacing, restlessness, moaning. Review of Resident #10's document titled Norton Scale for Predicting Risk of Pressure Ulcer, dated 7/13/23 indicated that the Resident scored a 10 which indicated he/she is at a high risk for developing pressure ulcers. Review of Resident #10's hospice visitation binder failed to indicate the use of an air mattress. (continued on next page)

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	225456	A. Building B. Wing	07/17/2024

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/17/24 at 10:03 A.M., Nurse #3 said when hospice services make recommendations for orders or interventions, they will write them down and then the facility Nurse Practitioner will review them, write the physician order and then they get implemented at the facility. Nurse #3 and the surveyor reviewed Resident #10's physician's orders and hospice binder and did not identify any mention of using an air mattress. During an interview on 7/17/24 at 10:19 A.M., the Director of Nursing (DON) said hospice services will recommend orders or interventions and then the facility Nurse Practitioner will approve them and implement them at the facility. The DON said Resident #10 should have a physician's order for an air mattress since he/she has been using one.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41105 Based on observation, record review and interview the facility failed to ensure nursing staff provided assistance with Activities of Daily Living (ADLs) for two dependent Residents (#44 and #32) out of a total sample of 18 residents. Specifically: 1. For Resident #44, the facility failed to ensure assistance was provided with bed mobility and eating as indicated in the plan of care. 2. For Resident #32, the facility failed to ensure supervision with meals was provided as indicated in the plan of care. Findings include: The facility policy titled Activities of Daily Living (ADL), Supporting, revised March 2018, indicated the following: -Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: d. dining (meals ad snacks). 1. Resident #44 was admitted to the facility in February 2024 with diagnoses that included stage 4 pressure ulcer of sacral region and dysphagia (difficulty chewing and swallowing). Review of the most recent Minimum Data Set (MDS) dated [DATE], indicated that on the Brief Interview for Mental Status exam, Resident #44 scored a 2 out of a possible 15, indicating severely impaired cognition. The MDS further indicated Resident #44 had no behavior of rejecting care. Review of the current Activities of Daily Living (ADL) care plan indicated the following interventions: -Eating: Resident #44 requires cueing & occasionally assistance to eat. Review of the Kardex (resident specific care instructions for the caregivers to follow) indicated: -Eating: Resident #44 requires cueing & occasionally assistance to eat. Review of the clinical record failed to indicate Resident #44 refused care. Review of the most recent Speech Therapy discharge summary, dated 4/5/24, indicated the following: -Min risk of choking with mechanical soft. Pt (patient) is responding better to family cueing him/her to swallow before taking another bite of food. Family and caregivers are sitting pt upright and cutting (sic) food to small bite size pieces. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Functional Skills/Outcomes: swallowing abilities=min/close supervision. On 7/16/24 at 8:00 A.M., the surveyor observed a staff person deliver breakfast to Resident #44 who was in his/her room in bed. The staff person set up the breakfast on a tray table directly in front of Resident #44 then exited the room leaving Resident #44 without cueing or assistance. The surveyor continued to observe Resident #44 who was slumped sideways in bed, with the head of the bed at a 45 degree angle. Resident #44 was struggling to self feed, kept dropping the food, and appeared to have a difficult time reaching the food due to the position that he/she was in in the bed. On 7/17/24 at 8:00 A.M., the surveyor observed a staff person deliver breakfast to Resident #44 who was in his/her room in bed asleep. The staff person set up the tray, woke Resident #44 up and exited the room to continue passing trays to other residents. Resident #44 was left alone in the room without cueing or supervision. The surveyor continued to make the following observations. -At 8:05 A.M., Resident #44 was in bed, with the head of the bed at a 45 degree angle, attempting to self feed. He/she appeared to be having difficulty reaching the items on the tray due to the position of the head of the bed and was using one hand to spin the tray around to reach items on the the far side of the tray. -At 8:07 A.M., Resident #44 picked up an unpeeled banana that was on his/her tray, looked at it for a period and then placed it back down. -At 8:10 A.M., Resident #44 remained alone without cueing or assistance, there was milk and juice spilled all over his/her tray, as well as multiple pieces of egg dropped on the tray and in his/her lap. During an interview with Resident #44's Certified Nursing Assistant (CNA) #1 on 7/17/24 at 9:16 A.M., he said that Resident #44 requires one person assistance for bed mobility when he is taking care of the Resident and 2 person assistance when the girls are providing care. CNA #1 said that Resident feeds self breakfast in his/her room and does okay aside from sometimes shaking and spilling drinks. He said that Resident #44's mother is present to assist as needed with lunch and dinner every day. CNA #1 said that he does not know what cueing with meals means and does not know what the Kardex is. During an interview with Resident #44's Nurse (#2) on 7/17/24 on 9:28 A.M., she said that cueing and assistance means the staff must stay with the resident for the meal and provide cues and as needed assistance depending on how the Resident is doing that day. During an interview with the Director of Nursing on 7/17/24 at 1:37 P.M., she said that if a resident requires cues and supervision with meals then staff should pop in and out and check on them. 45343 2. Resident #32 was admitted to the facility in February 2024 with diagnoses that included dysarthria (poor articulation of words) following other cerebral vascular disease and dysphagia (difficulty swallowing). (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #32's most recent Minimum Data Set (MDS) dated [DATE], indicated the Resident had a Brief Interview for Mental Status (BIMS) score of 3 out of a possible 15, which indicated he/she had severe cognitive impairment. Further review of the MDS indicated Resident #32 is on a mechanically altered diet, require change in texture of food or liquids (e.g., pureed food, thickened liquids). On 7/16/24 at 8:25 A.M.,12:19 P.M. and 12:32 P.M., and 7/17/24 at 8:25 A.M. and 8:33 A.M., Resident #32 was observed eating in his/her room. There were no staff present to provide one-to-one assistance or supervision. Review of Resident #32's physician order dated 2/17/24 indicated the following: - Aspiration Precautions, Resident must be sitting upright at 90 degrees for all meals and stay in the upright position for 30 minutes after waiting ,1;1 assist with all meals, offer small bites/sips and ensure that the resident eats/drinks slowly. every shift. During a record review on 7/17/24 at 6:47 A.M., Resident #32's care plan last updated on 4/26/24 indicated the following: - Eating: Resident requires cueing and supervision assistance to eat. Review of Resident #32's Kardex (a form indicating level of assistance a resident requires) indicated the following: - Eating: Resident requires cueing and distant supervision to eat. During an interview on 7/17/24 at 8:44 A.M., the Assistant Director of Nursing said Resident #32's physician order should be followed, and the resident should be supervised during all meals. During an interview on 7/17/24 at 10:39 A.M., the Director of Nursing said Resident #32 should be supervised by staff during meals per the physician's order.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43846 Based on observations, record reviews and interviews, the facility failed to ensure that one Resident (#13) received treatment and care in accordance with professional standards of practice out of a total sample of 18 residents. Specifically, for Resident #13 the facility failed to: 1a. Change the Residents' PICC (A peripherally inserted central catheter (PICC), is a long, thin tube that's inserted through a vein in your arm and passed through to the larger veins near your heart) line dressing when the insertion site was unable to be visualized, 1b. Measure the PICC line on admission and with the dressing change on 7/10/24 as ordered, 2. Transcribe a new treatment order from the hospital discharge paperwork. Findings Include: Review of the facility's policy titled Central Venous Catheter Care and Dressing Changes, dated 3/22, indicated The purpose of this procedure is to prevent complications associated with intravenous therapy, including catheter related infections that are associated with contaminated, loosened, soiled, or wet dressings. Change the dressing if it becomes damp, loosened or visibly soiled. Resident #13 was readmitted to the facility in July 2024 with diagnoses that included osteomyelitis of the right big toe, type 2 diabetes, and cellulitis. Review of Resident #13's Minimum Data Set (MDS), dated [DATE], indicated he/she scored a 15 out of a possible 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident is cognitively intact. 1a. On 7/16/24 at 8:23 A.M. and 7/17/24 at 8:36 A.M., the surveyor observed Resident #13's PICC line in his/her right arm dated 7/10/24, the insertion site was unable to be seen due to the site being covered in blood. Review of Resident #13's physician order, dated 7/9/24, indicated IV-PICC - change transparent dressing on admission, then weekly and PRN thereafter. During an interview on 7/17/24 at 8:42 A.M., Nurse #1 said a PICC line dressing should be changed as needed if the insertion site is not able to be visualized. During an interview on 7/17/24 at 8:44 A.M., the Director of Nurses (DON) said the expectation is nursing would change the PICC line dressing if the insertion site is not able to be seen. 1b. On 7/16/24 at 8:23 A.M. and 7/17/24 at 8:36 A.M., the surveyor observed Resident #13's PICC line in his/her right arm dated 7/10/24. (continued on next page)

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	225456	A. Building B. Wing	07/17/2024

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #13's physician order, dated 7/9/24, indicated IV-PICC - Measure catheter length on admission and with each dressing change thereafter. Review of Resident #13's medical record did not indicate that nursing measured his/her PICC line on admission 7/7/24 or on 7/10/24 with the PICC line dressing change. During an interview on 7/17/24 at 8:42 A.M., Nurse #1 said when a resident is admitted with a PICC line nursing should change the PICC line dressing and obtain baseline measurements of the PICC line. Nurse #1 said she changed Resident #13's PICC line dressing on 7/10/24 and if she measured the PICC line it would be in a nursing progress note. Review of Resident #13's nursing progress notes from 7/7/24 to 7/16/24 did not indicate PICC line measurements were obtained. During an interview on 7/17/24 at 8:44 A.M., the Director of Nurses (DON) said the expectation is that nursing follow physician orders. The DON said the admitting nurse should have measured the PICC line upon admission and with each dressing change as ordered. 2. Review of Resident #13's hospital discharge summary, dated 7/7/24, indicated Wash wounds to bilateral feet with warm soapy water. Pat Dry. Apply Aqauacel AG Advantage (primary dressings for infected or at-risk wounds) to the wound beds. Cover with bordered foam. Change daily. Review of Resident #13's physician order, dated 6/13/24, indicated Treatment to callous plantar aspect Right great toe: Wash area with wound cleanser, pat dry, apply small amount bacitracin (medication is used to prevent minor skin infections caused by small cuts, scrapes, or burns) and cover with DPD (dry protective dressing) daily. During an interview on 7/17/24 at 8:42 A.M., Nurse #1 said the admitting nurse goes over all discharge instructions on the day of admission which was 7/7/24 with either the NP or MD and said the treatment orders for Resident #13's right foot should have been ordered but were not. Nurse #1 said Resident #13 has wounds on both of his/her feet that receive a treatment of bacitracin and a DPD daily. Nurse #1 said the Resident was sent out to the hospital from this facility due to his/her wounds. During an interview on 7/17/24 at 8:44 A.M., the Director of Nurses (DON) and Regional Nurse #1 said the expectation when a resident returns from the hospital is that the admitting nurse would relay all discharge instructions to the provider and the nurse would then write the new physician orders on the day of admission. The Director of Nurses (DON) and Regional Nurse #1 said the hospital wound treatment for Resident #13 should have been ordered the day of admission but was not.

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	225456	A. Building B. Wing	07/17/2024

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41105 Based on observation, record review and interview the facility failed to ensure the air mattress was set at the appropriate setting for one Resident (#44) with a stage 4 pressure ulcer out of a total sample of 18 residents. Findings include: The facility policy titled Prevention of Pressure Injuries, revised April 2020, indicated the following: -1. Select appropriate support surfaces based on the resident's risk factors, in accordance with current clinical practice. Set according to manufacturer guidance. Review of the manufacturers guidance for the air mattress that Resident #44 utilizes indicated: -Determine the patient's weight and set the control to that weight setting on the control unit. Resident #44 was admitted to the facility in February 2024 with diagnoses that included stage 4 pressure ulcer of sacral region and dysphagia (difficulty chewing and swallowing). Review of the most recent Minimum Data Set (MDS) , dated 5/2/24, indicated that on the Brief Interview for Mental Status, Resident #44 scored a 2 out of a possible 15, indicating severely impaired cognition. The MDS further indicated Resident #44 had no behavior of rejecting care. Review of the current Activities of Daily Living (ADL) care plan indicated the following interventions: - BED MOBILITY: Resident #44 requires 2 staff participation to reposition and turn in bed. - BED MOBILITY: Resident #44 is totally dependent on staff for repositioning and turning in bed. Review of the current Stage 4 pressure ulcer care plan indicated the following interventions: - Air mattress for pressure relief check function q (each) shift. - Pressure reduction mattress to prevent skin breakdown as ordered. Review of the clinical record indicated the following assessments: - A Weekly Skin Review assessment, dated 7/11/24, indicated Resident #44 continued to have a pressure ulcer on his/her coccyx. - A Weekly Wound assessment, dated 7/11/24, indicated Resident #44 had an unstageable pressure area on his/her coccyx. Interventions included pressure redistribution mattress. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- A Quarterly Nursing Evaluation with [NAME], dated 5/14/24, indicated on the Norton Plus Scale for Predicting Pressure Ulcers Resident #44 scored a 10, indicating Resident #44 was high risk. The assessment further indicated Resident #44 required total assist with transfers and mobility. Review of the current weight report, dated 7/1/24, indicated Resident #44 weighs 164.0 pounds (lbs). On 7/16/24 at 7:28 A.M., Resident #44 was observed in bed asleep and the air mattress was set at 280 lbs. On 7/17/24 at 7:58 A.M., Resident #44 was observed in bed asleep and the air mattress was set at 300 lbs. During an interview with Resident #44's Certified Nursing Assistant (CNA) #1 on 7/17/24 at 9:16 A.M., he said that the air mattress setting are set by the company that provides the air mattress. CNA #1 said that the air mattress should be set to a resident's weight and that he never changes the settings for Resident #44's air mattresses. As well, CNA #1 said that Resident #44 requires one to two person assistance with bed mobility and could not change the setting him/herself. During an interview with Resident #44's Nurse (#2) on 7/17/24 on 9:28 A.M., she said that the air mattress's are set to a resident's weight and that the risk if a bed is too firm (greater than the resident's actual weight by approximately 150 lbs.) for a Resident with a stage 4 pressure ulcer on the coccyx would be that it could potentially effect the ability to heal the wound. During an interview with the Director of Nursing on 7/17/24 at 1:37 P.M., she said air mattress's should be set per resident comfort. The DON said that she would provide the manufacturer's guidelines as per the facility policy they defer to the guidelines for settings. During a follow-up interview with the DON on 7/17/24 at 2:04 P.M., the DON provided the surveyor with the manufacturer's guidance for Resident #44's air mattress and it was reviewed together. The DON said that if the facility was not going to follow the facility's policy regarding air mattresses for a Resident who has a stage 4 pressure ulcer, then the facility should have taken the next step and discussed this with the Resident's responsible party.

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	225456	A. Building B. Wing	07/17/2024

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45984 Based on observations, interviews and policy review, the facility failed to properly store food items to prevent the risk of foodborne illness and in accordance with professional standards for food service safety. Findings include: Review of the facility policy titled Preventing Foodborne Illness - Food Handling, revised [DATE], indicated the following: - Food will be stored, prepared, handled and served so that the risk of foodborne illness is minimalized. - Functioning of the refrigeration and food temperatures will be monitored at designated intervals throughout the day and documented according to state-specific requirements. Federal standards require that refrigerated food be stored below 41 degrees F (Fahrenheit). The surveyor made the following observations during the initial kitchen walkthrough on [DATE] at 7:15 A.M.: In the reach-in refrigerator: - A hanging thermometer displaying a temperature of 50 degrees Fahrenheit. Resident food was stored in the refrigerator and the refrigerator felt warm and had a musty smell to it. - A container containing what resembled red sauce with no identification label and a dated label of ,d+[DATE] - A container containing what resembled cooked chicken with no identification label and a dated label of , d+[DATE] - A container with no identification label containing pinto beans covered in a thick, white, milky substance with a dated label of ,d+[DATE] - A container with no identification label containing what resembled chocolate pudding with a faded dated label of ,d+[DATE]. On the substance was an area of a white, fuzzy substance and a black fuzzy substance resembling mold. - Two gallons of milk with an expiration date of [DATE]. In the dry storage room: - A box of potatoes containing potatoes with dark, soft spots as well as potatoes with green spores sticking out of them. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225456	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oceanside Rehabilitation and Nursing Center	44 South Street Rockport, MA 01966

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Three piles of boxes containing food product directly on the floor. During the revisit to the kitchen on [DATE] at 7:45 A.M., the surveyor made the following observations: - In the reach in refrigerator, a hanging thermometer displayed the temperature of 58 degrees Fahrenheit. The surveyor put a second thermometer in the refrigerator. Resident food was stored in the refrigerator and the refrigerator felt warm and had a musty smell to it. During an observation on [DATE] at 9:31 A.M., the surveyor observed both hanging thermometers displaying the temperature of 60 degrees Fahrenheit. Resident food was stored in the refrigerator and the refrigerator felt warm and had a musty smell to it. During an interview on [DATE] at 7:25 A.M., the Foodservice Director (FSD) said his expectations are that all food should either be used or thrown out within three days of the date on the product. He continued to say the date written on the products represents the expiration date of the product. The FSD continued to say they do not write what the product is because the labels are too small, and he wants to update the system at some point. The FSD continued to say the expired food products should have been thrown away. During an interview on [DATE] at 9:31 A.M., the FSD said the reach in refrigerator has been running warm for two days. When asked why the food was not put in a different refrigerator once the warm temperature was identified, the FSD said the food should have been moved to a different refrigerator. The FSD said the ideal temperature range for the refrigerator is between ,d+[DATE] degrees Fahrenheit. During an interview on [DATE] at 10:19 A.M., the Director of Nursing and Regional Nurse said any expired food should have been thrown away and all food should have been moved out of the warm refrigerator when it was identified as not maintaining proper temperature. During an interview on [DATE] at 10:42 A.M., the FSD was unable to provide temperatures of the food in the reach in refrigerator showing they were within a safe temperature range.

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	225456	A. Building B. Wing	07/17/2024

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45343 Based on observations, record reviews and interviews, the facility failed to ensure accurate medical records for one Resident (#32) out of a total sample of 18 residents. Specifically, for Resident #32, the facility failed to accurately document the level of supervision received during meals. Findings Included: Resident #32 was admitted to the facility in February 2024 with diagnoses including dysarthria (poor articulation of words) following other cerebral vascular disease and dysphagia (difficulty swallowing). Review of Resident #32's most recent Minimum Data Set (MDS) dated [DATE], indicated the Resident had a Brief Interview for Mental Status (BIMS) score of 3 out of a possible 15, which indicated he/she had severe cognitive impairment. Further review of the MDS indicated Resident #32 is on a mechanically altered diet, require change in texture of food or liquids (e.g., pureed food, thickened liquids). On 7/16/24 at 8:25 A.M.,12:19 P.M. and 12:32 P.M., and 7/17/24 at 8:25 A.M. and 8:33 A.M., Resident #32 was observed eating in his/her room. There were no staff present to provide one-to-one assistance, or to offer small bites/sips to ensure the resident eats and drinks slowly. Review of Resident #32's physician order dated 2/17/24 indicated the following: - Aspiration Precautions, Resident must be sitting upright at 90 degrees for all meals and stay in the upright position for 30 minutes after waiting ,1;1 assist with all meals, offer small bites/sips and ensure that the resident eats/drinks slowly every shift. Review of Resident #32's Treatment Administration Record (TAR) for June and July 2024 indicated staff had signed off that he/she received one to one supervision during his/her meals. During an interview on 7/17/24 at 8:44 A.M., the Assistant Director of Nursing said Resident #32's physician order should be followed and documented on the TAR correctly. During an interview on 7/17/24 at 10:39 A.M., the Director of Nursing said the nurses should be following physician's orders and should not document in the TAR if the one-to-one supervision is not being provided to Resident #32.

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	225456	A. Building B. Wing	07/17/2024

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 48671 Based on observations, policy review and interviews the facility failed to ensure nursing staff performed hand hygiene appropriately during the medication administration task. Findings include: Review of the facility policy titled Handwashing/Hand Hygiene, dated as revised August 2019, indicated This facility considers hand hygiene the primary means to prevent the spread of infections. 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 7. Use an alcohol-based hand rub containing at least 62% alcohol; or , alternatively , soap (antimicrobial or non-antimicrobial)and water for the following situations: b. Before and after direct contact with residents c. Before preparing or handling medications i. After contact with residents' skin k. After handling used dressings, contaminated equipment, etc. l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident m. After removing gloves. 9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routing hand hygiene is recognized as the best practice for preventing healthcare-associated infections. Procedure: Applying and Removing Gloves 1. Perform hand hygiene before applying non-sterile gloves. 2. When applying, remove one glove from the dispensing box at a time, touching only the top of the cuff. 3. When removing gloves, pinch the glove at the wrist and peel away from the hand, turning the glove inside out. 4. Hold the removed glove in the gloved hand and remove the other glove by rolling it down the hand and folding it into the first glove. 5. Perform hand hygiene. (continued on next page)

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	225456	A. Building B. Wing	07/17/2024

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/17/24 at 8:15 A.M., the surveyor observed Nurse #3 don (apply) gloves without performing hand hygiene prior, and then administer eyedrop medication to a Resident. Nurse #3 was then observed to remove her gloves, touching the contaminated glove with her bare hand, and without performing hand hygiene after discarding the contaminated gloves. Nurse #3 then touched the Residents bed linens, returned to the medication cart located in the hallway and placed the eyedrop medication into the medication cart. Nurse #3 did not perform hand hygiene at any time during this observation. On 7/17/24 at 8:22 A.M., Nurse #3 was observed to enter a resident room and administered medications in applesauce with a spoon then exited the resident room without performing hand hygiene. Nurse #3 did not don gloves or perform hand hygiene during the observation. On 7/17/24 at 9:31 A.M., Nurse #3 was observed to don another pair of gloves and administer an insulin injection with out performing hand hygiene. Nurse #3 then touched the Residents clothing covering up the injection area and carried the insulin pen into the hallway with her gloves on. Nurse #3 placed the insulin pen on top of the medication cart and removed her gloves touching the contaminated glove with her bare hand, and without performing hand hygiene after discarding the contaminated gloves. Nurse #3 did not perform hand hygiene at any time during this observation. During an interview on 7/17/24 at 9:41 A.M., Nurse #3 said she should not touch the contaminated glove with her bare hand and said the expectation is that she would use hand sanitizer or soap and water before and after glove use and when entering and after exiting a resident room. During an interview on 7/17/24 at 2:09 P.M., the Assistant Director of Nursing (ADON) said the expectation for staff is to perform hang hygiene before entering a resident's room and prior to leaving the resident's room. The ADON said staff should not touch the outside contaminated glove and should remove the gloves correctly and perform hand hygiene after glove removal. During an interview on 7/17/24 at 2:27 P.M., the Director of Nursing said she expects staff to follow infection control guidelines, perform proper glove removal and perform hand hygiene before and after glove use. The DON said staff should not be wearing gloves in the hall or placing contaminated items on top of the medication cart.

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	225456	A. Building B. Wing	07/17/2024

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. 48671 Based on record review, policy review and interview, the facility failed to implement an Antibiotic Stewardship Program to promote and monitor the appropriate use of antibiotics which are used to guide decisions for evaluating antibiotic prescribing patterns in accordance with the Antibiotic Stewardship Program. Findings include: Review of the Centers for Disease Control and Prevention (CDC) guidance titled: The Core Elements of Antibiotic Stewardship for Nursing Homes, undated, indicated but was not limited to the following: - The purpose of an antibiotic stewardship program is to improve the use of antibiotics in healthcare to protect patients and reduce the threat of antibiotic resistance. - Antibiotic stewardship refers to a set of commitments and actions designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use. - The CDC recommends that all nursing homes take steps to improve antibiotic prescribing practices and reduce inappropriate use. - Any action taken to improve antibiotic use is expected to reduce adverse events, prevent emergence of resistance, and lead to better outcomes for residents in this setting. Review of the facility policy titled, Antibiotic Stewardship, dates as revised December 2016, indicated the following: -Antibiotics will be prescribed and administered to residents under the guidance of the facility's Antibiotic Stewardship Program. -The purpose of our Antibiotic Stewardship Program is to monitor the use of antibiotics in our residents. - Orientation, training and education of staff will emphasize the importance of antibiotic stewardship and will include how inappropriate use of antibiotics affects individual residents and overall community. - When antibiotics are prescribed over the phone, the primary care practitioner should access the resident within 72 hours of the telephone order. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 7/17/24 at 2:05 P.M., the surveyor asked the Assistant Director of Nurses (ADON) who is also the infection preventionist in the building, to provide her with the facility's line listing and antibiotic usage audit tool. The ADON said she has line listings that she reviews at the end of the month, and she will review the clinical dashboard for new antibiotics, but the facility does not meet regularly to discuss tracking or trending of infections because the building has not implemented an antibiotic stewardship program. The ADON said infections are only discussed at QAPI quarterly if there is an outbreak. The ADON said she did not have quarterly reports from the lab on antibiotic use in the facility because they have been unable to gather consistent data monthly and are looking for new processes on tracking and getting reports. During an interview on 7/17/24 at 2:28 P.M. the Director of Nurses (DON) said she is new to the facility and is in the process of implementing the Antibiotic Stewardship Program and that the steps are in place for tracking line listings, but the facility needs to gather and track the program better. The DON said she was not aware of the infection control rates currently in the facility and was unable to provide the surveyor with any documentation related to the antibiotic stewardship program.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45984 Based on observations, interview and policy review, the facility failed to ensure that equipment in the kitchen was functioning properly. Specifically, the facility failed to ensure that a reach-in refrigerator was operating at the proper temperature while resident food was being stored inside of it. Findings include: Review of the facility policy titled Preventing Foodborne Illness - Food Handling, dated and revised [DATE], indicated the following: - Functioning of the refrigeration and food temperatures will be monitored at designated intervals throughout the day and documented according to state-specific requirements. Federal standards require that refrigerated food be stored below 41 degrees F (Fahrenheit). The surveyor made the following observations during the initial kitchen walkthrough on [DATE] at 7:15 A.M.: In the reach-in refrigerator: - A hanging thermometer displaying a temperature of 50 degrees Fahrenheit. Resident food was stored in the refrigerator and the refrigerator felt warm and had a musty smell to it. During the revisit to the kitchen on [DATE] at 7:45 A.M., the surveyor made the following observations: - In the reach in refrigerator, a hanging thermometer displayed the temperature of 58 degrees Fahrenheit. The surveyor put a second thermometer in the refrigerator. Resident food was stored in the refrigerator and the refrigerator felt warm and had a musty smell to it. During an observation on [DATE] at 9:31 A.M., the surveyor observed both hanging thermometers in the reach-in refrigerator both displaying the temperature of 60 degrees Fahrenheit. Food was stored in the refrigerator and the refrigerator felt warm and had a musty smell to it. During an interview on [DATE] at 9:31 A.M., the Food Service Director (FSD) said the reach in refrigerator has been running warm for two days. When asked why the food was not put in a different refrigerator once the warm temperature was identified, the FSD said the food should have been moved to a different refrigerator but was not. The FSD said the ideal temperature range for the refrigerator is between ,d+[DATE] degrees Fahrenheit. During an interview on [DATE] at 10:19 A.M., the Director of Nursing and Regional Nurse said any expired food should have been thrown away and all food should have been moved out of the warm refrigerator when it was identified as not maintaining proper temperature. (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on [DATE] at 10:42 A.M., the FSD was unable to provide temperatures of the food in the reach in refrigerator showing they were within a safe temperature range.