

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>43846</p> <p>Based on interviews, observations, and policy review, the facility failed to ensure staff treated residents in a dignified manner during the dining experience. Specifically, for residents who were dependent on staff for assistance with meals, staff were standing over the residents while providing assistance with feeding, on the third floor unit.</p> <p>Findings include:</p> <p>Review of the facility policy titled Dignity, dated 6/6/22, indicated Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. Demeaning practices and standards of care that compromise dignity are prohibited. Staff are expected to promote dignity and assist residents.</p> <p>On 6/11/24 at 8:43 A.M., the surveyor observed a staff member standing while feeding a Resident in the third floor dining room.</p> <p>On 6/11/24 at 8:44 A.M., the surveyor observed a staff member standing while feeding a Resident in the third floor dining room.</p> <p>On 6/12/24 at 8:45 A.M., the surveyor observed a staff member standing while feeding a Resident that was in bed on the third floor.</p> <p>On 6/13/24 at 8:34 A.M., the surveyor and Unit Manager #3 observed a nurse standing while feeding a Resident that was in bed on the third floor. Unit Manager #3 said the nurse should be sitting in a chair and eye level with the resident but she is not.</p> <p>45984</p> <p>The surveyor made the following observations:</p> <p>- On 6/11/24 at 8:44 A.M., a resident was observed laying in his/her bed, a staff member was feeding him/her while standing over the resident, not at eye level.</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:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- On 6/11/24 at 8:49 A.M., a resident was observed laying in his/her bed, a staff member was feeding him/her while standing over the resident, not at eye level. The staff member left the room and the resident had scrambled eggs and oatmeal on his/her face and chest.</p> <p>- On 6/12/24 at 12:51 P.M. in the third floor dining room, a staff member was observed standing over a resident, not at eye level, feeding the resident.</p> <p>During an interview on 6/13/24 at 8:42 A.M., Unit Manager #3 said staff should not be standing while feeding residents, they should be sitting at eye level.</p> <p>During an interview on 6/13/24 at 9:20 A.M., the Director of Nursing (DON) said staff should not be standing over residents while feeding them, they should be sitting at eye level with them.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>44095</p> <p>Based on observations, interviews, record review, and policy review, the facility failed to identify and assess the use of pillows tucked underneath a fitted sheet below the side rails on both sides of the bed as a potential restraint for one Resident (#97) out of a total sample of 27 residents.</p> <p>Findings include:</p> <p>Review of the facility policy, Use of Restraints, dated as revised April 2017, indicated:</p> <ul style="list-style-type: none"> <li>- Restraints shall only be used for the safety and well-being of the resident(s) and only after other alternatives have been tried unsuccessfully.</li> <li>- Restraints shall only be used to treat the resident's medical symptom(s) and never for discipline or staff convenience, or for the prevention of falls.</li> </ul> <p>1. Physical Restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body.</p> <p>2. The definition of a restraint is based on the functional status of the resident and not the device. If the resident cannot remove a device in the same manner in which the staff applied it given that resident's physical condition (i.e., side rails are put back down, rather than climbed over), and this restricts his/her typical ability to change position or place, that device is considered a restraint.</p> <p>3. Examples of devices that are/may be considered physical restraints include leg restraints, arm restraints, hand mitts, soft ties or vest, wheelchair safety bars, geri-chairs, and lap cushions and trays that the resident cannot remove.</p> <p>4. Practices that inappropriately utilize equipment to prevent resident mobility are considered restraints and are not permitted, including:</p> <ul style="list-style-type: none"> <li>a. Using bedrails to keep a resident from voluntarily getting out of bed as opposed to enhancing mobility while in bed;</li> <li>b. Tucking sheets so tightly that a bed-bound resident cannot move;</li> </ul> <p>6. Prior to placing a resident in restraints, there shall be a pre-restraining assessment and review to determine the need for restraints. The assessment shall be used to determine possible underlying causes of the problematic medical symptom and to determine if there are less restrictive interventions (programs, devices, referrals, etc.) that may improve the symptoms.</p> <p>9. Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative (sponsor). The order shall include the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a. The specific reason for the restraint (as it relates to the resident's medical symptom);</p> <p>b. How the restraint will be used to benefit the resident's medical symptom; and</p> <p>c. The type of restraint, and period of time for the use of the restraint.</p> <p>14. Residents and/or surrogate/sponsor shall be informed about the potential risks and benefits of all options under consideration, including the use of restraints, not using restraints, and the alternatives to restraint use.</p> <p>15. Should a resident not be capable of making a decision, the surrogate or sponsor may exercise the right of the use or non-use of a restraint. (Note: The surrogate/sponsor may not give permission to use restraints for the sake of discipline or staff convenience or when the restraint is not necessary to treat the resident's medical symptoms.)</p> <p>16. Restrained individuals shall be reviewed regularly (at least quarterly) to determine whether they are candidates for restraint reduction, less restrictive methods of restraints, or total restraint elimination.</p> <p>17. Care plans for residents in restraints will reflect interventions that address not only the immediate medical symptoms), but the underlying problems that may be causing the symptom(s).</p> <p>18. Care plans shall also include the measures taken to systematically reduce or eliminate the need for restraint use.</p> <p>Resident #97 was admitted to the facility in March 2023 with diagnoses including blepharoconjunctivitis, dementia with behavioral disturbances, and atrial fibrillation.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 5/23/24, indicated Resident #97 had a Brief Interview for Mental Status (BIMS) score of 0 out of a possible 15 which indicated severe cognitive impairment. Resident #97 was dependent of staff for mobility and did not utilize a restraint.</p> <p>On 6/11/24 at 7:36 A.M., the surveyor observed Resident #97 in bed with his/her legs directly up against the side of his/her bed on three pillows tucked underneath the fitted sheet, below the side rail on the side of the bed closest to the door. There was a fall mat on the side of the bed closest to the door. On the other side of the bed there were two pillows tucked underneath the fitted sheet.</p> <p>On 6/11/24 at 9:03 A.M., the surveyors observed Certified Nurse Assistant (CNA) #4, enter Resident #97's bedroom. CNA #4 said the pillows are used to prevent Resident #4 from putting his/her legs over the edge of the bed and the pillows prevent him/her from falling.</p> <p>On 6/12/24 at 6:25 A.M. and 6/12/24 at 7:42 A.M., the surveyor observed Resident #97 is his/her bed, his/her legs are leaning up against two pillows tucked under the fitted sheet below the side rails on the side of the bed closest to the door. On the other side of the bed, below the side rails there are two pillows tucked under the fitted sheet.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/13/24 at 6:21 A.M., 6/13/24 at 7:12 A.M., and 6/13/24 at 8:34 A.M., the surveyor observed Resident #97 in his/her bed, his/her legs were leaning up against two pillows tucked under the fitted sheet below the side rails on the side of the bed closest to the the door. On the other side of the bed, below the side rails there were two pillows tucked under the fitted sheet.</p> <p>Review of Resident #97's active plan of care, paper chart, electronic medical record, assessments, and physician's orders on 6/13/24, failed to include any documentation to support the use of pillows tucked under a fitted sheet.</p> <p>Review of the plan of care related to falls, dated as initiated 12/29/23, indicated:</p> <p>- Lateral supports to perimeter of air mattress to define border edges.</p> <p>During an interview on 6/13/24 at 7:58 A.M., Nurse #5 said Resident #97 is a fall risk and has a fall mat. Nurse #5 said that Resident #97 has pillows tucked under his/her fitted sheets.</p> <p>During an interview on 6/13/24 at 8:25 A.M., Unit Manger #1 said that Resident #97 is a fall risk and he/she will put his/her feet on the ground, and that he/she uses a fall mat. Unit Manager #1 said that Resident #97's mattress has a lateral support for defining the perimeter of his/her bed. Unit Manager #1 said she was not aware that staff were using pillows under the fitted sheets, and she said that a restraint assessment was not completed for the use of pillows under the fitted sheets. Unit Manager #1 said there were no paper restraint assessments in the medical record.</p> <p>On 6/13/24 at 8:34 A.M., the surveyors and Unit Manger #1 observed Resident #97 in bed, on the side closest to the door there were two pillows below the side rail tucked under the fitted sheet. Unit Manager #1 showed the surveyors the lateral support devices that were used to define his/her edge of the bed and she said this is what Resident #97 was care planed for. Unit Manager #1 said that Resident #97 could not remove the pillows tucked under the fitted sheet.</p> <p>During an interview on 6/13/24 at 9:00 A.M., the Assistant Director of Nursing (ADON) said that if nursing is putting pillows under a fitted sheet, it should be care planed and assessed as a potential restraint.</p> <p>During an interview on 6/13/24 at 12:00 P.M., the Director of Nursing (DON) said nursing should have assessed the pillows tucked under the fitted sheet as a potential restraint but did not.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49880</b></p> <p>Based on record review, review of the Resident Assessment Instrument (RAI) manual and interview, the facility failed to ensure the Minimum Data Set (MDS) assessments were accurately completed to reflect the status of three residents (#100, #86 and #13) out of a total sample of 27 residents. Specifically,</p> <ol style="list-style-type: none"> <li>1. For Resident #100, the facility failed to indicate on the MDS assessment that the resident had a fall with major injury;</li> <li>2. For Resident #86, the facility failed to indicate on the MDS assessment that the resident had vision impairment;</li> <li>3. For Resident #13, the facility failed to indicate on the MDS assessment that the resident was a) not on an antibiotic and b) had an alteration in skin integrity that required a wound dressing.</li> </ol> <p>Findings Include:</p> <p>Review of the Long-Term Care Resident Assessment Instrument (RAI) Manual 3.0, dated as October 2023, indicated that major injury after a fall includes bone fractures, joint dislocations, closed head injuries with altered consciousness, and subdural hematoma. The RAI manual further indicated that the Minimum Data Set (MDS) Assessment should be coded as one under the number of falls with injury or major injury if the resident has had one fall with major injury.</p> <p>1. Resident #100 was admitted to the facility in January 2024 with diagnoses that include Parkinson's disease, dysphagia (difficulty swallowing), disturbances of salivary secretion and altered mental status.</p> <p>Review of Resident #100's most recent Minimum Data Set (MDS) assessment, dated 4/4/24, indicated he/she was unable to participate in the Brief Interview for Mental Status (BIMS) Exam and was assessed by staff to have severe cognitive impairment. The MDS further indicated that Resident #100 is dependent on staff for Activities of Daily living. The MDS Assessment failed to indicate that the Resident had a fall with a major injury.</p> <p>Review of Resident #100's progress notes indicated the following:</p> <p>- A progress note dated 2/14/24: At 4:55 P.M. staff reported that [Resident] was standing up loss [his/her] balance. Resident were observed lying on the floor on [his/her] right side. ROM [range of motion] with no s/s [signs or symptoms] of discomfort both extremities align equal no internal or external rotation of hip and leg. VS [vital signs] 128/72 89 20 90 R/A no C/C [complaints] of pain. Resident were assisted by two staff to get back in the chair. HCP [health care proxy]/on call NP [Nurses Practitioner] notified Continues to monitor. Neuro assessment initiated. Resident medicated as scheduled. at this time resident in bed resting. Safety maintained. [sic]</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- A progress note dated 3/8/24: Clinical @ Risk committee met 3/7/24 to discuss [Resident] and [his/her] recent fracture: Acute right pubic rami fractures, noted 3/4/24 . Action: X-ray done: Acute right pubic rami fractures.</p> <p>Review of the facility's report submitted to the state agency dated 3/8/24, indicated that the fracture occurred from the fall sustained on 2/14/24.</p> <p>Review of the MDS Assessment, dated 4/4/24, indicated that Resident #100 has had no falls with major injury.</p> <p>During an interview on 6/13/24 at 9:46 A.M., the Director of Nurses said that the investigation into the fracture led to the conclusion that it was from Resident #100's 2/14/24 fall. She said that she would expect that the MDS Assessment accurately document a fall with major injury.</p> <p>During an interview on 6/13/24 at 12:15 P.M., The MDS Nurse said that the MDS assessment is coded inaccurately and should reflect a fall with major injury.</p> <p>2. Resident #86 was admitted to the facility in September 2023 with diagnoses that included dementia, diabetes and hypertension.</p> <p>Review of Resident #86's most recent Minimum Data Set (MDS) assessment, dated 3/14/24, indicated a Brief Interview for Mental Status (BIMS) score of 3 out of a possible 15, indicating that the Resident has severe cognitive impairments. The MDS further indicated that Resident #86's vision is adequate.</p> <p>Review of a visit note from the contracted vision services for Resident #86, dated 1/5/24, indicated the following assessment:</p> <ol style="list-style-type: none"> <li>1. Diabetes Type 2, without complications</li> <li>2. Glaucoma (a condition where the eyes optic nerve is damaged), primary open angle; [Severe Stage]; Both eyes</li> <li>3. Cataract (a cloudy area in the lens of the eye that leads to vision loss), mixed; Both eyes</li> <li>4. Macular degeneration (a vision impairment resulting in deterioration of the retina), dry; L [left] eye; intermediate dry stage</li> <li>5. Legal blindness, as defined in USA (United States of America)</li> <li>6. Presbyopia (progressive loss of near focusing ability of the eye due to ageing)</li> </ol> <p>Review of the MDS assessment, dated 3/14/24, indicated that Resident #86's vision is adequate.</p> <p>During an interview on 6/12/24 at 12:29 P.M., the surveyor asked Resident #86 what he/she can see, and the Resident said, only shadows, I can see that someone comes in my room but I don't know who it is.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/13/24 at 9:46 A.M., the Director of Nurses said that she would expect that the MDS was accurately coded to indicate that Resident #86 has vision impairment.</p> <p>During an interview on 6/13/24 at 12:15 P.M., the MDS nurse said the MDS assessment was inaccurate, and Resident #86 does not have adequate vision based on diagnoses.</p> <p>50338</p> <p>3. Resident #13 was admitted to the facility in June 2021 with diagnoses that included Cerebrovascular Accident and Diabetes.</p> <p>a.) Review of Resident #13's Minimum Data Set (MDS) assessment, dated 2/29/24, indicated the following:</p> <ul style="list-style-type: none"> <li>- N0415F. Antibiotic-coded: yes</li> </ul> <p>Review of the physician's order, dated 2/25/24, indicated:</p> <ul style="list-style-type: none"> <li>- Tamiflu oral capsule 75 milligrams (mg). Give one capsule by mouth two times per day for prophylaxis for five days (antiviral medication).</li> </ul> <p>Review of Resident #13's Medication Administration Record (MAR), dated February 2024, indicated nursing administered tamiflu from 2/25/24 to 2/29/24.</p> <p>Further review Resident #13's MAR, dated February 2024, failed to include administration of an antibiotic to the Resident.</p> <p>During an interview on 6/13/24 at 11:58 A.M., the MDS Nurse said Resident #13's MDS was coded incorrectly as Tamiflu is not an antibiotic.</p> <p>b.) Review of Resident #13's MDS, dated [DATE], indicated the following:</p> <ul style="list-style-type: none"> <li>- M1040- coded: no (other ulcers, wounds, skin problems).</li> <li>- M1200G- coded: no (application of non-surgical dressing).</li> </ul> <p>Review of the wound care consultant documentation dated 5/23/24 indicated:</p> <ul style="list-style-type: none"> <li>- non-pressure wound of the right ischium.</li> <li>- xeroform gauze apply once daily for 30 days; Leptospermum honey apply once daily for 30 days.</li> </ul> <p>Review of Resident #13's physician's order, dated 5/24/24, indicated:</p> <ul style="list-style-type: none"> <li>-normal saline wash, pat dry, apply medihoney (ointment for wound care) followed by xeroform (non-surgical dressing to cover wound) cover with allevyn. (foam dressing) daily.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #13's Treatment Administration Record (TAR) dated from 5/24/24 to 5/30/24, indicated nursing provided treatment of medihoney followed by xeroform with allevyn to a non-pressure wound.</p> <p>During an interview on 6/13/24 at 12:03 P.M., the MDS Nurse said Resident #13's wound and treatment were not coded on the MDS but should have been.</p> <p>During an interview on 6/13/24 at 11:34 A.M., the Director of Nurses (DON) said Resident #13's MDS should be coded according to Resident Assessment Instrument (RAI) Manual.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>49880</p> <p>Based on observations, record review, interview and policy review, the facility failed to develop and implement a comprehensive and person-centered care plan for two Residents (#86 and #76) out of a total sample of 27 residents. Specifically,</p> <ol style="list-style-type: none"> <li>For Resident #86, the facility failed to develop a plan of care for his/her vision impairment;</li> <li>For Resident #76, the facility failed to implement a plan of care for a wander guard (part of a system to prevent resident elopement).</li> </ol> <p>Findings Include:</p> <ol style="list-style-type: none"> <li>Resident #86 was admitted to the facility in September 2023 with diagnoses that include dementia, diabetes and hypertension.</li> </ol> <p>Review of Resident #86's most recent Minimum Data Set (MDS) Assessment, dated 3/14/24, indicated a Brief Interview for Mental Status (BIMS) score of 3 out of a possible 15, indicating that the Resident has severe cognitive impairment. The MDS further indicated that Resident #86's vision is adequate.</p> <p>During an observation on 6/11/2024 at 8:47 A.M., Resident #86 was laying in his/her bed with his/her eyes open. Breakfast was set up and uncovered on the bedside table next to the Resident's bed. The surveyor asked the Resident if he/she knew their breakfast was on the bedside table next to him/her and the Resident said he/she did not know it was there and could not see it because he/she was blind.</p> <p>During an observation and interview on 6/12/24 at 12:29 P.M., the surveyor observed Resident #86 laying flat in bed. The surveyor asked the Resident if he/she knew his/her lunch was on the bedside table uncovered and the Resident said he/she did not know it was there. The surveyor asked Resident #86 what he/she can see and he/she said, only shadows, I can see that someone comes in my room but I don't know who it is</p> <p>On 6/13/24 at 8:32 A.M., the surveyor observed a Certified Nurses Aide (CNA) bring Resident #86's breakfast tray into his/her room. The CNA said your breakfast is here, uncovered the meal and left the tray on the bedside table next to the Resident's bed and walked out of the room without setting up the tray or providing any assistance.</p> <p>Review of a visit note for Resident #86 from the contracted vision services, dated 1/5/24 indicated the following assessment:</p> <ol style="list-style-type: none"> <li>Diabetes Type 2, without complications</li> <li>Glaucoma (a condition where the eyes optic nerve is damaged), primary open angle; [Severe Stage]; Both eyes</li> </ol> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Cataract (a cloudy area in the lens of the eye that leads to vision loss), mixed; Both eyes</p> <p>4. Macular degeneration (a vision impairment resulting in deterioration of the retina), dry; L [left] eye; intermediate dry stage</p> <p>5. Legal blindness, as defined in USA (United States of America)</p> <p>6. Presbyopia (progressive loss of near focusing ability of the eye due to ageing)</p> <p>Review of Resident #86's diagnoses list failed to indicate any diagnoses related to vision impairment.</p> <p>Review of Resident #86's MDS Assessment failed to indicate vision impairment.</p> <p>Review of Resident #86's Certified Nurses Aide (CNA) Kardex, undated, failed to indicate that the Resident had vision impairment.</p> <p>Review of Resident #86's active care plans failed to indicate a comprehensive person-centered plan of care for vision impairment.</p> <p>During an interview on 6/13/24 at 8:41 A.M., CNA #3 said that Resident #86's vision is not good. CNA #3 further said that they help Resident #86 with his/her daily care because of his/her vision, but otherwise there is nothing else that they have been instructed to do.</p> <p>During an interview on 6/13/24 at 8:45 A.M., Unit Manager #2 said that the facility's contracted vision services has seen Resident #86 and recommended medications for eye pressure. Unit Manager #2 further said that the Resident's diagnoses indicated on the eye doctor visit should have been added to the diagnosis list in the Resident record. Unit Manager #2 also said that there should be a plan of care in place to address vision loss. Unit Manager #2 reviewed Resident #86's care plan and said there was not a plan of care in place at this time.</p> <p>During an interview on 6/13/24 at 9:39 A.M., the Director of Nurses said that she would expect a plan of care in place for vision impairment to address the care needs of Resident #86.</p> <p>2. Review of facility policy titled Elopement of Resident, dated as reviewed March 2022, indicated the following:</p> <p>B. All residents will be screened for potential elopement risk using the Elopement Risk Assessment in PCC [Point Click Care] (online medical record system) upon admission and with a significant change in status.</p> <p>D. For resident identified as at risk, an interdisciplinary safety care plan will be developed with family and resident participation.</p> <p>1. Individual risk factors and patterns will be identified and addressed within the care plan.</p> <p>Resident #76 was admitted to the facility in December 2020 with diagnoses that include bipolar disorder, anxiety disorder and amnesia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #76's of the most recent Minimum Data Set (MDS) Assessment, dated 3/21/24, indicated a Brief Interview for Mental Status score of 1 out of a possible 15 which indicated that the Resident has severe cognitive impairment. The MDS further indicated that wandering behavior occurs daily for Resident #76.</p> <p>The surveyor made the following observations:</p> <ul style="list-style-type: none"> <li>- On 6/11/24 at 1:38 P.M., Resident #76 was observed sitting in the dining room, a wander guard was not in place to his/her right wrist.</li> <li>- On 6/12/24 at 8:23 A.M., and 10:48 A.M., Resident #76 was observed sitting in the dining room, a wander guard was not in place to his/her right wrist.</li> <li>- On 6/12/24 at 12:28 P.M., Resident #76 was observed eating lunch in the dining room, a wander guard was not in place to his/her right wrist.</li> </ul> <p>Review of Resident #76's active care plan indicated, I have a hx (history) of and potential for aimless wandering (within the unit), occasionally requiring redirection from staff. I wear a Wander Guard device, dated 12/22/20.</p> <p>Review of Resident #76's active physician's orders indicated: Wander Guard Bracelet on Right Wrist: Check placement and function every shift, dated 8/28/23.</p> <p>Review of Resident #76's June Treatment Administration Record (TAR) was signed off as indicating that the Wander Guard was in place on 6/11/24.</p> <p>Review of Resident #76's most recent elopement assessment, dated 12/18/23 indicated an elopement risk score of 22, indicating that Resident #76 is at high risk for elopement.</p> <p>Review of Resident #76's Certified Nurses Aide (CNA) kardex, dated 8/22/23 indicated that the Resident is at risk for elopement and utilizes a wander guard.</p> <p>Review of Resident #76's progress notes indicated the following note written on 6/12/24 at 10:47 P.M., Resident didn't have his/her wander guard on, replaced by a new one.</p> <p>During an interview and observation on 6/12/24 at 1:34 P.M., the Assistant Director of Nurses (ADON) said that nursing staff should make sure that the wander guard is in place for any resident who has a physician's order for a wander guard. The ADON observed Resident #76 in his/her room and said that he/she did not have a wander guard in place.</p> <p>During an interview on 6/13/24 at 9:37 A.M., the Director of Nurses said that she would expect nurses to check placement and function every shift and accurately document the presence of a wander guard.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43846</b></p> <p>Based on record review, observations and interviews, the facility failed to ensure a physician's order was implemented for one Resident (#35) out of a total sample of 27 residents. Specifically, for Resident #35, the facility failed to implement off-loading his/her heels as ordered by the Physician.</p> <p>Findings include:</p> <p>1. Resident #35 was admitted to the facility in December 2023 with diagnoses that included dementia, Parkinson's disease, type 2 diabetes.</p> <p>Review of Resident #35's most recent Minimum Data Set (MDS), dated [DATE], indicated he/she scored a 1 out of a possible 15 on the Brief Interview of Mental Status (BIMS) exam indicating the Resident had severe cognitive impairment. Further review of the MDS indicated the Resident is at risk for developing pressure ulcers.</p> <p>On 6/11/24 at 8:29 A.M., and 12:35 P.M., the surveyor observed Resident #35 in bed with their heels directly on the mattress.</p> <p>On 6/12/24 at 8:18 A.M., and 12:34 P.M., the surveyor observed Resident #35 in bed with their heels directly on the mattress.</p> <p>On 6/13/24 at 8:39 A.M., the surveyor and Nurse #3 observed Resident #35 in bed with their heels directly on the mattress. Nurse #3 said Resident #35's heels are on the mattress and they should be floated on multiple pillows are ordered.</p> <p>Review of Resident #35's physician order, dated 12/23/23, indicated float bilateral heels on pillow while in bed every shift.</p> <p>Review of Resident #35's Norton Scale Predicting Risk of Pressure Ulcer, dated 3/19/24, indicated he/she scored a 7 indicating the Resident is at high risk of pressure ulcer development.</p> <p>Review of Resident #35's nursing progress notes from 6/3/24 to 6/13/24 did not indicate that Resident #35 refused to have his/her heels offloaded.</p> <p>During an interview on 6/13/24 at 8:37 A.M., Certified Nurses Aide (CNA) #1 said that if a resident has an order to off-load their heels then she would normally put the resident's legs up on multiple pillows so the heels are not touching the mattress.</p> <p>During an interview on 6/13/24 at 8:40 A.M. the Infection Control (ICP) Nurse said nurses are expected to follow each residents' care plan and doctors orders. The ICP Nurse said if a resident has an order to off load their heels then the nurses should be following the doctors orders and off-load the residents' heels.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/13/24 at 9:35 A.M., the Director of Nurses (DON) said if a resident has a physician order to off-load heels then the expectation is that the nurses follow the order and off-load the residents heels.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43846</b></p> <p>Based on observations, record review, policy review and interviews, the facility failed to provide assistance with Activities of Daily Living (ADLs), for four Residents (#39, #163, #32, #100) out of a total sample of 27 residents. Specifically,</p> <p>1a. For Resident #39, the facility failed to provide assistance with meals as per the plan of care;</p> <p>1b. For Resident #163, the facility failed to provide assistance with meals as per the plan of care;</p> <p>1c. For Resident #32, the facility failed to provide assistance with meals as per the plan of care;</p> <p>2. For Resident #100, the facility failed to provide supervision with meals as per the plan of care.</p> <p>Findings include:</p> <p>Review of the facility policy titled Activities of Daily Living (ADLs) Supporting, dated March 2018, indicated Residents will provided with care, treatment and services as appropriate to maintain or improve their ability to carry out ADLs. Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with consent of the resident and in accordance with the plan of care, including appropriate support and assistance with:</p> <p>d. Dining (meals and snacks).</p> <p>1a. Resident #39 was admitted to the facility in June 2017 with diagnoses that included hemiplegia and hemiparesis following cerebral infarction, aphasia, dysphagia, and contractures.</p> <p>Review of Resident #39's most recent Minimum Data Set (MDS), dated [DATE], indicated he/she scored a 3 out of a possible 15 indicating the Resident has severe cognitive impairment. Further review of the MDS indicated the Resident is dependent on staff for activities of daily living (ADLs).</p> <p>On 6/11/24 at 8:34 A.M., the surveyor observed Resident #39 in bed with their breakfast tray set up to consume without staff present in the room. The Resident was observed to not initiate self feeding.</p> <p>On 6/11/24 from 12:29 P.M. to 12:36 P.M., the surveyor observed Resident #39 in the dining room with their lunch tray set up to consume without staff assisting him/her. The Resident was observed to not initiate self feeding.</p> <p>On 6/12/24 from 8:35 A.M. to 8:45 A.M., the surveyor observed Resident #39 in his/her room with their breakfast tray set up to consume without staff present in the room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/13/24 from 8:27 A.M. to 8:40 A.M., the surveyor observed Resident #39 in the dining room with their breakfast tray set up to consume without staff assisting him/her. The Resident was observed to drop food items off of their utensils at times.</p> <p>Review of Resident #39's activities of daily living (ADLs) care plan, dated 1/10/24, indicated EATING: I require physical assist to eat I choose to eat in the quiet of my own room cueing and adaptive feeding equipment are provided to support my eating efforts.</p> <p>Review of Resident #39's Certified Nurse Aide (CNA) Kardex, dated 6/12/24, indicated EATING: I require physical assist to eat I choose to eat in the quiet of my own room cueing and adaptive feeding equipment are provided to support my eating efforts.</p> <p>During an interview on 6/13/24 at 8:37 A.M., CNA #1 said that nursing staff are expected to be following the CNA Kardex. CNA #1 said if a resident should be supervised then a staff member should be in the room supervising that resident and if the Kardex says they should be assisted with meals then the resident should be assisted by a staff member with meals.</p> <p>During an interview on 6/13/24 at 8:40 A.M. the Infection Control (ICP) Nurse said nurses are expected to follow each residents care plan and doctors orders. The ICP Nurse said if a resident is care planned to be supervised with meals then a staff member should be in the room supervising the resident and if the care plan says the Resident should be fed then a staff member should be there assisting the resident with their meals.</p> <p>During an interview on 6/13/24 at 8:41 A.M., the Director of Rehab (DOR) said her staff works closely with nursing and are involved with care planning. The DOR said if a resident is care planned for supervision or assistance with meals then staff should be following that plan of care.</p> <p>During an interview on 6/13/24 at 8:43 A.M., the Registered Occupational Therapist (OT) said if a resident's care plan says they require staff assistance with meals then a staff member should be with the resident feeding them.</p> <p>1b. Resident #163 was admitted to the facility in June 2024 with diagnoses that included severe protein-calorie malnutrition, type 2 diabetes, and chronic kidney disease.</p> <p>Review of Resident #163's Brief Interview for Mental Status (BIMS) exam, dated 6/11/24, indicated he/she scored a 12 out of a possible 15 on the BIMS indicating he/she had moderate cognitive impairment.</p> <p>On 6/11/24 from 8:31 A.M. to 8:36 A.M., the surveyor observed Resident #163 in bed with their breakfast tray set up to consume without staff present in the room. The Resident was observed to not initiate self feeding.</p> <p>On 6/11/24 from 12:33 P.M. to 12:41 P.M., the surveyor observed Resident #163 in the dining room with their lunch tray set up to consume without staff assisting the Resident. The Resident was observed to not initiate self feeding.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/12/24 from 8:17 A.M. to 8:24 A.M., the surveyor observed Resident #163 in bed with their privacy curtain pulled not able to see the Resident from the hallway. The breakfast tray was set up to consume without staff present in the room.</p> <p>On 6/12/24 from 12:35 P.M. to 12:43 P.M., the surveyor observed Resident #163 in the dining room with their lunch tray set up to consume without staff assisting the Resident. The Resident was observed to not initiate self feeding and calling out for staff to help.</p> <p>On 6/13/24 from 8:30 A.M. to 8:44 A.M., the surveyor observed Resident #163 in bed with their breakfast tray set up to consume without staff assisting the Resident. The Resident was observed to not initiate self feeding.</p> <p>On 6/13/24 at 8:45 A.M., the surveyor and the Registered Occupational Therapist (OT) observed Resident #163 in bed not initiating self feeding. The OT said someone should be helping him/her.</p> <p>Review of Resident #163's activities of daily living (ADLs) care plan, dated 6/5/24, indicated EATING: I require (x) staff participation to eat.</p> <p>Review of Resident #163's nursing progress note, dated 6/10/24, indicated Resident continues to require supportive care/assistance with ADLs due to decreased strength and endurance due to pneumonia, CVA with L (left) hemiplegia.</p> <p>Review of Resident #163's active CNA Kardex, dated 6/12/24, indicated EATING: I require (x) staff participation to eat.</p> <p>During an interview on 6/13/24 at 8:37 A.M., CNA #1 said that nursing staff are expected to follow the CNA Kardex. CNA #1 said if the resident's Kardex says they should be assisted with meals then the resident should be assisted by a staff member with meals.</p> <p>During an interview on 6/13/24 at 8:40 A.M. the Infection Control (ICP) Nurse said nurses are expected to follow each resident's care plan and doctors orders. The ICP Nurse said if a resident is care planned to be supervised then a staff member should be in the room supervising the resident and if the care plan says the Resident should be fed then a staff member should be there assisting the resident with their meals.</p> <p>During an interview on 6/13/24 at 8:41 A.M., the Director of Rehab (DOR) said her staff works closely with nursing and are involved with care planning. The DOR said if a resident is care planned for supervision or assistance with meals then staff should be following that plan of care.</p> <p>During an interview on 6/13/24 at 8:43 A.M., the OT said if a residents care plan says they require staff assistance with meals then a staff member should be with the resident feeding them. The OT said she is currently working with Resident #163 and said the Resident does need assistance and cueing with meals.</p> <p>45984</p> <p>1c. Resident #32 was admitted to the facility in October 2023 with diagnoses including hemiplegia and hemiparesis and dysphagia (difficulty swallowing).</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #32'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 is dependent on staff for all activities of daily living including eating.</p> <p>The surveyor made the following observations:</p> <ul style="list-style-type: none"> <li>- On 6/11/24 from 8:49 A.M. to 8:54 A.M., Resident #32 was laying in his/her bed, feeding him/herself. There was scrambled egg and oatmeal on the side of his/her face and on his/her chest. Resident #32's hand was observed shaking when he/she was bringing the utensil of food to his/her mouth.</li> <li>- On 6/12/24 from 8:25 A.M. to 8:39 A.M., Resident #32 was laying in his/her bed, feeding him/herself with no staff assistance in the room. Pureed egg and sausage were observed on Resident #32's chest. Resident #32's hand was observed shaking when he/she was bringing the utensil of food to his/her mouth.</li> <li>- On 6/12/24 at 12:42 P.M., Resident #32 was sitting in his/her wheelchair in the dining room. A staff member was observed delivering his/her tray and said to eat up and walked away. At 12:50 P.M., Resident #32 was eating without staff assistance, pureed food was running down his/her mouth and chin.</li> <li>- On 6/13/24 from 8:18 A.M., to 8:31 A.M., Resident #32 was laying in bed eating breakfast without staff assistance. The Resident had pureed eggs and oatmeal on his/her face and chest.</li> </ul> <p>Review of Resident #32's Kardex (nursing care card) indicated the following:</p> <ul style="list-style-type: none"> <li>- EATING: I require total assistance to eat.</li> </ul> <p>Review of Resident #32's ADL self care Performance Deficit care plan indicated the following intervention:</p> <ul style="list-style-type: none"> <li>- Dated 6/30/22: EATING: I require total assistance to eat.</li> </ul> <p>Review of Resident #32's nutritional risk care plan indicated the following intervention:</p> <ul style="list-style-type: none"> <li>- Dated 11/3/23: Monitor for signs/symptoms of aspiration</li> </ul> <p>During an interview on 6/13/24 at 8:31 A.M., Certified Nursing Assistant (CNA) #1 said Resident #32 does okay with feeding by him/herself but needs some encouragement. She continued to say he/she is dependent on staff for eating but it hard to help everyone during meal times since there are a lot of residents.</p> <p>During an interview on 6/13/24 at 8:42 A.M., Unit Manager #3 said resident dependent on staff for feeding should be getting help while they eat. She said if a resident is care planned for assistance with meals it should be happening.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/13/24 at 9:20 A.M. the Director of Nursing (DON) said residents who are dependent on staff for feeding should be receiving assistance while they eat. She continued to say Resident #32 should be receiving assistance while he/she eats.</p> <p>49880</p> <p>2. Resident #100 was admitted to the facility in January 2024 with diagnoses that include Parkinson's disease, dysphagia (difficulty swallowing), disturbances of salivary secretion and altered mental status.</p> <p>Review of Resident #100's most recent Minimum Data Set (MDS) Assessment, dated 4/4/24, indicated he/she was unable to participate in the Brief Interview for Mental Status Exam and was assessed by staff as having severe cognitive impairment. The MDS Assessment further indicated that Resident #100 is dependent on staff for Activities of Daily living.</p> <p>During a continuous observation on 6/12/24 from 8:24 A.M. to 8:47 A.M., the following observations were made:</p> <p>-At 8:24 A.M., Resident #100 was observed by the surveyor in bed with his/her eyes closed, at an approximately 90-degree angle with his/her breakfast tray in front of him/her. No staff were present in the room.</p> <p>-At 8:39 A.M., no staff have gone into the room to check on the Resident or assist him/her with breakfast. Resident #100 had not initiated eating or drinking any of his/her breakfast.</p> <p>-At 8:47 A.M., a Certified Nurses Aide (CNA) entered the room and asked Resident #100 if he/she was done with breakfast, the Resident who remained with eyes closed, did not respond and the CNA took the untouched breakfast tray away without offering any assistance to eat.</p> <p>Review of Resident #100's active care plan indicated the following:</p> <p>-I have a swallowing problem r/t (related to) my dx (diagnosis) of Parkinson's dx (disease) with PMH (past medical history) of Coughing or choking during meals or swallowing med (medications), difficulty with thin liquids, and the potential for Holding food in mouth/cheeks (pocketing). Interventions in the care plan included I am to eat only with supervision, dated 4/5/24.</p> <p>-I am at nutritional risk related to disease process of Parkinson's dx with dysphagia and at risk for malnutrition. I require support at all eating opportunities, I have potential for skin impairment, dated 3/6/24.</p> <p>Review of Resident #100's CNA Kardex (care card with instructions for care), dated 1/18/24, indicated that Resident #100 has aspiration precautions and should receive continual supervision at meals.</p> <p>During an interview on 6/12/24 at 1:01 P.M., the surveyor asked CNA #3 how she would know what kind of assistance a resident needs with meals, she said when she drops off the tray she asks them if they need help or not. CNA #3 was asked about any type of care card or kardex and she said there is one, but they are not always accurate, sometimes it says the resident is independent but they are weak that day and need help.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/13/24 at 8:52 A.M., Unit Manager #2 said that supervision means that someone should be with the resident either in their room or in the dining room with the resident. She further said that Resident #100 should have been assisted by staff in his/her room on 6/12/24.</p> <p>During an interview on 6/13/24 at 9:23 A.M., the Director of Nurses said that staff should be providing feeding assistance as needed or as per the plan of care. She said that a kardex is used so that staff know the level of care needed for each resident. She further said she expects that staff follow the plan of care and kardex.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45984</b></p> <p>Based on record review, interview and policy review, the facility failed to ensure services consistent with professional standards were provided for 3 Residents (#44, #263, #51) who required dialysis (a procedure to remove waste products and excess fluid from the body when the kidneys stop working properly), out of total sample of 27 residents. Specifically, the facility failed to follow physician's orders to ensure that blood pressure readings were not taken on the arm where the dialysis shunt (an access point from the dialysis machine to a blood artery) is located.</p> <p>Findings include:</p> <p>Review of the facility policy titled Dialysis Policy, revised and dated 9/8/23, indicated the following:</p> <ul style="list-style-type: none"> <li>- Purpose: To provide necessary monitoring and follow-up treatment for residents who require dialysis. The goal of clinical management includes reducing the risk of complications and to coordinate/provide treatment for any complications that are identified.</li> <li>- Monitor vital signs per MD (Medical Doctor) order: Vital signs per MD order. No BP (blood pressure) in shunt extremity.</li> </ul> <p>1. Resident #44 was admitted to the facility in September 2018 with diagnoses including end stage renal disease and heart failure.</p> <p>Review of Resident #44's most recent Minimum Data Set Assessment (MDS), dated [DATE], indicated that the Resident had a Brief Interview for Mental Status score of 14 out of a possible 15 indicating intact cognition. Further review of the MDS indicated that the Resident requires assistance with activities of daily living and is currently receiving dialysis.</p> <p>Review of Resident #44's active physician's order dated 4/5/24, indicated the following:</p> <ul style="list-style-type: none"> <li>- No B/P (blood pressure) or blood draw to access site arm - right arm.</li> </ul> <p>Review of Resident #44's discontinued physician's orders indicated the following:</p> <ul style="list-style-type: none"> <li>- Dated from 2/7/24 - 3/23/24: No B/P (blood pressure) or blood draw to access site arm - right arm.</li> <li>- Dated from 6/9/23 - 2/1/24: No B/P (blood pressure) or blood draw to access site arm - right arm.</li> </ul> <p>Review of Resident #44's renal insufficiency r/t (related to) End Stage Renal Disease care plan indicated that the following intervention dated 9/24/18:</p> <ul style="list-style-type: none"> <li>- Monitor vital signs as ordered and PRN (as needed).</li> </ul> <p>Review of Resident #44's hemodialysis care plan indicated the following intervention dated 9/24/18:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Do not draw blood or take B/P in arm with graft.</p> <p>Review of Resident #44's Blood Pressure Summary indicated the following occurrences where Resident #44 was documented having his/her blood pressure taken on his/her right arm:</p> <ul style="list-style-type: none"> <li>- Date: 1/3/24, Position: lying r/arm (right arm)</li> <li>- Date: 1/6/24, Position: lying r/arm</li> <li>- Date: 1/7/24, Position: lying r/arm</li> <li>- Date: 1/14/24, Position: lying r/arm</li> <li>- Date: 1/15/24, Position: lying r/arm</li> <li>- Date: 1/23/24, Position: lying r/arm</li> <li>- Date: 1/23/24, Position: lying r/arm</li> <li>- Date: 1/28/24, Position: lying r/arm</li> <li>- Date: 2/13/24, Position: lying r/arm</li> <li>- Date: 2/23/24, Position: lying r/arm</li> <li>- Date: 3/12/24, Position: lying r/arm</li> <li>- Date: 3/12/24, Position: lying r/arm</li> <li>- Date: 3/13/24, Position: lying r/arm</li> <li>- Date: 3/21/24, Position: lying r/arm</li> <li>- Date: 4/5/24, Position: lying r/arm</li> </ul> <p>During an interview on 6/13/24 at 8:51 A.M., Nurse #4 said blood pressure readings should not be taken on arm of the dialysis access site as the resident would be at risk of bleeding. She continued to say that physician's orders should be followed at all times.</p> <p>During an interview on 6/13/24 at 9:20 A.M., the Director of Nursing (DON) said physician's orders should be followed and blood pressure readings should be obtained on the arm of the dialysis access site.</p> <p>2. Resident #263 was admitted to the facility in December 2023 with diagnoses including end stage renal disease and hypertension.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #263's most recent Minimum Data Set Assessment (MDS), dated [DATE], indicated that the Resident had a Brief Interview for Mental Status score of 15 out of a possible 15 indicating intact cognition. Further review of the MDS indicated that the Resident is dependent on staff for activities of daily living and is currently receiving dialysis.</p> <p>Review of Resident #263's discontinued physician's orders dated from 12/2/23 through 5/18/24 indicated the following:</p> <ul style="list-style-type: none"> <li>- No blood pressure R (right) arm.</li> </ul> <p>Review of Resident #263's Renal failure r/t End Stage Kidney Disease care plan dated 4/25/18 indicated the following intervention:</p> <ul style="list-style-type: none"> <li>- No blood pressure or blood drawn on right arm.</li> </ul> <p>Review of Resident #263's Blood Pressure Summary indicated the following occurrences where Resident #263 was documented having his/her blood pressure taken on his/her right arm:</p> <ul style="list-style-type: none"> <li>- Date: 1/2/24, Position: lying r/arm (right arm)</li> <li>- Date: 1/16/24, Position: lying r/arm</li> <li>- Date: 1/17/24, Position: lying r/arm</li> <li>- Date: 1/31/24, Position: lying r/arm</li> <li>- Date: 2/4/24, Position: lying r/arm</li> <li>- Date: 2/24/24, Position: lying r/arm</li> <li>- Date: 3/8/24, Position: lying r/arm</li> <li>- Date: 3/14/24, Position: lying r/arm</li> <li>- Date: 5/9/24, Position: lying r/arm</li> </ul> <p>During an interview on 6/13/24 at 8:51 A.M., Nurse #4 said blood pressure readings should not be taken on arm of the dialysis access site as the resident would be at risk of bleeding. She continued to say that physician's orders should be followed at all times.</p> <p>During an interview on 6/13/24 at 9:20 A.M., the Director of Nursing (DON) said physician's orders should be followed and blood pressure readings should be obtained on the arm of the dialysis access site.</p> <p>50338</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Resident #51 was admitted to the facility in May 2024 with diagnoses that included End Stage Renal Disease (ESRD-the stage of renal impairment that appears irreversible and permanent, and requires a regular course of dialysis or kidney transplantation to maintain life), diabetes, and chronic diastolic heart failure (pressure builds up in the heart, which can lead to fluid buildup in the lungs, abdomen, and legs).</p> <p>Review of Resident #51's most recent Minimum Data Set (MDS) assessment, dated 5/17/24, indicated the Resident scored a 13 out of 15 on the Brief Interview for Mental Status (BIMS) exam indicating the Resident is cognitively intact.</p> <p>During observation on 6/11/24 at 9:01 A.M., and 6/12/24 at 8:00 A.M., the surveyor observed a sign over Resident #51's bed that indicated that BP (blood pressure) was not to be taken in left arm.</p> <p>Review of Resident #51's physician's order dated 3/15/24 and 5/8/24, indicated no BP or Blood Draw to Access Site Arm - Left arm.</p> <p>Review of Resident #51's Medication Administration Record (MAR), dated May and June 2024, indicated every shift nursing signed the physician order off as administered for no BP to access site left arm.</p> <p>Review of Resident #51's weights and vitals summary, dated May 2024 and June 2024, indicated on the following dates, blood pressure was taken in left arm:</p> <ul style="list-style-type: none"> <li>- Date: 5/1/24 at 9:54 P.M.,</li> <li>- Date: 5/2/24 at 9:31 P.M.,</li> <li>- Date: 5/8/24 at 11:25 P.M.,</li> <li>- Date: 5/11/24 at 2:59 A.M.,</li> <li>- Date: 5/11/24 at 10:53 A.M.,</li> <li>- Date: 6/1/24 at 12:22 P.M.,</li> <li>- Date: 6/2/24 at 9:39 P.M.,</li> <li>- Date: 6/4/24 at 10:00 P.M.,</li> <li>- Date: 6/5/24 at 8:14 P.M.</li> <li>- Date: 6/6/24 at 5:54 P.M.,</li> <li>- Date: 6/7/24 at 8:39 P.M.</li> </ul> <p>During an interview on 6/12/24 at 4:16 P.M., Nurse #1 said she has been checking Resident #51's blood pressure on his/her left arm.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/13/24 at 6:57 A.M., the Director of Nursing (DON) said that if a physician's order says not to check BP on left arm, then it should not be checked on the left arm.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	

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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>44095</p> <p>Based on observations and interviews, the facility failed to post nursing staff data daily, at the start of each shift, relative to licensed and unlicensed nursing staff directly responsible for resident care per shift.</p> <p>Specifically, the facility failed to ensure they consistently posted the staffing and the posting failed to include staffing data including the total number and hours for Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Certified Nurse Aides (CNAs), as required.</p> <p>Findings include:</p> <p>On 6/11/24 at 6:51 A.M., the surveyors observed the daily staffing posted at the entrance of the facility was dated 6/8/24. The daily staffing posted failed to include staffing data including the total number and hours for RNs and LPNs, and the total hours for CNAs, as required.</p> <p>On 6/12/24 at 4:30 P.M., the surveyors observed the daily staffing sheet, the daily staffing posted failed to include staffing data including the total number and hours for RNs and LPNs, and the total hours for CNAs, as required.</p> <p>On 6/13/24 at 11:02 A.M., the surveyors observed the daily staffing sheet, the daily staffing posted failed to include staffing data including the total number and hours for RNs and LPNs, and the total hours for CNAs, as required.</p> <p>During an on 6/13/24 at 11:03 A.M., the Unit Coordinator said she is responsible for posting the daily staffing, as required. The Unit Coordinator said that the scheduler makes the staffing sheet.</p> <p>During an interview on 6/13/24 at 11:04 A.M., the scheduler said she is responsible for completing the nurse staffing information posting. The scheduler said she was unaware of the requirement to separate the RNs and LPNs and said she was not aware that the total hours worked was required.</p> <p>During an interview on 6/13/24 at 11:20 A.M., the Director of Nursing said the nursing staffing should be posted as required.</p> <p>During an interview on 6/13/24 at 11:11 A.M., the Administrator said the nursing staffing should be posted as required.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45984</p> <p>Based on record review, interview and policy review, the facility failed to ensure recommendations from the Monthly Medication Review conducted by the pharmacist were addressed and acknowledged by the physician in a timely manner for one Resident (#16) out of a total sample of 27 Residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled Pharmacy Services Overview, revised and dated April 2019, indicated the following:</p> <p>- The facility shall contract with a licensed consultant pharmacist to help it obtain and maintain timely and appropriate pharmacy services that support residents' needs, and are consistent with current standards of practice, and meet state and federal requirements.</p> <p>Resident #16 was admitted to the facility in May 2012 with diagnoses including intervertebral disc degeneration and personality disorder.</p> <p>Review of Resident #16's most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated that the Resident had a Brief Interview for Mental Status score of 15 out of 15 indicating the Resident is cognitively intact.</p> <p>Review of Resident #16's physician's order dated 6/28/23 indicated the following: Omeprazole Cap (capsule) 20MG (milligrams)</p> <p>Review of the monthly Pharmacy Consultant progress notes indicated the following for 11/22/23, 12/21/23, 1/23/24, 2/21/24, 3/21/24 and 4/5/24:</p> <p>-Rec (Recommend): Narcan order, Rec: decrease omeprazole</p> <p>Review of the document titled Summary of Recommendations for DNS/Medical Director from the pharmacy dated 4/26/24 indicated that the Medical Doctor/Nurse Practitioner acknowledged the pharmacist's recommendation for a decrease in Omeprazole, about five months after the pharmacist made the initial recommendation on 11/22/23.</p> <p>Review of the Pharmacy Consultant progress note dated 5/15/24 indicated that the physician acknowledged the pharmacist recommendation for a Narcan order on 6/13/24, after the surveyor made the facility aware.</p> <p>Review of the document titled Note to Attending Physician/Prescriber dated 6/13/24 indicated that the Nurse Practitioner agreed with the pharmacist's recommendation for a Narcan order, about five months after the pharmacist made the initial recommendation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	

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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/12/24 at 11:15 A.M., Unit Manager #3 said pharmacy services comes to the facility on ce a month to make recommendations which will go to the unit managers, director of nursing (DON) and to the doctor. Unit Manager #3 continued to say these recommendations typically get acknowledged within one week by the physician.</p> <p>During an interview on 6/12/24 at 1:17 P.M., the DON said the pharmacy recommendation system has been broken in the facility since they started using a different pharmacist. She continued to say that recommendations have not been followed up as timely as they should be. She continued to say that Resident #16's recommendations should have been addressed sooner.</p> <p>During an interview on 6/13/24 at 10:30 A.M., the DON said yesterday, the pharmacist noticed not all progress notes were acknowledged for the third-floor unit. The DON continued to say we know the pharmacy system has been broken and we started doing audits yesterday.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>44095</p> <p>Based on observation, policy review and interview, the facility failed to ensure staff stored all drugs and biologicals in accordance with accepted professional standards of practice. Specifically,</p> <ol style="list-style-type: none"> <li>1. The facility failed to ensure nursing stored medications in accordance with State and Federal Laws.</li> <li>2. The facility failed to properly secure medication carts on two of three units and ensure that medication carts were kept clean on one out of three medication carts reviewed.</li> </ol> <p>Findings Include:</p> <p>Review of facility policy titled Medication Storage in The Facility, dated January 2021, indicated the following:</p> <p>-Policy: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.</p> <p>-Procedures: I. Medication storage areas are kept clean well-lit, and free of clutter and extreme temperatures and humidity.</p> <p>1. On 6/12/24 at 2:04 P.M., the surveyor observed the following unattended on the first-floor nursing station:</p> <ul style="list-style-type: none"> <li>- one bottle of rhopressa eye drops</li> <li>- one brown paper bag</li> </ul> <p>On 6/12/24 at 2:14 P.M., the surveyor continued to observe the medications unattended at the nursing station. During the continuous observation the surveyor observed two different Certified Nursing Assistants, the Maintenance Director, and two therapists walk near the unattended medications at the nursing station.</p> <p>On 6/12/24 at 2:15 P.M., the surveyor observed the medications in the brown bag to include the following:</p> <ul style="list-style-type: none"> <li>- one bottle of brimonidine 0.2% ophthalmic solution,</li> <li>- one bottle of combigan solution 0.2/0.5% ophthalmic solution,</li> <li>- one bottle of prednisolone 1% ophthalmic solution,</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- one bottle of difluprednate emulsion 0.05% ophthalmic solution.</p> <p>On 6/12/24 at 2:19 P.M., Nurse #2 returned to the desk, and she said that medications should not be left unattended at the nursing station.</p> <p>During an interview on 6/13/24 at 8:49 A.M., Unit Manger #1 said the pharmacy comes daily at 2:00 P.M., and she said medications should not be left unattended at the nursing station.</p> <p>During an interview on 6/13/24 at 12:40 P.M., the Director of Nursing (DON) said medications should not be left unattended at the nurse's station.</p> <p>49880</p> <p>2. During a medication storage observation on 6/13/24 at 7:11 A.M., the surveyor was reviewing the medication cart on the high end of the third-floor unit. Nurse #4 walked away from the medication cart and left the surveyor with an unlocked and unattended medication cart. At 7:14 A.M., Nurse #4 returned to the medication cart after the surveyor asked another nurse where she had gone. Nurse #4 said that she should not have left the medication cart unlocked and unattended.</p> <p>During a medication storage observation on 6/13/24 at 7:21 A.M., the surveyor was reviewing the high-end medication cart on the second floor unit and made the following observations of the medication cart:</p> <p>-In the first drawer of the medication cart, a medication cup with applesauce in it as well as a dirty plastic spoon sitting in the top drawer of the medication cart were observed</p> <p>-In the third drawer of the medication cart two plastic cups filled with a clear liquid were observed</p> <p>During the medication cart observation on 6/13/24 at 7:21 A.M., the Nurse walked away from the medication cart leaving the medication cart unlocked and unsupervised. At 7:26 A.M., the Assistant Director of Nurses (ADON) walked by and locked the medication cart. She said that the medication cart should be locked when the assigned nurse is not at the cart and should not be left unattended. The ADON further said that cups of liquid, applesauce and dirty spoons should not be stored in the mediation cart.</p> <p>During an interview on 6/13/24 at 7:31 A.M., the Director of Nurses said that she would expect that nurses lock medication carts when they are unattended and that medication carts are kept clean.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	

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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45984</p> <p>Based on observation, record review, interview and policy review, the facility failed to ensure the call light was accessible for two Residents (#5, #16) out of a total of 27 residents. Specifically, the facility failed to ensure that the call lights were within reach of Residents #5 and #16 while they were in bed.</p> <p>Findings include:</p> <p>Review of the facility policy titled Call System, Resident, dated September 2023, indicated the following:</p> <ul style="list-style-type: none"> <li>- Residents are provided with the means to call staff for assistance through a communication system that directly calls a staff member or a centralized work station.</li> </ul> <p>1. Resident #5 was admitted to the facility in April 2015 with diagnoses including unspecified dementia, polyarthritis and age related osteoporosis.</p> <p>Review of Resident #5's most recent Minimum Data Set Assessment (MDS) dated [DATE], indicated that the Resident had a Brief Interview for Mental Status score of 3 out of 15 indicating severe cognitive impairment. Further review of the MDS indicated that Resident #5 is dependent on all activities of daily living.</p> <p>The surveyor made the following observations:</p> <ul style="list-style-type: none"> <li>- On 6/11/24 at 9:13 A.M., Resident #5 was laying in bed. The call light was clipped to the top of the wire where it comes out of the wall. The call light was not within an arm's reach of the resident.</li> <li>- On 6/12/24 at 7:25 A.M., Resident #5 was sleeping in bed. The call light was clipped to the top of the wire where it comes out of the wall. The call light was not within an arm's reach of the resident.</li> <li>- On 6/13/24 at 6:40 A.M., Resident #5 was sleeping in bed. The call light was clipped to the top of the wire where it comes out of the wall. The call light was not within an arm's reach of the resident.</li> </ul> <p>Review of Resident #5's Kardex (nursing care card) indicated the following:</p> <ul style="list-style-type: none"> <li>- Safety: Be sure my call light is within reach and encourage me to use it for assistance as needed. I need prompt response to call requests and assistance.</li> <li>- Safety: Encourage me to use bell to call for assistance and keep call bell within reach.</li> </ul> <p>Review of Resident #5's risk of falls care plan indicated the following intervention dated 4/25/15:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	

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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Be sure my call light is within reach and encourage me to use it for assistance as needed. I need prompt response to call requests and assistance.</p> <p>Review of Resident #5's bladder incontinence r/t (related to) dementia care plan indicated the following intervention dated 12/11/20:</p> <p>- Encourage me to use bell to call for assistance and keep call bell within reach.</p> <p>During an interview on 6/13/24 at 7:33 A.M., Unit Manager #3 said all residents should have a call light within their reach and able to be used. The surveyor and Unit Manager #3 went into Resident #5's room while he/she was sleeping in bed. Unit Manager #3 said Resident #5's call light was not accessible to the resident, and it should be clipped to his/her linens so he/she can use it if needed.</p> <p>During an interview on 6/13/24 at 9:20 A.M., the Director of Nursing (DON) said call lights should be accessible and within reach for the residents to use them. The surveyor showed the DON photos of Resident #5's call light location and she said it is not within reach for him/her.</p> <p>2. Resident #64 was admitted to the facility in March 2020 with diagnoses including Alzheimer's disease and unspecified dementia.</p> <p>Review of Resident #64's most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated that the Resident was unable to complete the Brief Interview for Mental Status exam indicating severe cognitive impairment. Further review of the MDS indicated that Resident #64 requires assistance with activities of daily living.</p> <p>The surveyor made the following observations:</p> <p>- On 6/11/24 at 9:40 A.M., Resident #64 was laying in bed. The call light was wrapped up and hanging on the wall behind the headboard of the bed. The call light button was dangling behind the headboard of the bed.</p> <p>- On 6/12/24 at 7:25 A.M., Resident #64 was sleeping in bed. The call light was wrapped up and hanging on the wall behind the headboard of the bed. The call light button was dangling behind the headboard of the bed.</p> <p>On the wall next to the call light that was out of reach for Resident #64, was a piece of paper in Spanish that translated to: Always remember to use the call light.</p> <p>Review of Resident #64's Kardex (nursing care card) indicated the following:</p> <p>- Safety: Be sure my call light is within reach and encourage me to use it for assistance as needed. I need prompt response to call requests and assistance.</p> <p>- Safety: Encourage me to use bell to call for assistance and keep call bell within reach.</p> <p>Review of Resident #64's risk of falls care plan indicated the following intervention dated 3/31/20:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Ridge Rehab and Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  174 Forest Hills Street Boston, MA 02130	

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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Be sure my call light is within reach and encourage me to use it for assistance as needed. I need prompt response to call requests and assistance.</p> <p>Review of Resident #64's incontinence of the bladder care plan indicated the following intervention dated 3/31/20:</p> <p>- Keep my call light/bell within reach at all times. Respond promptly to my request for assistance to toilet.</p> <p>During an interview on 6/13/24 at 7:33 A.M., Unit Manager #3 said all residents should have a call light within their reach and able to be used. The surveyor and Unit Manager #3 went into Resident #64's room while he/she was sleeping in bed. Unit Manager #3 said Resident #5's call light was not accessible to the resident, and it should be clipped to his/her linens so he/she can use it if needed.</p> <p>During an interview on 6/13/24 at 9:20 A.M., the Director of Nursing (DON) said call lights should be accessible and within reach for the residents to use them. The surveyor showed the DON photos of Resident #5's call light location and she said it is not within reach for him/her.</p>