

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41456</b></p> <p>Based on observation, record review and interview the facility failed to ensure advanced directives were followed, resulting in one Resident (#24) being transferred to the hospital, out of a total sample of 20 residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Advanced Care Planning, dated [DATE], indicated the following:</p> <p>-Individuals will have the opportunity to discuss preferences for care and treatment upon admission and to establish written directives, preferences, and choices for care and treatment in the event that the individual becomes unable to continue to express his or her wishes at a later time.</p> <p>-Known as an Advanced Care Plan, these preferences, directives, and choices will guide care and treatment for individuals who can no longer express their goals for care or make treatment choices.</p> <p>-Advanced Care Planning is a process enabling a patient to express wishes about his or her future health care in consultation with health care providers, family members and other important people in their lives. Based on the ethical principle of patient autonomy and the legal doctrine of patient consent, advanced care planning helps to ensure that the concept of consent is respected if the patient becomes incapable of participating in treatment decisions.</p> <p>-Health Care Proxy (HCP) sometimes called the durable power of attorney or power of attorney for health care, the health care proxy is a type of advanced directive appointing a decision maker to make medical decisions if an individual is no longer able to make those decisions. The HCP is only activated if the individual is incapable to make medical decisions and must be activated by the physician. The HCP deals with all medical decisions not just end of life. The Proxy must make decisions based on the resident's wishes not on the Proxy's opinion the DHCP is legal in 48 states.</p> <p>-New or revised documents and orders may be needed to implement revised or new treatment choices. Updating should be done within a time frame that is relevant to changes in an individual's prognosis, condition, and wishes.</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:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #24 was admitted to the facility in [DATE] with diagnoses including Alzheimer's Disease, mild protein-calorie malnutrition, and dysphagia.</p> <p>Review of Resident #24's most recent Minimum Data Set (MDS) dated [DATE], indicated he/she was unable to complete the Brief Interview for Mental Status (BIMS) and the staff assessed him/her to have severe cognitive impairment. The MDS also indicated Resident #24 was dependent on staff for all daily care tasks.</p> <p>Review of Resident #24's admission paperwork indicated the Resident was originally admitted to the facility for respite care and the hospital had an electronic copy of the Health Care Proxy available. The medical record failed to include a copy of the health care proxy form and there were no notes to indicate the facility attempted to obtain a copy of the form. The hospital discharge instructions listed the following under the advanced directives section:</p> <ul style="list-style-type: none"> <li>-Intubation (a tube used to support breathing) : no</li> <li>- Intravenous Fluid and Support : yes</li> <li>-CPR (cardio pulmonary resuscitation): no</li> <li>-Life Support : no</li> <li>-MOLST(Medical Orders for Life Sustaining Treatment) form: yes</li> <li>-Health Care Proxy (a person assigned to make medical decisions for a patient who is unable): yes</li> </ul> <p>Review of Resident #24's medical record indicated the following:</p> <ul style="list-style-type: none"> <li>-The Resident's spouse was listed as his/her health care proxy on his/her face sheet (a form listing pertinent information regarding a resident's identifying information, payer information, care providers and contact information).</li> <li>-The admission social service note listed the Resident's spouse as his/her health care proxy.</li> <li>-Resident #24's spouse was listed as his/her guardian (an individual assigned by the court to make decisions on behalf of the resident) as of [DATE].</li> <li>-Upon admission, the Nurse Practitioner invoked Resident #24's health care proxy which indicated the Resident was unable to make his/her own decisions.</li> <li>-Upon admission, the physician initiated an order for the Resident to be DNR (Do not Resuscitate)/DNI (Do not Intubate and Ventilate)/DNH (Do not Hospitalize).</li> </ul> <p>Further review of the medical record failed to indicate the Resident's Massachusetts Health Care Proxy Form. When asked to provide a copy of the health care proxy form, the facility was unable to do so.</p> <p>Review of the MOLST form dated [DATE] indicated the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident #24's spouse signed the form as the Resident's guardian and patient's representative.</p> <p>-Resident #24's spouse indicated Resident #24's goals of care were</p> <ul style="list-style-type: none"> <li>-Do not Resuscitate</li> <li>-Do not Intubate and Ventilate</li> <li>-Use Non-Invasive Ventilation</li> <li>-Do not Transfer to Hospital (unless needed for comfort)</li> <li>-No Dialysis</li> <li>-Use artificial nutrition, but short term only</li> <li>-Use artificial hydration, but short term only</li> </ul> <p>Review of Resident #24's active advanced directives care plan indicated the following:</p> <p>Focus: Advance Directives as follows: HX (history) Guardianship MOLST: DNR/DNI, Use non- invasive Ventilation, DNH, No dialysis, Use artificial nutrition but short term and Use artificial hydration but short term only.</p> <p>On [DATE] at 7:39 A.M., Resident #24 was observed lying in bed with a significant amount of thick, greenish/brown mucous build-up on his/her lips, sealing his/her lips approximately 75% closed. Unit Manager #1 entered the room with surveyor and observed the Resident's mouth. Unit Manager #1 said mouth care had been provided the evening prior and said the Resident has been declining recently and the facility had discussed placing the Resident on hospice services.</p> <p>Review of the social service note dated [DATE] indicated Resident #24's spouse passed away in [DATE].</p> <p>All further social service notes indicated the facility referred the Resident for alternate guardianship after his/her spouse passed away. The notes failed, however, to indicate the facility sought guidance regarding the Resident's advanced directives and continued to maintain the physician order of DNR/DNI/DNH.</p> <p>Review of the social service note dated [DATE] indicated the following:</p> <ul style="list-style-type: none"> <li>-MOLST DNR/DNI/DNH</li> </ul> <p>Review of the Physician note dated [DATE] indicated Resident #24 was at the end of life and referred to his/her spouse as the health care proxy.</p> <p>Review of Resident #24's comprehensive Minimum Data Set assessment dated [DATE] at Section S, indicated Resident #24 was coded as having a guardian, coded as a Do Not Resuscitate, Do Not Hospitalize, Do Not Intubate, Feeding Restrictions, Other treatment Restrictions.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Nurse Practitioner note dated [DATE], two months after the Resident's spouse passed away, indicated the following:</p> <p>-I confirm today that the patient's Advance Care Plan is documented in the medical record either by discussing and documenting the patient's Advance Care Plan, confirming that the patient surrogate decision maker is documented in the medical record, or confirming that the patient's Advanced Care Plan is presently documented.</p> <p>-advanced directives: DNR/DNI (noninvasive intubation OK), no HD (hemodialysis), short term art (artificial nutrition and IVF (intravenous fluids) OK.</p> <p>Resident #24 was sent out to the hospital on [DATE]. Review of the physician orders indicated Resident #24's orders changed from DNR/DNI/DNH to Full Code on [DATE] just prior to the Resident being sent to the hospital on [DATE].</p> <p>During an interview on [DATE] at 1:59 P.M., the Social Worker (SW) said all residents' advance directives are determined upon admission and if needed, the medical team will activate the health care proxy of a resident if they are not able to make their own decisions. The SW said that if a MOLST is in place, there is never a circumstance when the MOLST is not followed, and the facility should always follow the orders for a resident's advanced directives. The SW said that Resident #24's spouse had been making all medical decisions up until he/she passed away and the facility had never questioned his/her decisions and felt he/she was making them in the best interest of the Resident. The SW said the facility made a referral to a law office to obtain a new guardian for Resident #24 when his/her spouse passed away and the facility is waiting for a court date. The SW said she consulted the attorney being used by the facility to obtain a new guardian for the Resident and this attorney told the facility to make the Resident a full code now that the spouse has passed away. The SW said the conversation regarding changing the Resident's code status occurred on [DATE] when the facility wanted to send Resident #24 out to the hospital.</p> <p>During an interview on [DATE] at 3:12 P.M., Attorney #1 said the authority of Resident #24's spouse to make advance directive decisions became invalid once he/she passed away. When asked how Resident #24's advanced directives will be determined, the Attorney said the firm will apply for new guardianship, one piece of evidence that will be used will be the MOLST form previously filled out by the spouse.</p> <p>During an interview on [DATE] at 10:45 A.M., Nurse #1 said Resident #24 had always been a DNR since admission. Nurse #1 said Resident #24 had been declining and as soon as Unit Manager #1 saw the Resident on [DATE], she had made the decision that Resident #24 needed to be sent to the hospital.</p> <p>During an interview on [DATE] at 11:26 A.M., Unit Manager #1 said once she saw Resident #24 with the surveyor on the morning of [DATE], she realized the Resident's condition was critical and had the NP order labs, a chest x-ray and oxygen. Unit Manager #1 said the facility then made the decision to send the Resident to the hospital. Unit Manager #1 said the facility had not looked into the Resident's advanced directives prior to [DATE] because there was no clinical need to.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 8:13 A.M., the Nurse Practitioner (NP) said Resident #24 was admitted to the facility with advanced dementia and the Resident's spouse had been making the Resident's healthcare decisions for him/her. The NP said she received a call from the facility stating that a lawyer told the facility the Resident needed to be made a full code and that superseded what she thought clinically, and the Resident was sent out to the hospital. The NP said she is very frustrated by this decision as Resident #24's health has been declining. The NP said she felt this decision was not right and that the Resident's wishes were not being followed. The NP said she feels the MOLST form should be 100% valid because it was the decision made when the spouse was alive. The NP said the Resident should be comfort care only and that this creates suffering at end of life. The NP said there is no reason to put Resident #24 through this ordeal due to his/her recent decline and now when he/she actually needs the comfort care he/she is not able to get it. The NP said this is not dying with dignity and because the code changed the Resident will most likely be sent back and forth to the hospital until the hospital does the right thing and admits him/her to hospice care. The NP said people should not have to suffer at the end of life.</p> <p>During a follow-up interview on [DATE] at 9:52 A.M., the SW said although the law firm had been contacted to obtain a new guardian for the Resident, there had been no discussion about changing his/her advanced directives until she had contacted the law firm on [DATE]. The SW said she contacted the attorney about changing the residents code status on [DATE] because she wanted to let them know she was being sent to the hospital and did not want the Resident to be alone in the hospital. The SW could not confirm whether she made the call before or after the facility made the choice to send the Resident to the hospital.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	
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 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46339</p> <p>Based on observations, record review, and interviews, the facility failed to notify the physician of a change in nutritional status resulting in a hospitalization for dehydration and hypernatremia for one Resident (#24), out of a total sample of 20 residents.</p> <p>Findings include:</p> <p>Resident #24 was admitted to the facility in August 2022 with diagnoses including Alzheimer's Disease, mild protein-calorie malnutrition, and dysphagia.</p> <p>Review of Resident #24's most recent Minimum Data Set (MDS) dated [DATE], indicated he/she was unable to complete the Brief Interview for Mental Status (BIMS) and the staff assessed him/her to have severe cognitive impairment. The MDS also indicated Resident #24 was dependent on staff for all daily care tasks.</p> <p>Review of Resident #24's care plans indicated a hydration care plan last revised 7/9/24, with the following intervention:</p> <p>-Monitor/document/report to MD PRN s/sx (signs/symptoms) of dehydration: decreased or no urine output, concentrated urine, strong odor, tenting skin, cracked lips, furrowed tongue, new onset confusion, dizziness on sitting/standing, increased pulse, headache, fatigue/weakness, dizziness, fever, thirst, recent/sudden weight loss, dry/sunken eyes.</p> <p>On 8/13/24 at 7:39 A.M., Resident #24 was observed lying in bed with a significant amount of thick, greenish/brown mucous build-up on his/her lips, sealing his/her lips approximately 75% closed. Unit Manager #1 entered the room with surveyor and observed the Resident's mouth. Unit Manager #1 said mouth care had been provided the evening prior and said the Resident has been declining recently and the facility had discussed placing the Resident on hospice services but is not currently receiving hospice services.</p> <p>Resident #24 was sent to the hospital on 8/13/24.</p> <p>Review of the admitting hospital paperwork dated 8/13/24 indicated the following diagnoses and testing results:</p> <p>-Found to have severe hypernatremia and dehydration</p> <p>-Throat: oral cavity very dry, lips dry</p> <p>-Labs: Sodium 158 (sodium levels above 145 indicate hypernatremia)</p> <p>-Labs: BUN (blood urea nitrogen test) of 42 (A BUN level above 20 milligrams per deciliter (mg/dL) is generally considered abnormal and could indicate dehydration.)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	
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 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Dehydration with hypernatremia: due to free water deficit (lack of water), worsened by Alzheimer's Dementia.</p> <p>-Hypercalcemia: likely related to severe dehydration.</p> <p>Review of the percent of meals taken section on the Medication Administration Record indicated the following:</p> <p>-Resident #24 did not have any intake of meals for 7 out of 8 meals from the evening of 8/10/24 to the morning of 8/13/24. The only meal consumed was the morning of 8/12/24 with only 30% of the meal consumed.</p> <p>Review of the clinical record failed to indicate that the nurse practitioner, physician, or dietitian were notified of Resident #24's meal or fluid intake.</p> <p>During an interview on 8/15/24 at 10:45, Nurse #1 said she worked on 8/11/24 and during this day, Resident #24 had not eaten during any meals and was not accepting any fluid. Nurse #1 said this was a change of status for the Resident and she gave this information in report and asked the oncoming nurse for the night shift to pass this on to the Unit Manager on 8/12/24 and ask for the Nurse Practitioner to be called. Nurse #1 said she did not work on 8/12/24 but when she returned to work on 8/13/24 she realized this information was not passed on to the Unit Manager and the Nurse Practitioner was never called. Nurse #1 said that as soon as a Resident has a significant change in amount of intake with food and fluid the Nurse Practitioner should be notified.</p> <p>During an interview on 8/15/24 at 9:04 A.M., the Dietitian said she is at the facility at least once if not twice a week. The Dietitian said that when at the facility she looks at the intake records for all residents to assess who is not having adequate intake of food and fluids. The Dietitian said she would expect a call from nursing if she is not at the building and a resident has a change in intake status. The Dietitian said that although Resident #24 at times has a poor appetite, she was not made aware of Resident #24's change in status and lack of intake of food and fluids. The Dietitian said she would have expected to be notified for this change.</p> <p>During an interview on 8/15/24 at 11:26 A.M., Unit Manager #1 said she has constant communication with the Dietitian as needed and will call if there are any concerns. Unit Manager #1 said she returned from vacation on 8/12/24 and observed Resident #24 had a change in status and had an alteration in his/her appetite over the weekend and asked the nursing assistant to encourage fluids and the Resident did poorly with intake throughout the day. Unit Manager #1 said she was unaware Nurse #1 had reported a change in condition and thought the Nurse Practitioner should be notified. Unit Manager #1 said she watched the Resident on 8/12/24 and the Nurse Practitioner was expected in the building on 8/13/24 so she would speak with her regarding Resident #24 then. Unit Manager #1 said when she observed the Resident's condition with the surveyor on 8/13/24 she did not like the color of the Resident's mucous build up and felt at that point his/her condition was critical and she contacted the Nurse Practitioner.</p> <p>During an interview on 8/15/24 at 8:13 A.M., the Nurse Practitioner said she had not been notified of the change in Resident #24's status and poor intake until 8/13/24. The Nurse Practitioner said she would have wanted a phone call with that clinical information as she would have put interventions in place sooner.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580  Level of Harm - Actual harm  Residents Affected - Few	Ref F692

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36431</p> <p>Based on observation, record review and interview the facility failed to ensure one Resident (#1) was free from neglect, out of a total sample of 20 residents. Specifically, the facility failed to implement an established care plan for incontinence care resulting in incontinence care not being provided in a timely manner.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Resident Abuse/Mistreatment/Neglect/Exploitation Misappropriation of Property Policy, not dated indicated the following:</p> <p>It is the policy of the facility that each resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, involuntary seclusion, exploitation, and misappropriation of property. Further, each resident at the facility will be treated with respect and dignity at all times. Definitions Neglect: failure to provide goods and services necessary to avoid physical harm mental anguish or mental illness. In determining whether or not neglect has occurred the following standards shall apply: 1 A resident has been mistreated a) an individual has failed to provide appropriate care, treatment, or service to the resident and b) The individual's failure to provide the treatment, care or service to the resident is either intentional or the result of carelessness.</p> <p>Resident #1 was admitted to the facility in February 2011 and has diagnoses that include unspecified dementia with agitation, schizophrenia and epilepsy and chronic systolic heart failure.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment dated [DATE] indicated the staff assessment for mental status indicated Resident #1 as severely cognitively impaired, is dependent on staff for bathing, dressing, toileting, personal hygiene and eating. Further the MDS indicated Resident #1 as always incontinent of bladder and bowel, at risk for developing pressure ulcers and had dulsions and behaviors verbal and other behaviors.</p> <p>On 8/13/24 Resident #1 was out of bed and in his/her Broda chair at 7:45 A.M. From 8:29 A.M. through 10:19 A.M., Resident #1 was observed sitting in a Broda chair (a specialized chair that can recline) in the dining room. At no time during the observation did staff check on Resident #1 to assess if incontinence had occurred or provide incontinence care. Resident #1 was not provided incontinence care after the breakfast meal.</p> <p>On 8/13/24 from 12:07 P.M. through 2:50 P.M., the following was observed sitting in his/her Broda chair in the dining room. At no time did staff check to see on Resident #1 to see if incontinence occurred or remove from the room to provide incontinence care. Resident #1 was not provided incontinence care after the lunch meal.</p> <p>On 8/14/24 from 7:32 A.M. through approximately 11:50 P.M., Resident #1 was observed sitting in his/her Broda chair in the dining room. At no time during the observation did staff check on Resident #1 to assess for the need for incontinence care or remove from the room to provide incontinence care. Resident #1 was not provided incontinence care after the breakfast meal.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's care plans indicated the following:</p> <p>-Resident has functional bowel and bladder incontinence r/t (related to) confusion, Dementia, Impaired Mobility, Inability to communicate needs, Medication Side Effects, Combative and resistive to care dated as reviewed 6/18/24 with a target date of 9/6/2024. Interventions not dated included: Incontinent care, check as needed for incontinence. Wash rinse and dry perineum. Incontinent care with dependent x 2 every 2 hours and prn for toilet hygiene dated as created 4/17/23 observe skin after each incontinent episode and notify the nurse if skin breakdown.</p> <p>-Resident has potential for skin breakdown r/t (related to) decreased mobility, COPD (chronic obstructive pulmonary disease), CHF, incontinent of urine and bowel, anemia and PVD (peripheral vascular disease), dated as reviewed 6/18/2024 with a target date of 9/6/2024 and interventions that include: Bed mobility and positioning every 2 hours and prn (as needed) with dependent x 2 rolling left to right and right to left, [NAME] (sic) to sit and sit to [NAME] (sic) with mechanical lift.</p> <p>Review of the Kardex (a document that summarizes a resident's care requirements) indicated the following: Ambulation: did not occur,</p> <p>Toileting Total dependence of 2/Hoyer (a mechanical lift used to transfer a resident from bed to chair). Bladder: incontinent Bowel: incontinent.</p> <p>During an interview on 8/14/24 at 11:29 A.M., Certified Nursing Assistant (CNA) #3 said he is trained on abuse prevention at least once a year. CNA #3 said neglect is when a resident needs something that they do not get. CNA # 3 said with incontinence care you have to keep checking a resident to see if they need to be changed. If a resident cannot tell you then you have to check. CNA #3 said Resident #1 gets his/her morning care before breakfast and then will do incontinent care after lunch.</p> <p>During an interview on 8/14/24 at 11:36 A.M., Certified Nursing Assistant #2 said if a resident is incontinent, they check to see if a change is needed by taking the resident into their room and checking the brief and will change if needed. CNA #2 said incontinent care is provided in the morning and then residents are checked. CNA #2 said she is taking care of Resident #1 today and that Resident #1 requires a two person assist and requires a Hoyer lift. CNA #2 said she got Resident #1 up before breakfast and has not provided incontinence care to Resident #1 since then.</p> <p>On 8/14/24 at approximately 11:50 A.M., after the surveyor brought it to the attention of staff that Resident #1 was brought to his/her room for incontinence care. Resident #1's incontinence brief was observed to be wet with urine requiring a change.</p> <p>During an interview on 8/14/24 at 11:45 A.M., Nurse #1 said every person with incontinence has a care plan with a toileting schedule. Nurse #1 said Resident #1 needs to be checked or changed every two to three hours. Nurse #1 said Resident #1 is at risk for skin breakdown due to incontinence. Nurse #1 said neglect can be not providing the care a person requires. Nurse #1 said Resident #1 should be checked or changed at least every three hours. Nurse #1 said she noted that residents were not being changed timely yesterday.</p> <p>During an interview on 8/14/24 at 12:26 P.M., the Unit Manger said she would expect the incontinence care plan to be followed for Resident #1.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/14/24 at 1:36 P.M., the Director of Nurses (DON) said residents who are incontinent should be checked for odor, changed as needed, and changed after lunch. The DON said staff should be aware of the plan of care and provide the care as required and if it is not provided that would be a neglect concern.</p> <p>Ref. F677</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43807</b></p> <p>Based on observations, interviews and record review, the facility failed to complete a restraint assessment for one Resident (#36) out of a total sample of 20 residents. Specifically, the facility failed to complete a bed safety assessment prior to adding a bolster pillow in the Resident's bed.</p> <p>Findings include:</p> <p>A review of the facility policy titled 'Restraints' with no revision date indicated the following:</p> <ul style="list-style-type: none"> <li>-Definitions-Physical restraint-any manual 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 normal access to one's body.</li> <li>-Goal-To provide a systematic method of evaluating and monitoring restraint use to assure utilization of the least restrictive method and medical necessity.</li> <li>-It is the facility policy that the resident has the right to be free from any physical restraint imposed for the purpose of discipline or convenience and not required to treat the resident's medical symptom. When it is determined a restraint is necessary based on an interdisciplinary evaluation, the least restrictive method will be utilized.</li> <li>-A written physician's order is necessary when utilizing a restraint. The physician's order must be specific to the type of restraint, the time it will be used and the medical necessity for use.</li> </ul> <p>Resident #36 was admitted to the facility in June 2023 with diagnoses including Dementia.</p> <p>A review of the most recent Minimum Data Set (MDS) dated [DATE] indicated a Brief Interview for Mental Status (BIMS) score of 8 out of a possible 15 indicating moderate cognitive impairment.</p> <p>On 8/13/24 at 7:43 A.M., the surveyor observed Resident #36 sleeping in a low positioned bed. The Resident's bed had a bolster pillow tucked in under the bedsheets on the edge of the Resident's bed. The bolster pillow appeared as a raised border on the edge of the Resident's bed.</p> <p>On 8/14/24 at 7:11 A.M., the surveyor observed Resident #36 sleeping in a bed placed in a low position. The Resident's bed had a bolster pillow tucked in under the bed sheets on the edge of the Resident's bed. The bolster pillow appeared as a raised border on the edge of the Resident's bed.</p> <p>A review of Resident #36's August physician's orders failed to indicate the necessity of a bolster pillow in the Resident's bed.</p> <p>A review of Resident #36's care plan with a revision date of 3/11/24 indicated the following:</p> <ul style="list-style-type: none"> <li>-Bed mobility with positioning with dependent x 2-rolling left to right and right to left, sit to [NAME] and [NAME] to sit with dependent x 2 with mechanical lift. [sic]</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	
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 review of the bed safety assessments dated 3/4/24 and 5/23/24 indicated the following:</p> <ul style="list-style-type: none"> <li>-Cognitive-unaware of safety needs.</li> <li>-Fall history-history of rolling out of bed.</li> <li>-Safety device needed-low bed, fall mat on left side.</li> <li>-Safety device listed above recommended at this time.</li> </ul> <p>Further review of the bed safety assessments failed to indicate a bolster pillow as a safety device.</p> <p>During an observation and interview on 8/14/24 at 7:34 A.M., Certified Nurse's Assistant (CNA) #1 and the surveyor observed the Resident in bed. There was a bolster pillow tucked in the bed sheets on the edge of the Resident's bed. CNA #1 said she was not sure why there was a bolster pillow in the Resident's bed. She said the physician's orders would indicate if the bolster pillow should be in the Resident's bed, if it did not, then the bolster pillow should not be in the Resident's bed.</p> <p>During an interview on 8/14/24 at 7:37 A.M., Resident #36 said he/she did not know why he/she has a bolster pillow in his/her bed. He/she said he/she felt that the bolster pillow on the edge of his/her bed has a blocking effect on him/her while he/she is in bed.</p> <p>During an observation and interview on 8/14/24 at 7:44 A.M., Nurse #2 and the surveyor observed the Resident in bed. There was a bolster pillow tucked in the bed sheets on the edge of the Resident's bed. Nurse #2 said any equipment added in the Resident's bed should be assessed before being placed in the Resident's bed. Nurse #2 said if there is no bed safety assessment that includes the bolster pillow, one wasn't done and should have been done before the bolster pillow was added to the Resident's bed.</p> <p>During an interview on 8/14/24 at 7:51 A.M., the Clinical Corporate Nurse said she expects the staff to complete a bed safety assessment before placing any equipment in the Resident's bed even if the Resident or the responsible party prefers the equipment in the bed. She said a bed safety assessment should have been completed before adding a bolster pillow in the Resident's bed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41456</p> <p>Based on observations, record review and interview, the facility failed to follow the plan of care for three Residents (#25, #26 and #41) out of a total sample of 20 residents. Specifically, the facility</p> <ol style="list-style-type: none"> <li>1) Failed to follow a physician's order to provide an air mattress for Resident #25.</li> <li>2) Failed to offload Resident #26's heels as written in his/her care plan.</li> <li>3) Failed to offload Resident #41's right heel as ordered by the physician.</li> </ol> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Resident #25 was admitted to the facility in April 2018 with diagnoses including diabetes.</li> </ol> <p>Review of Resident #25's most recent Minimum Data Set (MDS) dated [DATE], indicated he/she had a Brief Interview for Mental Status (BIMS) score of 6 out of a possible 15 which indicated he/she has severe cognitive impairment. The MDS also indicated Resident #25 is dependent on staff for bed mobility tasks.</p> <p>Review of Resident #25's physician orders indicated the following order initiated on 4/27/23:</p> <p>- Air Mattress - check function and settings #130 (pounds) every shift for positioning.</p> <p>On 8/13/24 at 7:35 A.M., 8:41 A.M., 11:19 A.M., and 1:26 A.M., Resident #25's bed was observed with a facility pressure relieving mattress, not an air mattress.</p> <p>During an interview on 8/13/24 at 1:24 P.M., Unit Manager #1 reviewed Resident #25's physician orders and confirmed the order for the air mattress was an active order. Unit Manager #1 said all physician orders should be followed as ordered.</p> <ol style="list-style-type: none"> <li>2. Resident #26 was admitted to the facility in September 2023 with diagnoses including stroke, left hemiplegia and muscle weakness.</li> </ol> <p>Review of Resident #26's most recent Minimum Data Set (MDS) dated [DATE] indicated the Resident had a Brief Interview for Mental Status (BIMS) score of 14 out of a possible 15 which indicated he/she is cognitively intact. The MDS also indicated Resident #26 is dependent on staff for bed mobility tasks.</p> <p>Review of Resident #26's skin integrity care plan, last revised on 7/1/24, indicated the following intervention:</p> <p>-Off load heels when in bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	
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>On 8/13/24 at 7:54 A.M. and 10:30 A.M., Resident #26 was observed lying in bed with both heels directly on the bed. No pillows were observed in the bed by his/her feet or on the floor near the bed.</p> <p>On 8/14/24 at 7:20 A.M., and 8:39 A.M., Resident #26 was observed lying in bed with both heels directly on the bed. No pillows were observed in the bed by his/her feet or on the floor near the bed.</p> <p>Review of Resident #26's medical record failed to indicate Resident #26 refused to offload his/her heels.</p> <p>During an interview on 8/14/24 at 9:00 A.M., Certified Nursing Assistant (CNA) #2 said the CNAs should ask the nursing staff if residents require any special care or equipment. CNA #2 said Resident #26 did not have any orders or care plan to have any special equipment while lying in bed.</p> <p>During an interview on 8/14/24 at 9:06 A.M., Nurse #1 said Resident #26 should have his/her heels offloaded while in bed. Nurse #1 was unaware Resident #26's heels were not offloaded while lying in bed.</p> <p>During an interview on 8/14/24 at 8/14/24 9:42 A.M., Unit Manager #1 said she would expect all care plans and orders to be followed as written.</p> <p>3. Resident #41 was admitted to the facility in July 2024 with diagnoses including stroke, right side hemiplegia and muscle weakness.</p> <p>Review of Resident #41's most recent Minimum Data Set (MDS) dated [DATE], indicated the Resident was unable to complete the Brief interview for Mental Status (BIMS) assessment and the staff had assessed him/her to have severe cognitive impairment. The MDS also indicated Resident #41 is dependent on staff for bed mobility tasks.</p> <p>Review of Resident #41's physician orders indicated the following order initiates on 7/10/24:</p> <p>- elevate right heel off of bed for pressure relief, every shift for pressure relief,</p> <p>On 8/13/24 at 9:22 A.M., Resident #41 was observed lying in bed with both heels directly on the bed. No pillows were observed in the bed by his/her feet or on the floor near the bed.</p> <p>On 8/14/24 at 7:17 A.M., Resident #41 was observed lying in bed with both heels directly on the bed. No pillows were observed in the bed by his/her feet or on the floor near the bed.</p> <p>During an interview on 8/14/24 at 7:26 A.M., Certified Nursing Assistant (CNA) #2 said she was unaware if Resident #41 had any skin concerns or if he/she had any special equipment when lying in bed.</p> <p>Review of Resident #41's nursing notes failed to indicate Resident #41 refused to elevate his/her right heel on 8/13/24 or 8/14/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	
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>During an interview on 8/14/24 at 7:39 A.M., Nurse #1 said Resident #41's heels should be offloaded when in bed. Nurse #1 said Resident #41 may refuse to offload his/her heels, but if he/she does refuse, nursing would have to write a note indicating the Resident refused. At this time, Nurse #1 entered Resident #41's room and observed his/her heels directly on the bed. Nurse #1 spoke to the Resident in his/her native language and the Resident told Nurse #1 that staff did not offload his/her heels on the prior night.</p> <p>During an interview on 8/14/24 at 9:42 A.M., Unit Manager #1 said all physician orders should be followed as ordered.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	
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**</b> 46339</p> <p>Based on observation, record reviews and interviews, the facility failed to ensure a physician's order was implemented as ordered for one Resident (#25) out of a total sample of 20 residents. Specifically, the facility failed to obtain blood pressure parameters as ordered.</p> <p>Findings include:</p> <p>Resident #25 was admitted to the facility in April 2028 with diagnoses including cardiomyopathy.</p> <p>Review of Resident #25's Minimum Data Set (MDS), dated [DATE], indicated he/she scored a 15 out of a possible 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident was cognitively intact.</p> <p>During a medication observation pass on 8/13/24 at 9:15 A.M., the surveyor observed Nurse #1 prepare and administer medications to Resident #25 including metoprolol 12.5 mg (milligram).</p> <p>Review of Resident #25's physician orders for the month of August 2024 indicated the following order:</p> <p>-Metoprolol succinate tab 25 mg (milligram) extended release. Give 12.5 mg orally one time a day related to cardiomyopathy. Hold for systolic blood pressure less than 110 and heart rate less than 60.</p> <p>Review of the Medication Administration Record (MAR) for the month of August 2024 failed to indicate that blood pressure parameters were obtained and documented.</p> <p>During an interview on 8/13/24 at 2:00 P.M., Nurse #1 said the blood pressure was done by the night shift nurse. When asked where it was documented, Nurse #1 said it should be documented in the MAR.</p> <p>During an interview on 8/14/24 at 1:36 P.M., the Director of Nursing said physician orders should be followed as ordered and the nurses should document parameters in the medical records.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	

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**</b> 36431</p> <p>Based on observation, interview and record review, the facility failed to provide assistance with activities of daily living (ADLs) for five dependent Residents (#1, #2, #38, #19, #12) out of a total sample of 20 Residents. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> <li>1) Provide incontinence care timely and in accordance with the plan of care for Resident #1.</li> <li>2) Provide supervision while eating for three Residents (#2, #38, #19).</li> <li>3) Provide showers as ordered for Resident #12.</li> </ol> <p>Findings include:</p> <p>Review of the facility's policy titled Activities of Daily Living, effective date 01/01/2015 indicated the following:</p> <p>A program of activities of daily living (ADL) is provided to residents by the following method: The ability of each resident to meet the demands of daily living is assessed by a licensed nurse and/or member of the interdisciplinary team. A program of assistance and instruction in ADL skills is implemented. Assistive devices and adaptive equipment are provided by occupational therapy services. Educations is provided to resident and family. Process: 1. Hygiene/Grooming: 2. Dressing: 3. Feeding: 4. Elimination: 5. Ambulation:</p> <p>1) Review of the facility's policy titled Bladder Incontinence Management, with a revision date of 10/1/05 indicated: Fundamental Information: Based on Bladder Incontinence Assessment, the interdisciplinary team will determine the most appropriate course of action to assist the resident to either: re-establish continence, or: Manage incontinence in a dignified, healthy manner. Documentation: The resident care plan will reflect the current management plan.</p> <p>Resident #1 was admitted to the facility in February 2011 and has diagnoses that include unspecified dementia with agitation, schizophrenia and epilepsy and chronic systolic heart failure.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment dated [DATE] indicated the staff assessment for mental status indicated Resident #1 as severely cognitively impaired, is dependent on staff for bathing, dressing, toileting, personal hygiene and eating. Further the MDS indicated Resident #1 as always incontinent of bladder and bowel, is not on a urinary or bowel toileting program, and at risk for developing pressure ulcers.</p> <p>Review of Resident #1's care plan indicated the following:</p> <p>-Resident has functional bowel and bladder incontinence r/t (related to) confusion, Dementia, Impaired Mobility, Inability to communicate needs, Medication Side Effects, Combative and resistive to care dated as reviewed 6/18/24 with a target date of 9/6/2024. Interventions not dated included:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	
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>Incontinent care, check as needed for incontinence. Wash rinse and dry perineum. Incontinent care with dependent x 2 every 2 hours and prn for toilet hygiene dated as created 4/17/23.</p> <p>-Resident has potential for skin breakdown r/t (related to) decreased mobility, COPD (chronic obstructive pulmonary disease), CHF, incontinent of urine and bowel, anemia and PVD (peripheral vascular disease), dated as reviewed 6/18/2024 with a target date of 9/6/2024 and interventions that include: Bed mobility and positioning every 2 hours and prn (as needed) with dependent x 2 rolling left to right and right to left, [NAME] (sic) to sit and sit to [NAME] (sic) with mechanical lift.</p> <p>On 8/13/24 at 7:45 A.M., Resident 31 was not in his/her room. The Unit Manger said Resident #1 gets up early and is in the sitting (dining) room waiting for breakfast.</p> <p>On 8/13/24 at 8:29 A.M., Resident #1 was observed in a Broda chair (a specialized chair that can recline) in the dining room alone. Resident #1 had his/her eyes closed and was leaning on his/her left side and his/her clothes were bunched up.</p> <p>On 8/13/24 the following observations were made:</p> <p>-At 8:41 A.M., Resident #1 was in the dining room in a Broda chair leaning on his/her left side. His/her eyes were closed. Staff were distributing the breakfast meals.</p> <p>-At 8:51 A.M., Resident #1 was in the dining room, sitting in a Broda chair leaning on his/her left side.</p> <p>-At 9:02 A.M., Resident #1 had his/her hand on his/her chin and other hand in his/her lap.</p> <p>-At 8:59 A.M., Resident #1 was alone in the dining room sitting in the Broda Chair.</p> <p>-At 9:05 A.M., A Certified Nursing Assistant (CNA) approached Resident #1 with a clothing cover and said softly 'wake up' and placed the clothing cover on the Resident.</p> <p>-At 9:07 A.M. a nurse and CNA assisted Resident #1 to be sitting upright in the chair.</p> <p>-At 9:12 A.M., Resident #1 was fed his/her breakfast by a CNA.</p> <p>-At 9:34 A.M., Resident #1 remained sitting in the dining room.</p> <p>-At 10:00 A.M., Resident #1 was sitting in his/her chair which was slightly reclined and holding a baby doll. Resident #1's eyes were closed.</p> <p>-At 10:19 A.M., Resident #1 was in the dining room sitting in his/her Broda chair. At no time during the observation did staff check for or provide incontinence care.</p> <p>During the observation on 8/13/24 which began at 12:07 P.M., and concluded at 2:50 P.M., the following was observed:</p> <p>-At 12:07 P.M., Resident #1 was sitting in the dining room in a Broda Chair. Staff was feeding Resident #1.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	
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>-At 12:50 P.M., 1:12 P.M., 1:33 P.M., 2: 02 P.M., Resident #1 was seated in his/her Broda chair in the same location in the dining room.</p> <p>-At 2:19 P.M., music was on in the room. Resident #1 was in his/her Broda chair leaning on his/her left arm. His/her eyes were opened, and a doll was on his/her lap.</p> <p>-At 2:24 P.M., Resident #1 was sitting in his/her Broda chair.</p> <p>-At 2:50 P.M., Resident #1 remained in the dining room in his/her Broda chair. At no time is the two hours and 50 minutes was Resident #1 checked for or provided incontinence care.</p> <p>On 8/14/24 at 7:32 A.M., Resident #1 was observed in his/her room with a Hoyer (a pad used with a mechanical lift) pad underneath him/her.</p> <p>During observation on 8/14/24 from 7:46 A.M., through 11:30 P.M., the following was observed:</p> <p>-At 7:46 A.M., Resident #1 was sitting in his/her Broda chair in the dining room.</p> <p>-At 7:59 A.M., 8:17 A.M., Resident #1 was sitting in his/her Broda chair leaning toward his/her left side. in dining room in broda chair.</p> <p>-At 9:01 A.M., 9:18 A.M., Resident #1 was sitting in his/her Broda chair in the dining room.</p> <p>-At 9:20 A.M., Resident #1 was looking around, his/her eyes were wide open, he/she reached out a hand and his/her other hand was picking at His/her shirt.</p> <p>-At 10:07 A.M., Resident #1 was in the dining room with music playing and activity staff present.</p> <p>-At 10:11 A.M., 10:55 A.M., Resident #1 remained in the dining room during a sing a-long activity, holding a baby doll.</p> <p>-At 11:02 A.M., Resident #1 was in the dining room and shortly after the Activities Assistant moved Resident #1 to his/her room.</p> <p>During an interview on 8/14/24 at 11:36 A.M., Certified Nursing Assistant #2 said if a resident is incontinent, they check to see if a change is needed by taking the resident into their room and checking the brief and will change if needed. CNA #2 said incontinent care is provided in the morning and then residents are checked. CNA #2 said she is taking care of Resident #1 today and that Resident #1 requires a two person assist. CNA #2 said she got Resident #1 up before breakfast and has not provided incontinence care to Resident #1 since then.</p> <p>On 8/14/24 at approximately 11:50 A.M., Resident #1 was brought to his/her room for incontinence care. Resident #1's incontinence brief was observed to be wet with urine requiring a change.</p> <p>Resident #1 was not provided incontinence care for over three hours, and it was not until the surveyor brought it to the attention of staff was then Resident #1 brought back to his/her room and provided care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	
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 8/14/24 at 11:45 A.M., Nurse #1 said every person with incontinence has a care plan with a toileting schedule. Nurse #1 said Resident #1 needs to be checked or changed every two to three hours. Nurse #1 said Resident #1 is at risk for skin breakdown due to incontinence.</p> <p>During an interview on 8/14/24 at 12:26 P.M., the Unit Manger said she would expect the incontinence care plan to be followed for Resident #1.</p> <p>On 8/14/24 at 1:36 P.M., the Director of Nurses (DON) said residents who are incontinent should be checked for odor, changed as needed, and changed after lunch. The DON said staff should be aware of the plan of care and provide the care as required. The DON said Resident #1 should be provided incontinence care timely.</p> <p>45984</p> <p>2a) Resident #2 was admitted the facility in November 2023 with diagnoses including dysphagia, unspecified dementia and type 2 diabetes mellitus.</p> <p>Review of Resident #2'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 a possible 15 indicating severe cognitive impairment. Further review of the MDS indicated that Resident #2 requires supervision or touching assistance with eating and is dependent on staff for all other activities of daily living.</p> <p>The surveyor made the following observations:</p> <ul style="list-style-type: none"> <li>- On 8/13/24 at 8:44 A.M., Resident #2 was laying in his/her bed eating breakfast with no staff members in the room providing supervision. Resident #2 was eating pancakes with his/her hands and was observed pulling pieces of pancakes out of his/her mouth. At 8:54 A.M., Resident #2 was heard coughing by the surveyor while in the hallway. No staff members checked in on Resident #2.</li> <li>- On 8/14/24 at 8:50 A.M., Resident #2 was laying in his/her bed eating breakfast with no staff members in the room providing supervision with the door shut. Resident #2 could not be seen from the hallway.</li> </ul> <p>Review of Resident #2's Kardex (a form describing the type of care a resident needs) indicated the following under the Eating section: Continual Supervision (1:8).</p> <p>Review of Resident #2's ADL Self Care Performance Deficit care plan, revised and dated 7/23/24 indicated the following intervention: Eat with supervision.</p> <p>Review of a nursing progress note dated 8/1/24 indicated the following:</p> <ul style="list-style-type: none"> <li>- Resident is alert and confused as per baseline. Continues to feel weaker than usual. Lack of appetite, difficulty to swallow. Will continue to monitor.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	
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 8/15/24 at 10:42 A.M., Certified Nursing Assistant (CNA) #4 said she uses the Resident's Kardex form to know the type of care each resident needs. CNA #4 said continuous supervision means residents need to be watched at all times while they are eating until they are finished.</p> <p>During an interview on 8/15/24 at 11:01 A.M., CNA #5 and CNA #6 said they use the Resident's Kardex form to know the type of care they need. CNA #5 and CNA #6 continued to say continuous supervision for meals means residents need to be watched at all times while they are eating.</p> <p>During an interview on 8/15/24 at 11:11 A.M., Nurse #2 said continuous supervision means a staff member should always be watching a resident while they are eating. Nurse #2 said a resident might be on continuous supervision if they have trouble chewing food or swallowing or if they need encouragement. Nurse #2 said anyone could choke or have trouble swallowing in a moment's notice. The surveyor and Nurse #2 reviewed the Kardex and Nurse #2 said Continuous supervision (1:8) means someone can check on the resident and come back, the surveyor asked Nurse #2 how someone could be continuously watching the resident if they left the resident, and he said the Kardex is up to interpretation.</p> <p>During an interview on 8/15/24 at 11:42 A.M., the Director of Nursing (DON) and Unit Manager #1 said continuous supervision means you can watch a resident eat and leave and come back and check on them. When asked if they thought that was continuous and always watching a resident eat the DON and Unit Manager #1 said that's how they interpret it. When asked if a resident had trouble with swallowing could they choke in a moment's notice and the DON said there is no time limit for choking and it could happen in a moments notice.</p> <p>2b) Resident #32 was admitted to the facility in November 2023 with diagnoses including cerebral infarction, failure to thrive and type 2 diabetes mellitus.</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 13 out of a possible 15 indicating intact cognition. Further review of the MDS indicated that Resident #32 requires supervision or touching assistance with eating and is dependent on staff for all other activities of daily living.</p> <p>The surveyor made the following observations:</p> <ul style="list-style-type: none"> <li>- On 8/14/24 at 8:58 A.M., Resident #32 was observed laying in his bed eating breakfast with no staff supervision in the room. Resident #32's door to his/her room was shut and the Resident could not be seen from the hallway.</li> <li>- On 8/15/24 at 8:53 A.M., a Certified Nursing Assistant (CNA) was observed setting up Resident #32's breakfast tray while he/she was laying in bed. The CNA then left Resident #32's room and he/she was observed eating without continuous supervision.</li> </ul> <p>Review of Resident #32's Kardex (a form describing the type of care a resident needs) indicated the following under the Eating section: Continual Supervision (1:8).</p> <p>Review of Resident #32's ADL Self Care Performance Deficit care plan, revised and dated 6/24/24 indicated the following intervention: Eat with supervision.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	
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 8/15/24 at 10:42 A.M., Certified Nursing Assistant (CNA) #4 said she uses the Resident's Kardex form to know the type of care each resident needs. CNA #4 said continuous supervision means residents need to be watched at all times while they are eating until they are finished.</p> <p>During an interview on 8/15/24 at 11:01 A.M., CNA #5 and CNA #6 said they use the Resident's Kardex form to know the type of care they need. CNA #5 and CNA #6 continued to say continuous supervision for meals means residents need to be watched at all times while they are eating.</p> <p>During an interview on 8/15/24 at 11:11 A.M., Nurse #2 said continuous supervision means a staff member should always be watching a resident while they are eating. Nurse #2 said a resident might be on continuous supervision if they have trouble chewing food or swallowing or if they need encouragement. Nurse #2 said anyone could choke or have trouble swallowing in a moment's notice. The surveyor and Nurse #2 reviewed the Kardex and Nurse #2 said Continuous supervision (1:8) means someone can check on the resident and come back, the surveyor asked Nurse #2 how someone could be continuously watching the resident if they left the resident, and he said the Kardex is up to interpretation.</p> <p>During an interview on 8/15/24 at 11:42 A.M., the Director of Nursing (DON) and Unit Manager #1 said continuous supervision means you can watch a resident eat and leave and come back and check on them. When asked if they thought that was continuous and always watching a resident eat the DON and Unit Manager #1 said that's how they interpret it. The DON said staff would not be able to see a Resident from the hallway if his/her door was closed. When asked if a resident had trouble with swallowing could they choke in a moment's notice and the DON said there is no time limit for choking and it could happen in a moment's notice.</p> <p>2c) Resident #19 was admitted to the facility in October 2015 with diagnoses including unspecified dementia, anxiety disorder and unspecified protein calorie malnutrition.</p> <p>Review of Resident #19'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 #19 requires supervision or touching assistance with eating and is dependent on staff for all other activities of daily living.</p> <p>The surveyor made the following observations:</p> <ul style="list-style-type: none"> <li>- On 8/13/24 at 12:30 P.M., a Certified Nursing Assistant (CNA) set up Resident #19's lunch tray while he/she was sitting on his/her bed. The CNA then left the room and left Resident #19 unsupervised with his/her lunch. The surveyor observed Resident #19 not receive any supervision with his/her meal until 12:49 P.M.</li> <li>- On 8/14/24 at 9:01 A.M., a CNA set up Resident #19's breakfast tray while he/she was sitting on his/her bed. The CNA then left the room and left Resident #19 unsupervised with his/her breakfast.</li> <li>- On 8/15/24 at 8:37 A.M., a CNA set up Resident #19's breakfast tray while he/she was sitting on his/her bed. The CNA then left the room and left Resident #19 unsupervised with his/her breakfast.</li> </ul> <p>Review of Resident #19's Kardex (a form describing the type of care a resident needs) indicated the following under the Eating section: Totally Dependent</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	
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 #19's ADL Self Care Performance Deficit care plan, revised and dated 6/24/24 indicated the following intervention: Eat with supervision.</p> <p>During an interview on 8/15/24 at 10:42 A.M., Certified Nursing Assistant (CNA) #4 said she uses the Resident's Kardex form to know the type of care each resident needs. CNA #4 said continuous supervision means residents need to be watched at all times while they are eating until they are finished.</p> <p>During an interview on 8/15/24 at 11:01 A.M., CNA #5 and CNA #6 said they use the Resident's Kardex form to know the type of care they need. CNA #5 and CNA #6 continued to say continuous supervision for meals means residents need to be watched at all times while they are eating.</p> <p>During an interview on 8/15/24 at 11:11 A.M., Nurse #2 said continuous supervision means a staff member should always be watching a resident while they are eating. Nurse #2 said a resident might be on continuous supervision if they have trouble chewing food or swallowing or if they need encouragement. Nurse #2 said anyone could choke or have trouble swallowing in a moment's notice. The surveyor and Nurse #2 reviewed the Kardex and Nurse #2 said Continuous supervision (1:8) means someone can check on the resident and come back, the surveyor asked Nurse #2 how someone could be continuously watching the resident if they left the resident, and he said the Kardex is up to interpretation.</p> <p>During an interview on 8/15/24 at 11:42 A.M., the Director of Nursing (DON) and Unit Manager #1 said continuous supervision means you can watch a resident eat and leave and come back and check on them. When asked if they thought that was continuous and always watching a resident eat the DON and Unit Manager #1 said that's how they interpret it. When asked if a resident had trouble with swallowing could they choke in a moment's notice and the DON said there is no time limit for choking and it could happen in a moment's notice.</p> <p>46339</p> <p>3. Resident #12 was admitted to the facility in January 2017 with diagnoses including respiratory failure and heart failure.</p> <p>Review of resident #12's most recent Minimum Data Set (MDS) dated [DATE] indicated the Resident had a Brief Interview for Mental Status of 14 out of 15 which indicated the Resident was cognitively intact. The MDS also indicated Resident #12 required substantial assistance from staff for bathing tasks.</p> <p>During an interview on 8/13/24 at 7:42 A.M., Resident #12 was observed to have a brown stain in his/her face surrounding his/her mouth. Resident #12 said he/she had not been given a shower in 3-4 weeks and would like to be assisted with a shower.</p> <p>Review of the weekly shower schedule indicated Resident #12 was scheduled to have showers on Mondays and Thursdays on the 3-11 shift.</p> <p>During an interview on 8/15/24 at 9:38 A.M., Certified Nursing Assistant (CNA #3) said he did not give Resident #12 a shower on Monday 3-11. He said the Resident refused as the Resident has a preference of not receiving showers from male care givers. When asked if CNA #3 reported to the nurse of the refusal he said he did not.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	

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 8/15/24 at 9:39 A.M., Nurse #1 said she was unaware Resident #12 had not been provided his/her weekly shower and staff should be reporting any refusals of care to the nurse.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36431</p> <p>Based on observations, record review and interview, the facility failed to implement the medical plan of care for two Residents (#28, #32) who are assessed as high risk for developing pressure ulcers, out of a total sample of 20 residents. Specifically, the weekly skin assessments for both residents were not completed in accordance with the physician's orders.</p> <p>Findings include:</p> <p>1) Resident #28 was admitted to the facility in 9/2023 with diagnoses that include but are not limited to unspecified dementia, Parkinson's disease, congested heart failure, and anemia.</p> <p>Review of Resident #28's Minimum Data Set assessment dated [DATE] indicated Resident #28 scored a 12 out of 15 on the Brief Interview for Mental Status exam indicating he/she as having moderate cognition, is dependent on staff for bathing, toileting, dressing and is at risk for developing pressure ulcers.</p> <p>Review of Resident #28's medical record indicated the following:</p> <p>-The Norton Scale for Predicating Risk of Developing Pressure Ulcers dated 12/2/23 with a score of 6, 2/22/24 with a score of 7, and 5/25/24 with a score of 5, (a score of 10 or less is high risk) assessed Resident #28 as high risk for developing pressure ulcers.</p> <p>Review of Resident #28's physicians orders indicated the following:</p> <p>-Weekly skin assessment on Mon (Monday) 7-3 shift in the morning every Mon for skin checks. Order date 1/17/24.</p> <p>.Record review indicated the following:</p> <p>-A documented weekly skin check dated 6/27/24.</p> <p>The medical record failed to have any further documented skin checks for the next four weeks until 7/29/24.</p> <p>During an interview on 8/14/24 at 9:45 A.M., Unit Manger #1 said all residents have weekly skin checks. UM#1 said she was not sure of Resident #28's Norton Scale Score and therefore could not say if Resident #28 was at risk for developing pressure ulcers and would need to review it. UM #1 reviewed the medical record with the surveyor which revealed the weekly skin checks were not completed for four weeks between 6/27/24 and 7/29/24.</p> <p>45984</p> <p>2) Resident #32 was admitted to the facility in November 2023 with diagnoses including congestive heart failure, cerebral infarction, failure to thrive and type 2 diabetes mellitus.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #32's most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated that the Resident had a Brief Interview for Mental Status score of 13 out of a possible 15 indicating intact cognition. Further review of the MDS indicated that Resident #32 is at risk of developing pressure ulcers.</p> <p>Review of Resident #32's physician's order dated 2/7/23 indicated the following:</p> <ul style="list-style-type: none"> <li>- Weekly Skin Assessment on Tuesday 7-3 every day shift every Tue (Tuesday)</li> </ul> <p>Review of Resident #32's Norton Scale for Predicting Risk of Pressure Ulcer dated 6/14/24, indicated that Resident #32 was a high risk for pressure ulcer development.</p> <p>Review of Resident #32's Potential for Skin Breakdown Care Plan revised and dated 6/24/24 indicated the following interventions:</p> <ul style="list-style-type: none"> <li>- Norton Plus Assessment every 90 days</li> <li>- Skin protocol per house policy</li> </ul> <p>Review of Resident #32's weekly skin checks indicated the skin checks ordered for 7/30/24 and 8/13/24 were not completed.</p> <p>During an interview on 8/15/24 at 8:51 A.M., Nurse #2 said skin checks are done weekly by nursing and are documented only in the electronic medical record. Nurse #2 said a resident with congestive heart failure and at risk for pressure ulcers has potential for skin issues. Nurse #2 said Resident #32 should have weekly skin checks and the nurse must have forgotten to complete them on 7/30/24 and 8/13/24.</p> <p>During an interview on 8/15/24 at 11:15 A.M., the Director of Nursing (DON) and Unit Manager #1 said skin checks should be done weekly, and all physician's orders should be followed. Unit Manager #1 said the skin checks must have been missed.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45984</p> <p>Based on observation, record review and interview the facility failed to implement the use of a hand splint in accordance with the rehabilitation plan of care for one Resident (#38), out of a total sample of 20 residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled Therapy Screen Policy, dated January 2017, indicted the following:</p> <ul style="list-style-type: none"> <li>- Therapy will screen residents for appropriateness of therapy intervention. This will include quarterly, annual or as needed screens or referrals from other clinical team members.</li> </ul> <p>Resident #38 was admitted to the facility in November 2023 with diagnoses including cerebral infarction, hemiplegia and hemiparesis affecting right dominant side and contracture of the right hand.</p> <p>Review of Resident #38's most recent Minimum Data Set assessment (MDS) dated [DATE] indicated that the Resident had a Brief Interview for Mental Score of 7 out of a possible 15 indicating he/she has moderate cognitive impairment. Further review of Resident #38's MDS indicated that he/she is dependent on staff for Activities of Daily Living and has a right hand contracture.</p> <p>The surveyor made the following observations:</p> <ul style="list-style-type: none"> <li>- On 8/13/24 at 7:40 A.M., Resident #38's was laying in his/her bed. Resident #38 said he/she had just woken up and was not dressed or bathed for the day yet. Resident #38's fingers on his/her right hand were observed to be slightly curled into a fist position. Resident #38 had to use his/her left hand to extend the fingers on the right hand. Resident #38 was not wearing a hand splint on his/her right hand. No hand splint was visible in Resident #38's room.</li> <li>- On 8/14/24 at 7:05 A.M., Resident #38's was laying in his/her bed. Resident #38 said he/she had just woken up and was not dressed or bathed for the day yet. Resident #38 was observed not wearing a hand splint on his/her right hand. No hand splint was visible in Resident #38's room.</li> </ul> <p>The surveyor observed the second floor's Activities of Daily Living book on 8/14/24 at 7:31 A.M., Resident #38 was not documented as receiving AM care yet.</p> <p>Review of Resident #38's physician's order dated 12/6/23 indicated the following order:</p> <ul style="list-style-type: none"> <li>- Right resting hand splint: apply after PM (nighttime) care and remove before AM (morning) care. Check skin integrity when donning and doffing. Every day and evening shift for support.</li> </ul> <p>Review of Resident #38's ADL self-care performance deficit related to right hemiparesis and right hand contracture care plan, revised and dated 7/28/24 indicated the following interventions:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- PT/OT/SP (physical therapy/occupational therapy/speech pathology) evaluation and treatment as per MD (medical doctor) orders</p> <p>- Right resting hand splint: Right resting hand splint: apply after PM care and remove before AM care. Check skin integrity when donning and doffing.</p> <p>Review of Resident #38's document titled Occupational Therapy Certification dated from 11/14/23 through 12/11/23 indicted the following:</p> <p>- Range of motion: R (right) digits impaired</p> <p>Review of Resident #38's document titled Occupational Therapy Discharge Summary dated from 11/14/23 through 12/11/23 indicted the following:</p> <p>- Pt (patient) was issued a right resting hand splint to wear overnight in order to reduce risk of further contracture development and skin breakdown. Staff have vocalized 100% carryover with no questions/concerns regarding splint use/wear/donning techniques.</p> <p>The Occupational Therapy Discharge Summary failed to document the current range of motion values for Resident #38's right hand.</p> <p>During an interview on 8/14/24 at 10:11 A.M., the Certified Occupational Therapy Assistant (COTA) said if staff sees something relating to a resident's range of motion they can send a referral slip to therapy. The COTA said Resident #38 does not wear devices for his/her hands and she does not remember if he/she had a hand splint ordered. The COTA continued to say a Resident would wear a hand splint for contracture management so the contracture would not get worse and she would expect all physician's orders to be followed. The COTA said if no measurements were documented we cannot monitor if the contracture has gotten worse. The COTA said she would have the facilities Occupational Therapist evaluate Resident #38.</p> <p>During an interview on 8/14/24 at 2:32 P.M., the Occupational Therapist (OT) said Resident #38's should be wearing his/her hand splint at night time if that is what the current physician's order says. The OT continued to say that the device is for contracture management so the hand contracture does not get worse.</p> <p>Review of Resident #38's document titled Occupational Therapy Certification, dated 8/14/24 through 9/10/24 indicated the following:</p> <p>- Patient/Caregiver Goal: Pt was educated on purpose of OT evaluation to assess current right UE (upper extremity) and ROM (range of motion), function and need for orthotic.</p> <p>- Goals: Right hand resting splint and schedule is still appropriate for pt.</p> <p>During an interview on 8/15/24 at 11:42 A.M., the Director of Nursing (DON) said all physician's orders should be followed and Resident #38 should be wearing a hand splint at bed time.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41456</p> <p>Based on observations, record review, policy review and interviews, the facility failed to complete an investigation of a fall for one Resident (#12) out of a total sample of 20 residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Accident and Incident Reports, undated, indicated the following:</p> <p>-All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the Administrator.</p> <p>Resident #12 was admitted to the facility in January 2017 with diagnoses including respiratory failure and heart failure.</p> <p>Review of resident #12's most recent Minimum Data Set (MDS) dated [DATE] indicated the Resident had a Brief Interview for Mental Status of 14 out of 15 which indicated the Resident was cognitively intact. The MDS also indicated Resident #12 required substantial assistance from staff for mobility tasks.</p> <p>During an interview on 8/13/24 at 7:42 A.M., Resident #12 said he/she sustained a fall within the last year and he/she has felt weaker since this fall.</p> <p>Review of the form titled, Referral for Rehabilitation Services dated 9/15/24 indicated the following:</p> <p>-Reason for therapy referral: Fall</p> <p>-Resident #12 rolled out of bed approx. (approximately) 2 p.m. - as reported.</p> <p>-The form was signed by the Director of Rehabilitation (DOR)</p> <p>Rehabilitation screen dated 9/19/23 Pt (patient) had an unwitnessed fall 9/15 and was found next to (his/her) bed. Nursing evaluated pt and implemented a HR (handrail) on the bed. Pt currently on PT (Physical Therapy) services, plan to continue and to focus on safety awareness and balance.</p> <p>Review of the nursing notes for 9/15/22 to 9/19/23 failed to indicate any nursing notes regarding Resident #12's fall.</p> <p>The facility was unable to provide an incident report with investigation of Resident #12's self-reported fall.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/14/24 at 11:13 A.M., the DOR said she had made the referral to therapy after Resident #12 had reported to her that he/she had fallen. The DOR said it would be the expectation of the facility to report the fall to the nursing staff, however, she could not remember if she had. The DOR said nursing would have to complete an investigation of the fall. The DOR reviewed the therapy screen and said the screen confirmed the report of the Resident's fall.</p> <p>During an interview on 8/14/24 at 12:06 P.M., the Corporate Nurse said the therapy staff should have reported the fall to the nursing staff. The Corporate Nurse said Resident #12 sometimes says things have occurred that haven't, but regardless, the facility would still need to complete a fall investigation to conclude whether the fall occurred. The Corporate Nurse said she would expect an investigation with this incident and there is not one.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41456</b></p> <p>Based on observation, record review and interview, the facility failed to address the nutrition and hydration status of two Residents (#24, #32) out of a total sample of 20 residents. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> <li>1) provide one Resident (#24) with nutritional intervention leading to a diagnosis of severe dehydration.</li> <li>2) Ensure Resident #32's documented significant weight losses and weight gains were addressed by the Registered Dietitian and develop a resident focused care plan for nutrition care.</li> </ol> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1) Review of the policy titled, Resident Hydration and Prevention of Dehydration, undated, indicated the following: <ul style="list-style-type: none"> <li>-If potential inadequate intake and/or signs and symptoms of dehydration are observed, intake and output monitoring will be initiated and incorporated into the care plan. ADL status, diagnosis, individual preferences, habits, and cognitive and medical status will be considered in all interventions. Physician will be informed.</li> <li>-Nursing will monitor and document fluid intake and the dietitian will be kept informed of status.</li> </ul> </li> </ol> <p>Resident #24 was admitted to the facility in August 2022 with diagnoses including Alzheimer's Disease, mild protein-calorie malnutrition, and dysphagia.</p> <p>Review of Resident #24's most recent Minimum Data Set (MDS) dated [DATE], indicated he/she was unable to complete the Brief Interview for Mental Status (BIMS) and the staff assessed him/her to have severe cognitive impairment. The MDS also indicated Resident #24 was dependent on staff for all daily care tasks.</p> <p>Review of the MOLST form dated 4/5/22 indicated the following:</p> <ul style="list-style-type: none"> <li>-Resident #24's spouse signed the form as the Resident's guardian and patient's representative.</li> <li>-Resident #24's spouse indicated Resident #24's goals of care were <ul style="list-style-type: none"> <li>-Use artificial nutrition, but short term only</li> <li>-Use artificial hydration, but short term only</li> </ul> </li> </ul> <p>Review of Resident #24's care plans indicated the following hydration care plan last revised 7/9/24:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Focus: (The Resident) a has Potential dehydration or potential fluid deficit r/t malnutrition, impaired cognition and communication r/t dementia and alzheimers.</p> <p>-Goal: (The Resident) will be free of symptoms of dehydration and maintain moist mucous membranes, good skin turgor by next review.</p> <p>-Interventions:</p> <p>-Monitor/document/report to MD PRN s/sx (signs/symptoms) of dehydration: decreased or no urine output, concentrated urine, strong odor, tenting skin, cracked lips, furrowed tongue, new onset confusion, dizziness on sitting/standing, increased pulse, headache, fatigue/weakness, dizziness, fever, thirst, recent/sudden weight loss, dry/sunken eyes.</p> <p>Review of a dental visit note dated 7/22/24 indicated at the time of the visit Resident #24's lips were dry and cracked and the oral mucosa was dry.</p> <p>On 8/13/24 at 7:39 A.M., Resident #24 was observed lying in bed with a significant amount of thick, greenish/brown mucous build-up on his/her lips, sealing his/her lips approximately 75% closed. Unit Manager #1 entered the room with surveyor and observed the Resident's mouth. Unit Manager #1 said mouth care had been provided the evening prior and said the Resident has been declining recently and the facility had discussed placing the Resident on hospice services but is not currently receiving hospice services.</p> <p>Resident #24 was sent to the hospital on 8/13/24.</p> <p>Review of the admitting hospital paperwork dated 8/13/24 indicated the following diagnoses and testing results:</p> <p>-Found to have severe hypernatremia and dehydration</p> <p>-Throat: oral cavity very dry, lips dry</p> <p>-Labs: Sodium 158 (sodium levels above 145 indicate hypernatremia)</p> <p>-Labs: BUN (blood urea nitrogen test) of 42 (A BUN level above 20 milligrams per deciliter (mg/dL) is generally considered abnormal and could indicate dehydration.)</p> <p>-Dehydration with hypernatremia: due to free water deficit (lack of water), worsened by Alzheimer's Dementia.</p> <p>-Hypercalcemia: likely related to severe dehydration.</p> <p>Review of the percent of meals taken section on the Medication Administration Record indicated the following:</p> <p>-Resident #24 did not have any intake of meals for 7 out of 8 meals from the evening of 8/10/24 to the morning of 8/13/24. The only meal consumed was the morning of 8/12/24 with only 30% of the meal consumed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the clinical record failed to indicate that the nurse practitioner, physician, or dietitian were notified of Resident #24's meal or fluid intake.</p> <p>During an interview on 8/15/24 at 10:45, Nurse #1 said she worked on 8/11/24 and during this day, Resident #24 had not eaten during any meals and was not accepting any fluid. Nurse #1 said this was a change of status for the Resident and she gave this information in report and asked the oncoming nurse for the night shift to pass this on to the Unit Manager on 8/12/24 and ask for the Nurse Practitioner to be called. Nurse #1 said she did not work on 8/12/24 but when she returned to work on 8/13/24 she realized this information was not passed on to the Unit Manager and the Nurse Practitioner was never called. Nurse #1 said that as soon as a Resident has a significant change in amount of intake with food and fluid the Nurse Practitioner should be notified. Nurse #1 said the fact Resident #24 was not taking in fluid was a concern for dehydration.</p> <p>During an interview on 8/15/24 at 9:04 A.M., the Dietitian said she is at the facility at least once if not twice a week. The Dietitian said that when at the facility she looks at the intake records for all residents to assess who is not having adequate intake of food and fluids. The Dietitian said she would expect a call from nursing if she is not at the building and a resident has a change in intake status. The Dietitian said that although Resident #24 at times has a poor appetite, she was not made aware of Resident #24's change in status and lack of intake of food and fluids. The Dietitian said she would have expected to be notified for this change.</p> <p>During an interview on 8/15/24 at 11:26 A.M., Unit Manager #1 said she has constant communication with the Dietitian as needed and will call if there are any concerns. Unit Manager #1 said she returned from vacation on 8/12/24 and observed Resident #24 had a change in status and had an alteration in his/her appetite over the weekend and asked the nursing assistant to encourage fluids and the Resident did poorly with intake throughout the day. Unit Manager #1 said she was unaware Nurse #1 had reported a change in condition and thought the Nurse Practitioner should be notified. Unit Manager #1 said she watched the Resident on 8/12/24 and the Nurse Practitioner was expected in the building on 8/13/24 so she would speak with her regarding Resident #24 then. Unit Manager #1 said when she observed the Resident's condition with the surveyor on 8/13/24 she did not like the color of the Resident's mucous build up and felt at that point his/her condition was critical and she contacted the Nurse Practitioner.</p> <p>During an interview on 8/15/24 at 8:13 A.M., the Nurse Practitioner said she had not been notified of the change in Resident #24's status and poor intake until 8/13/24. The Nurse Practitioner said she would have wanted a phone call with that clinical information as she would have put interventions in place sooner.</p> <p>45984</p> <p>2) Review of the facility policy titled Weight Policy and Weight Loss Protocol, revised and dated 9/6/22, indicated the following:</p> <ul style="list-style-type: none"> <li>- The facility will monitor resident's weight to ensure their optimal weight is maintained unless a loss/gain is avoidable.</li> <li>- A weight variance is defined as any unplanned gain/loss as followed:</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	

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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- +/- 3 lbs. (pounds) in 1 week</li> <li>- +/- 5% in 1 month</li> <li>- +/- 7.5% in 3 months</li> <li>- +/- 10% in 6 months</li> <li>- For any weight variance the following should occur: <ul style="list-style-type: none"> <li>- MD documentation of plan of care with persistent weight loss</li> <li>- Nursing documentation of change to plan of care, notifications, resident condition</li> <li>- RD documentation and care plan revisions as needed</li> </ul> </li> <li>- Resident progress and potential for occurrence of significant change will be discussed at the weekly clinical meeting</li> </ul> <p>Resident #32 was admitted to the facility in November 2023 with diagnoses including congestive heart failure, moderate protein-calorie malnutrition, adult failure to thrive and type 2 diabetes mellitus.</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 13 out of a possible 15 indicating intact cognition. Further review of the MDS indicated that Resident #32 has had a loss of 5% or more in the last month or loss of 10% or more in the last 6 months and is not on a prescribed weight-loss program.</p> <p>Review of Resident #32's weight log summary indicated the following:</p> <ul style="list-style-type: none"> <li>- Dated 1/10/24: 168 lbs.</li> <li>- Dated 1/17/24: 168.5 lbs.</li> <li>- Dated 1/25/24: 163.5 lbs.</li> <li>- Dated 2/1/24: 167.5 lbs.</li> <li>- Dated 2/7/24: 166 lbs.</li> <li>- Dated 2/14/24: 165 lbs.</li> <li>- Dated 2/22/24: 165.8 lbs.</li> <li>- Dated 2/28/24: 169.4 lbs.</li> <li>- Dated 3/7/24: 171 lbs.</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	

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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- Dated 3/13/24: 168.5 lbs.</li> <li>- Dated 3/20/24: 171 lbs.</li> <li>- Dated 3/28/24: 175.5 lbs.</li> <li>- Dated 4/3/24: 172.5 lbs.</li> <li>- Dated 4/11/24: 168.5 lbs.</li> <li>- Dated 4/17/24: 170 lbs.</li> <li>- Dated 4/25/24: 165.5 lbs.</li> <li>- Dated 5/2/24: 177.2 lbs.</li> <li>- Dated 5/8/24: 170.5 lbs.</li> <li>- Dated 5/16/24: 171 lbs.</li> <li>- Dated 5/23/24: 166.5 lbs.</li> <li>- Dated 5/29/24: 162.5 lbs.</li> <li>- Dated 6/5/24: 161.8 lbs.</li> <li>- Dated 6/12/24: 162.6 lbs.</li> <li>- Dated 6/19/24: 148.6 lbs.</li> <li>- Dated 7/3/24: 155.5 lbs.</li> <li>- Dated 7/10/24: 153 lbs.</li> <li>- Dated 7/18/24: 161.8 lbs.</li> <li>- Dated 7/24/24: 159.8 lbs.</li> <li>- Dated 7/31/24: 160 lbs.</li> <li>- Dated 8/7/24: 160 lbs.</li> <li>- Dated 8/14/24: 176.5 lbs.</li> </ul> <p>Resident #32 has had the following documented significant weight changes:</p> <ul style="list-style-type: none"> <li>- From 1/25/24 to 3/28/24, Resident #32 had a 7.34% weight gain</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>- From 3/28/24 to 4/25/24, Resident #32 had a 5.7% weight loss</p> <p>- From 4/25/24 to 5/2/24, Resident #32 had a 7.07% weight gain</p> <p>- From 5/2/24 to 6/5/24, Resident #32 had a 8.69% weight loss</p> <p>- From 3/20/24 to 6/19/24, Resident #32 had a 13.10% weight loss</p> <p>- From 8/7/24 to 8/14/24, Resident #32 had a 10.31% weight gain</p> <p>Review of Resident #32's most recent Nutritional assessment dated [DATE] indicated the following:</p> <p>-Nutritional summary/goals: Resident presents with high risk for nutrition issues due to BMI (body mass index), # meds (medications) daily, dx(disease)/condition, physical needs and potential skin breakdown. Follow and change plan PRN (as needed).</p> <p>- Care plan interventions: Monitor wt (weight) and PO (by mouth) intake.</p> <p>Review of Resident #32's medical record failed to indicate that the Resident has been assessed by the Registered Dietitian (RD) since the 1/10/24 assessment.</p> <p>Review of Resident #32's electronic medical record failed to indicate that any nutrition progress notes or weight change progress notes were developed since 8/13/23.</p> <p>Review of Resident #32's nutrition progress notes and weight change progress notes failed to indicate that the RD has documented any interventions or notes regarding Resident #32's significant weight changes.</p> <p>The surveyor requested Resident #32's active care plans from the facility staff, the care plans failed to indicate that a care plan related to nutritional care was implemented for Resident #32.</p> <p>Review of Resident #32's physician's progress notes dated 7/30/24, 6/11/24, 6/4/24, 4/30/24, 4/16/24 indicated the following:</p> <p>- Sign (significant) wgt (weight) gain desired 2/2 (secondary to) malnutrition on admission no s/s (signs/symptoms) overload. Weight gain desired 2/2 severe malnutrition on admission.</p> <p>Resident #32's physician's progress notes failed to indicate what the parameters of the desired weight gain were and how much weight gain was desired for the Resident. The physician's progress notes also failed to indicate the documented significant weight loss Resident #32 has had.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 8/15/24 at 9:03 A.M., the Registered Dietitian (RD) said she is in the facility one or two times each week for a total of 5-6 hours. The RD said if a resident has a significant weight change, she will look at the resident's diet, meal sheets and and try supplements. The RD said if she is notified of a significant weight change she will request the resident to be reweighed and she will put in a weight change progress note into the electronic medical record. She continued to say she will complete nutrition assessments every three months and annually. When asked about Resident #32, the RD said his/her weights are wonky due to the Hoyer lift needing to be adjusted. When asked about Resident #32's documented significant weight changes, the RD said she does not document or intervene for significant weight gains because she would prefer Resident #32 to gain weight and not lose it. When asked even if she does not document weight gains with Residents who have Congestive Heart Failure (CHF) such as Resident #32 she said she does not and she does not do nutrition assessments for every significant weight loss or gain, only progress notes. When asked if the RD provides ay education to Resident #32 regarding weight changes and CHF she said she does not. The RD said she reviews the meal consumption logs and speaks to nursing about interventions and weights, and she would expect nursing to document those conversations. The RD said she was not sure why there were no progress notes or a nutritional care plan in place for Resident #32.</p> <p>During an interview on 8/15/24 at 11:11 A.M., Nurse #2 said the RD will come speak with nursing if any nutrition changes need to be made for a resident and the RD will document those changes in the medical record to all staff are aware. Nurse #2 said a significant weight gain would be concerning for Resident #32 due to him/her having CHF. Nurse #2 continued to say he does not recall speaking to the RD about Resident #32's significant weight changes.</p> <p>During an interview on 8/15/24 at 11:42 A.M., the Director of Nursing (DON) and Unit Manager #1 said if a significant weight loss or gain is identified then the RD would assess the resident for complete a weight change progress note with interventions. The DON and Unit Manager #1 said Resident #32's weights have been fluctuating a lot and with him/her having CHF, any significant weight changes should be followed. The DON and Unit Manager #1 then said they are not sure why there was no documentation regarding Resident #32's significant weight changes or the presence of a nutrition care plan.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	
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 - Few</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>46339</p> <p>Based on observations, policy review and interviews, the facility failed to ensure medications with short expirations dates were dated when opened, expired medications were removed from supply, medications were securely stored and medication carts were locked when unattended.</p> <p>Findings include:</p> <p>Review of the facility policy titled 'Medication Storage In The Facility', dated 2017, indicated the following but not limited to:</p> <ul style="list-style-type: none"> <li>-Medications and biologicals are stored safely, securely, and properly, following manufacturers' 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.</li> <li>-Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medication (such as medication aides) permitted to access medications. Medication rooms, carts, and medication supplies are locked when not attended by persons with authorized access.</li> <li>-The nurse shall place a date opened sticker on the medication and enter the date opened and the new date of expiration.</li> <li>-All expired medications will be removed from the active supply and destroyed in the facility, regardless of the amount remaining.</li> </ul> <p>1. During an inspection of the first-floor medication cart on 8/14/24 at 6:52 A.M., the following medications were available for administration:</p> <ul style="list-style-type: none"> <li>-Ocuflox eye drops open and undated.</li> <li>-Earwax removal solution expired 7/2024</li> <li>-Artificial tears with an expiration date of 3/2024</li> </ul> <p>During an interview on 8/14/24 at 7:00 A.M., Nurse # 3 said the nurses are responsible to ensure medications are dated when opened and expired items are removed and destroyed.</p> <p>2. During a medication pass observation on 8/13/24 at 10:54 A.M., Nurse #2 prepared medications to administer. Nurse #2 then walked away from his medication cart in the hallway and into the dining room. On the medication cart were multiple bottles of over the counter medications that were left unsecured. There was a resident who was walking in the hallway.</p> <p>During an interview on 8/13/24 at 10:56 A.M., Nurse #2 said medications should be secured in the medication cart.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	

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 - Few</p>	<p>During an interview on 8/14/24 at 1:36 P.M., the Director of Nursing said medications with short expiration dates should be dated when opened and that the nurses and the pharmacist are responsible of ensuring expired medications are removed and discarded.</p> <p>45984</p> <p>3. During an observation on 8/13/24 at 12:20 P.M., the medication cart was left open and unattended on the second-floor unit. The surveyor was able to pull the drawer open. No nursing staff was visible in the hallway where the cart was located. A resident walked by the cart while it was open.</p> <p>During an interview on 8/13/24 at 12:24 P.M., Nurse #2 said the cart should have been locked when he was not with it.</p> <p>During an observation on 8/14/24 at 9:01 A.M., the medication cart was left open and unattended on the second-floor unit. The surveyor was able to pull the drawer open, multiple Certified Nursing Assistant walked by the open medication cart.</p> <p>During an interview on 8/14/24 at 9:09 A.M., the surveyor asked Nurse #2 if the medication cart should be left open while unattended, Nurse #2 said it should be locked at all times when he is not with it.</p> <p>During an interview on 8/14/24 at 1:34 P.M., the Director of Nursing said medications carts should be locked when not in use or when they are out of sight of the nurse.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45984</p> <p>Based on observation, interview and record review, the facility failed to ensure that the correct diet texture was implemented for one Resident (#38) out of a total sample of 20 residents. Specifically, the facility failed to ensure that Resident #10 received a minced textured diet as ordered by the physician.</p> <p>Findings include:</p> <p>Resident #38 was admitted to the facility in November 2023 with diagnoses including cerebral infarction, hemiplegia and hemiparesis affecting right dominant side and contracture of the right hand.</p> <p>Review of Resident #38's most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated that the Resident had a Brief Interview for Mental score of 7 out of a possible 15 indicating he/she has moderate cognitive impairment. Further review of Resident #38's MDS indicated that he/she is dependent on staff for Activities of Daily Living.</p> <p>The surveyor made the following observations:</p> <ul style="list-style-type: none"> <li>- On 8/13/24 at 12:27 P.M., Resident #38 was observed eating lunch in the second-floor dining room. On Resident #38's lunch plate was a whole cutlet of chicken roughly five inches in length. The chicken was not cut up in any way.</li> <li>- On 8/13/24 at 12:30 P.M., Resident #38's meal card that was on his/her lunch tray indicated that the Resident is on a regular diet. The meal card failed to indicate that he/she was on a minced texture diet as well.</li> <li>- On 8/14/24 at 8:38 A.M., Resident #38 was observed eating breakfast in the second-floor dining room. On Resident #38's breakfast plate was a whole sausage with a casing on it that was not cut up in any way.</li> </ul> <p>Review of Resident #38's physician's order dated 8/9/24 indicated the following:</p> <ul style="list-style-type: none"> <li>- Regular diet, minced texture, mechanically altered, easy to chew</li> </ul> <p>During an interview on 8/14/24 at 1:00 P.M., Nurse #2 said a minced diet means the food should be cut up into small pieces. Nurse #2 said there has been some confusion among the nurses with what minced means. The surveyor showed Nurse #2 photos of Resident #38's meals and he said the sausage and chicken should have been cut up into small pieces.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  271 Nahant Road Nahant, MA 01908	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/14/24 at 1:23 P.M., the Food Service Director (SD) said she gets diet slips from nursing that state the type of diet and texture each resident needs and the kitchen staff will make meal cards from that information. The FSD said she received a diet slip from nursing on 8/8/24 that said Resident #38 was on a regular diet and regular texture. The FSD said the Registered Dietitian has a binder that states which foods need to be altered depending on what textured diet a resident is on. The FSD continued to say when a resident is on a minced texture the kitchen staff will alter the food texture in the kitchen. The FSD said if the nursing slip said Resident #38 was on a minced diet she would have made sure the sausage and chicken were cut up. The surveyor showed the FSD photos of the sausage and chicken that Resident #38 received, and she said it was not minced.</p> <p>Review of the document titled Diet Orders that was hanging on the wall in the kitchen indicated that Resident #38 was on a minced, textured diet.</p> <p>Review of the Diet Binder in the kitchen indicated that a Resident who is on a minced diet texture should have sausages that are ground and chicken that is ground.</p> <p>During a telephone interview on 8/15/24 at 9:03 A.M., the Registered Dietitian (RD) said staff must have missed that Resident #38 was on a minced textured diet and it should have been on his/her meal card.</p> <p>During an interview on 8/15/24 at 11:42 A.M., the Director of Nursing (DON) and Unit Manager #1 said there was miscommunication among staff for Resident #38's diet texture and his/her meal card should have said he/she was on a minced diet texture. The DON and Unit Manager #1 said all physician's orders should be followed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41456</p> <p>Based on observations, record review and interview, the facility failed to maintain an accurate medical record for one Resident (#25) out of a total sample of 20 residents.</p> <p>Findings include:</p> <p>Resident #25 was admitted to the facility in April 2018 with diagnoses including diabetes.</p> <p>Review of Resident #25's most recent Minimum Data Set (MDS) dated [DATE], indicated he/she had a Brief Interview for Mental Status (BIMS) score of 6 out of a possible 15 which indicated he/she has severe cognitive impairment. The MDS also indicated Resident #25 is dependent on staff for bed mobility tasks.</p> <p>Review of Resident #25's physician orders indicated the following order initiated on 4/27/23:</p> <p>- Air Mattress - check function and settings #130 (pounds) every shift, every shift for positioning.</p> <p>On 8/13/24 at 7:35 A.M., 8:41 A.M., 11:19 A.M., and 1:26 A.M., Resident #25's bed was observed with a facility pressure relieving mattress, not an air mattress.</p> <p>Review of the Medication Treatment Record indicated the Nursing staff had documented the presence of the air mattress on 8/13/24.</p> <p>During an interview on 8/13/24 at 1:24 P.M., Unit Manager #1 said Resident #25 has not had an air mattress for at least two weeks. Unit Manager #1 said Nurses should not check off an order as complete if not actually completed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Jesmond Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 271 Nahant Road Nahant, MA 01908	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46339</p> <p>Based on observations, record review, and interviews, the facility failed to implement the infection prevention and control program. Specifically: the facility failed to ensure nursing implemented infection control standards for blood glucose meter cleaning.</p> <p>Review of the facility policy, infection control, undated indicated the following but not limited to:</p> <ul style="list-style-type: none"> <li>-Equipment if disinfecting is not possible, clean and disinfect equipment using the same guidelines as for environmental cleaning, after contact with the resident and prior to using the equipment on another resident.</li> <li>-All equipment must be cleaned with PDI sani-cloth germicidal disposable cloth.</li> </ul> <p>On 8/13/24 at 7:45 A.M., the surveyor observed Nurse #2 gather supplies to obtain a Resident's blood sugar.</p> <p>On 8/13/24 at 7:45 A.M., the surveyor observed Nurse #2 obtain Resident #2's blood sugar. Nurse #2 exited the room with the contaminated glucometer and placed it in the carrier case where there were more lancets (devices used to obtain blood for testing blood sugar levels) test strips and alcohol wipes. Nurse #2 did not disinfect the blood glucose meter.</p> <p>During an interview on 8/13/24 at 2:20 P.M., Nurse #2 said the blood glucose meter should be sanitized after each use. Nurse #2 said they use the sani-cloth wipe to disinfect the glucose meter.</p>		