STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225474	A. Building B. Wing	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regalcare at Taunton	68 Dean Street - Rear Taunton, MA 02780

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 43963 Based on records reviewed and interviews for two of three sampled residents' (Resident #1 and #2) who were both assessed as requiring psychiatric interventions and evaluations, the Facility failed to ensure nursing staff provided care and services that met professional standards of quality, when recommendations made by psychiatric services for both residents, were not followed up on timely by nursing. Findings include: Review of the Facility Policy titled Physician Services and Discipline Recommendations, dated as revised 3/2022, indicated that the medical care of each resident is under the supervision of a licensed physician. The Policy indicated that the attending physician will determine the relevance of any recommended interventions form any discipline, however in not obligated to accept these recommendations if he/she has clinically valid reason for not doing so. 1) Resident #1 was admitted to the Facility in June 2024, diagnoses include Parkinson's Disease, metabolic encephalopathy (a problem in the brain caused by a chemical imbalance in the blood), Urinary Tract Infection (UTI), and hypokalemia (low levels of potassium in the blood). Review of Resident #1's Physician's Order, dated 09/08/24, indicated to administer Hydroxyzine HCl (antihistamine, can be used to control anxiety and tension caused by nervous and emotional conditions) tablet 50 milligrams (mg), give 50 mg by mouth two times a day. Review of Resident #1's Initial Psychiatric Consult, dated 09/23/24, indicated he/she had been referred for a psychiatric evaluation related to a generalized anxiety disorder and the use of Melatonin and Hydroxyzine. The Consult (written by the Psychiatric Nurse Practitioner) also indicated the following medication recommendation: -Start Sertraline (Zoloft, an antidepressant) 25 mg daily for anxiety. (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #1's Medical Records, dated 09/23/24 through 10/31/24, indicated that there was no documentation to support that his/her physician had been notified of the psychiatric consult recommendation. 2) Resident #2 was admitted to the Facility in May 2019, diagnoses include dementia, malnutrition, anxiety, depression, and psychotic mood disturbance. Review of Resident #2's Physician Order, dated 07/19/24, indicated that his/her Health Care Proxy had been activated. Review of Resident #2's Initial Psychiatric Consult, dated 09/23/24, indicated to he/she had been referred for a psychiatric evaluation related to insomnia, psychotic disturbances, and adjustment disorder and the use of Trazadone (antidepressant) for sundowning. The Consult (written by the Psychiatric Nurse Practitioner) also indicated the following medication recommendation: -Add Citalopram (Celexa, antidepressant) 10 mg daily for depression. Review of Resident #2's Medical Record, dated from 09/23/24 through 10/08/24, indicated that there was no documentation to support that his/her physician had been notified of the psychiatric consult recommendation prior to 10/09/24, when his/her Physician conducted a visit. Review of Resident #2's Physician Progress Note, dated 10/09/24 (16 days after the recommendation had been made), indicated that he/she had been seen by a psychiatric provider (09/23/24) who had recommended adding Celexa to his/her medication regimen and the Physician agreed with the recommendation to add Celexa. During an interview on 10/31/24 at 1:51 P.M., Nurse #2 said that recommendations made by any provider, including psychiatric services, get e-mailed to the management team, management prints out the recommendations and gives them to the Unit Manager to follow through with. During an interview on 10/31/24 at 2:14 P.M., the Unit Manager said that she did not know that there were recommendations that had not been followed up on for Resident #1. The Unit Manager said that all recommendations get e-mailed to the Director of Nurses (DON) or the Unit Manager and then the Unit Manager or a Nurse will follow through with contact the Provider and address any recommendations. During an interview on 10/31/24 at 1:35 P.M., the Director of Nurses (DON) said that she did not know that the psychiatric recommendations for Resident #1 had not been addressed. The DON said that it is the Facility's expectation that all recommendations from any provider, including psychiatry, are sent to me by e-mail and then are given to the Unit Manager to follow up with the resident's provider in a timely manner.