

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER Regalcare at Taunton		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>34145</p> <p>Based on review of the Resident Council meeting minutes, grievance book review, policy review, and interviews, the facility failed to ensure residents rights to:</p> <p>a. Participate in Resident Council was promoted and residents were not impeded or prevented from participating in Resident Council meetings; and</p> <p>b. Have grievances brought forward through Resident Council acted upon promptly and resolved to the residents' satisfaction within 3-5 working days of the grievance filing date, per the facility's policy.</p> <p>Findings include:</p> <p>During an interview on 5/29/24 at 12:56 P.M., the Activity Director (AD) said she coordinates monthly Resident Council meetings and documents the meeting minutes. The AD said she hoped that more residents would come to Resident Council meetings, but she was told by the previous AD that only alert and oriented residents are allowed to participate in Resident Council, and not everyone is invited. She said she invites residents she thinks would be good and sometimes nursing staff will tell her who would be appropriate to attend. The AD said she was not aware that every resident has the right to participate in Resident Council. She said when concerns come up during the meetings, she does not fill out a grievance form. She said she fills out a form called a Resident Council Resolution Plan and provides it to the appropriate department head to address. She said the residents have ongoing complaints about long call light response times. The AD said that she will read the department head's response to the issue at the next monthly Resident Council meeting.</p> <p>During an interview on 5/30/24 at 11:28 A.M., Regional Staff #4 said that all residents in the facility have the right to participate in Resident Council and should be invited to do so.</p> <p>a. During an interview on 5/31/24 at 8:30 A.M., Resident #38 said he/she was not aware of the Resident Council but would like to attend the next meeting.</p> <p>During an interview on 5/31/24 at 9:15 A.M., Resident #19 said he/she didn't know anything about the Resident Council but would love to go to the meetings.</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
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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/31/24 at 9:29 A.M., Resident #32 said he/she has attended a Resident Council meeting before but has not gone since. The Resident said he/she would like a reminder when the next meeting is because he/she would like to go.</p> <p>b. During an interview on 5/29/24 at 3:17 P.M., the Director of Nursing (DON) said the facility does not have a Resident Council policy and the Resident Council is included in the Grievance policy.</p> <p>Review of the facility's policy titled Grievance, dated 4/2017, indicated but was not limited to:</p> <p>Policy:</p> <ul style="list-style-type: none"> -The facility will support each resident's right to voice grievances and ensure that after a grievance has been received, the Grievance Official will collaboratively work with the team members to resolve the issue and provide written grievance decisions to the resident and/or resident's family. <p>Guidelines:</p> <ul style="list-style-type: none"> -The Administrator is identified as the Grievance Official responsible for oversight of the grievance process in the facility. This included responsibility for reviewing and tracking grievances, leading any investigations, ensuring that grievances and/or complaints are confirmed or not confirmed and that a written grievance decision has been provided to the person filing the grievance. <p>Procedure:</p> <ul style="list-style-type: none"> -If a grievance is submitted orally, the facility employee taking the grievance must write it up on the grievance report form. The written grievance decisions will include: <ul style="list-style-type: none"> -The date the grievance was received. -A summary statement of the resident's grievance. -The steps taken to investigate the grievance. -A summary of the pertinent findings or conclusions regarding the resident's concerns. -A statement as to whether the grievance was confirmed or not confirmed. -Any corrective action is taken or to be taken by the facility as a result of the grievance. -The date the written decision was issued. -This report will be completed by the Administrator, within 3-5 working days of the receipt of the grievance or complaint with the facility. -The Resident Council is an additional forum within the facility for voicing complaints/grievances. Complaints/grievances received from this Council will be acted upon by this procedure. <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Resident Council Minutes, dated 2/6/24, indicated four residents participated in the meeting and brought forward the following grievances:</p> <ol style="list-style-type: none"> 1. One resident complained that he/she waited one hour (from 4:50 A.M. to 5:50 A.M.) for staff to answer the call light. 2. Lunch trays have been coming up late. 3. Residents complained that sheets feel stiff. <p>Resident Council Resolution Plan forms were attached to the minutes and indicated:</p> <ol style="list-style-type: none"> 1. Unit Manager #1 would re-educate Certified Nursing Assistants on call light response. No education documentation was included. 2. Dietary staff indicated during service trays, the phones ring a lot causing the line to stop. 3. Laundry staff indicated the linen company was notified and they said they would look into it. <p>Further review of the Resident Council minutes and Grievance book failed to indicate grievances brought forward through Resident Council were documented on grievance forms and all grievances were addressed and resolved within 3-5 days according to facility policy.</p> <p>Review of the Resident Council Minutes, dated 4/2/24, indicated four residents participated in the meeting and brought forward the following grievances:</p> <ol style="list-style-type: none"> 1. Call lights are not being answered on time (repeated complaint). 2. Coffee not hot enough. 3. Resident complained he/she is missing all of his/her socks. 4. Resident complained his/her pants were dyed. <p>Resident Council Resolution Plan forms were attached to the minutes and indicated:</p> <ol style="list-style-type: none"> 1. Unit Manager #1 would educate staff about answering call lights timely. Education attached indicated one nurse and one CNA were educated on answering call lights promptly. 2. No documentation was attached to indicate the residents' complaint of coffee not hot enough was addressed. 3. Laundry staff indicated the resident's socks need to be separated by the CNAs. 4. No documentation was attached to indicate the residents' complaint that his/her pants were dyed was addressed. <p>(continued on next page)</p>

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Further review of the Resident Council minutes and Grievance book failed to indicate grievances brought forward through Resident Council were documented on grievance forms and all grievances were addressed and resolved within 3-5 days according to facility policy.</p> <p>Review of the Resident Council Minutes, dated 5/7/24, indicated three residents participated in the meeting and brought forward the following grievances:</p> <ol style="list-style-type: none"> 1. Waiting too long to get call lights answered (repeated complaint). 2. One resident's roommate asked for ice water. The curtain was opened and the resident was exposed. 3. Coffee not hot (repeated complaint). <p>Resident Council Resolution Plan forms were attached to the minutes and indicated:</p> <ol style="list-style-type: none"> 1. Unit Manager #1 would remind staff to answer call lights within a timely manner. No education documentation was attached. 2. No documentation was attached to indicate the residents' complaint of being exposed when the curtain was opened was addressed. 3. No documentation was attached to indicate the residents' complaint of coffee not hot enough was addressed. <p>Further review of the Resident Council minutes and Grievance book failed to indicate grievances brought forward through Resident Council were documented on grievance forms and addressed and resolved within 3-5 days according to facility policy.</p> <p>On 5/29/24 at 1:00 P.M., the surveyor held a Resident Group meeting with three residents in attendance. The surveyor reviewed grievances identified in the 2/6/24 through 5/7/24 Resident Council minutes as listed above. The residents said they are frustrated because they never hear follow-up about the issues they bring up during the Resident Council meetings. They said long call light wait times is an issue that has come up repeatedly during monthly Resident Council meetings, are unresolved and continue to be a problem. One resident said he/she has paralysis and is dependent on staff for assistance and was left in bed until 11:00 A. M. today. Another resident said he/she is completely dependent on staff and the long response time to the call light has resulted in soiling him/herself. One resident said when he/she presses the call light, staff just walk by the room.</p> <p>During an interview on 6/3/24 at 9:37 A.M., Social Worker #1 (SW #1) said both she and the Administrator work together to implement the grievance process. She said grievances raised during the Resident Council are brought to each department head, addressed and the Administrator signs off on it. SW #1 reviewed grievances from Resident Council minutes from 2/6/24 through 5/7/24 and the grievance book. She was unable to find any grievance forms for the grievances identified during the Resident Council meetings that would demonstrate the grievances were addressed and resolved within 3-5 days according to facility policy.</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/3/24 at 9:50 A.M., the Administrator said he has worked at the facility for 30 days and has not been involved with any grievances yet.</p> <p>During an interview on 6/3/24 at 9:50 A.M., Unit Manager #1 said the Activity Director tells her verbally about any issues that are brought up during Resident Council meetings. She said she does education and fills out a Resolution Plan form and signs it. She said she does not complete a grievance form and does not follow up with the residents with the resolution. Unit Manager #1 said she has conducted staff education on call light response, but has not done any audits to ensure the effectiveness of the education.</p> <p>At the time of the exit conference on 6/3/24, no further documentation was provided to the survey team.</p> <p>Refer to F600</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for 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>46562</p> <p>Based on record review and interviews, the facility failed to notify the physician of a significant change in the resident's physical, mental, or psychosocial status, for one Resident (#14), out of 17 sampled residents. Specifically, for Resident #14, the facility failed to notify his/her physician of significant weight loss.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Weight Management, dated as revised 4/22, indicated but was not limited to:</p> <ul style="list-style-type: none"> -Weight change is defined as any unplanned weight gain or loss as follows: +/- 5% weight change in 1 month, +/- 7.5% weight change in 3 months, +/- 10% weight change in 6 months. -Reweighs should be done with a discrepancy of \geq [SIC] 5 pounds or at the recommendation of the dietitian or nursing. Reweighs should be done within 24 hours. -The MD and family/responsible party will be notified of any significant weight gain/loss and this notification will be documented in the nurses' notes. <p>Review of the facility's policy titled Change of Condition in a Resident Status, dated 3/17, indicated but was not limited to:</p> <ul style="list-style-type: none"> -The facility shall notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition -The nurse will notify the resident's Attending Physician or On-Call Physician when there has been a significant change in the resident's physical/emotional/mental condition -A significant change of condition is a decline or improvement in the resident's status that: requires interdisciplinary review and/or revision to the care plan -Notifications will be made of a change occurring in the resident's medical/mental condition or status -The Nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status <p>Resident #14 was admitted to the facility in March 2024 with the following diagnoses: adult failure to thrive (weight loss of more than 5%, decreased appetite, poor nutrition, and physical inactivity), gastric paresis (delayed emptying of the stomach) and lymphedema (tissue swelling caused by an accumulation of fluid typically drained through the body's lymphatic system).</p> <p>(continued on next page)</p>

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Minimum Data Set (MDS) assessment, dated 3/15/24, indicated Resident #14 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15, was 64 inches tall and weighed 177 pounds. Further review of the MDS indicated Resident #14 had not experienced weight loss or weight gain and had not received speech therapy.</p> <p>Review of Resident #14's Physician's Orders indicated but was not limited to:</p> <ul style="list-style-type: none"> -Regular diet and texture diet with thin liquids, dated 3/11/24 -May be seen by psych as indicated, dated 3/11/24 -Lasix (diuretic) 20 milligrams (mg) daily, dated 3/12/24 -Prosource (a protein supplement) two times a day, dated 3/28/24 -House Supplement (a nutrition supplement) daily in morning, dated 5/22/24 <p>Review of Resident #14's care plan indicated:</p> <ul style="list-style-type: none"> -Focus: Resident #14 was at risk for nutrition decline related to major depressive disorder, chronic kidney disease, lymphedema, hypertension and hyperlipidemia, dated 3/11/24 and revised 3/14/24 -Goal: Resident will tolerate diet and texture/consistency to maintain nutrition status, have fluid balance and have stable weight through next review, dated 3/11/24 and revised 3/28/24 -Interventions: Notify Registered Dietitian/ MD (Doctor of Medicine) of significant weight changes, dated 3/11/24 revised 3/14/24 <p>Review of Resident #14's electronic medical record weights indicated:</p> <ul style="list-style-type: none"> -5/3/24 = 170.2 (Sitting) -5/6/24 = 166.6 (Mechanical Lift) -5/13/24 = 158 (Mechanical Lift) -5/15/24 = 161.2 (Sitting) -5/20/24 at 8:19 A.M.= 155 (Sitting) -5/20/24 at 8:41 P.M. = 155 (Mechanical Lift) -5/27/24 = 152 (Mechanical Lift) <p>Further review of Resident #14's medical record indicated:</p> <ul style="list-style-type: none"> -On 5/3/24, the resident weighed 170.2 pounds and on 5/13/24, the resident weighed 158 pounds which is a -7.17 % loss. <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Physician/Nurse Practitioner (NP) Communication Binder failed to indicate any evidence of provider notification on 5/13/24 when Resident #14's weight indicated a significant weight loss.</p> <p>During an interview on 6/3/24 at 8:20 A.M., Nurse #2 said when a resident had a change in his/her condition the facility staff would leave a note in the Physician/NP Communication Binder for them to review at their next visit.</p> <p>During an interview on 5/30/24 at 4:36 P.M., NP #1 said he was not aware of Resident #14's weight loss until one week ago. NP #1 said when he saw Resident #14 on 5/16/24 he documented his/her weight as stable and was unaware of the weight loss at the time. NP #1 said the Resident has a history of lymphedema, but his/her swelling had been stable and had not changed.</p> <p>During a telephonic interview on 6/3/24 at 8:03 A.M., Physician #1 said usually the facility leaves a note in a Communication Binder or verbally notifies him when a resident has experienced significant weight loss. Physician #1 said he was only made aware of Resident #14's weight loss about 10 days ago when he and NP #1 were discussing the Resident's plan of care.</p> <p>During an interview on 5/31/24 at 9:03 A.M., the Staff Development Coordinator (SDC) and surveyor reviewed Resident # 14's weight record and the SDC confirmed the Resident had a significant weight loss as of 5/13/24. The surveyor and the SDC reviewed the Resident's electronic medical record and found no documented evidence that the Physician/NP were notified of the significant weight loss.</p> <p>During an interview on 5/31/24 at 12:22 P.M., Unit Manager #1 said Resident #14's weight loss was noted in the communication book on 5/22/24. She said any issues for the Physician/NP are written in the book, the physician looks at it and places a check mark next to it to indicate it has been read. She pulled out a 3-ringed binder and flipped to a page with an entry dated 5/22/24 identified as weekly weight concerns with the Resident's name and a down arrow and the number 15 since 5/3/24. There was no check mark next to the entry for Resident #14 to indicate the Physician/NP had reviewed the information.</p> <p>During an interview on 5/30/24 at 4:30 P.M., the Director of Nurses (DON) said Resident #14 had a general decline in condition and had progressively worsened. The DON said she could not speak to his/her weight loss but if a provider was notified it should be documented in the Resident's record.</p>

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<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>34145</p> <p>Based on observations, interviews, and record review, the facility failed to ensure residents were provided care and services to meet their care needs and were free from neglect for two Residents (#9 and #35) out of a total sample of 17 residents. Specifically, the facility failed to ensure staff responded to the Residents' call lights in a timely manner to provide assistance with care needs.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Answering Call Lights, dated 3/2022, indicated but was not limited to:</p> <ul style="list-style-type: none"> -The purpose of this procedure is to respond to the resident's requests and needs. -Answer the resident's call light as soon as possible. -Turn off the signal light. -Do what the resident asks of you, if permitted. If you are uncertain as to whether or not a request can be fulfilled or if you cannot fulfill the resident's request, ask the nurse supervisor for assistance. -If you have promised the resident you will return with an item or information, do so promptly. <p>1. Resident #9 was admitted to the facility in January 2024 and had diagnoses including Multiple Sclerosis (MS- a chronic, typically progressive disease involving damage to the sheaths of nerve cells in the brain and spinal cord, whose symptoms may include numbness, impairment of speech and of muscular coordination, blurred vision, and severe fatigue).</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 5/14/24, indicated Resident #9 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15, and required partial/moderate staff assistance with bed to chair transfers and personal hygiene.</p> <p>On 5/30/24 at 8:55 A.M., the surveyor observed the call light illuminated above the doorway to Resident #9's room. At 9:07 A.M., the surveyor heard the Resident calling out, Hello. Hello.</p> <p>During an interview on 5/30/24 at 9:11 A.M., Resident #9 said he/she pressed the call light at 8:50 A.M., and no one has come to his/her room yet. The Resident said he/she would like a plastic bin containing personal hygiene items that is across the room so he/she can clean up his/her upper body. The Resident said he/she wants to be as independent as possible and is bed bound due to his/her diagnosis of MS and relies on staff to bring him/her these items.</p> <p>On 5/30/24 at 9:13 A.M., the surveyor observed a Certified Nursing Assistant (CNA) walking down the hallway with a cart containing several water cups. The CNA stopped at Resident #9's door, entered the room, shut off the call light, and exited the room.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/30/24 at 9:17 A.M., Resident #9 said the CNA that delivered the water shut off the call light and said she would get someone to assist her. She said they do that all the time. They come in and shut off the light and say they will come back and it takes a very long time for them to return and sometimes they don't come back.</p> <p>On 5/30/24 at 9:19 A.M., the surveyor observed Regional Staff #3 enter Resident #9's room, speak to the Resident and exit the room.</p> <p>During an interview on 5/30/24 at 9:22 A.M., Resident #9 said Regional Staff #3 told him/her she would look for someone to help her.</p> <p>At 5/30/24 at 9:30 A.M., the surveyor observed a CNA enter Resident #9's room and provided him/her with a basin containing personal hygiene supplies, 40 minutes after the Resident pressed the call light for assistance.</p> <p>2. Resident #35 was admitted to the facility in January 2023 and had diagnoses including hemiplegia (paralysis that affects one side of the body) and hemiparesis (one-sided muscle weakness) following a stroke.</p> <p>Review of the MDS assessment, dated 4/10/24, indicated Resident #35 was cognitively intact as evidenced by a BIMS score of 14 out of 15, was frequently incontinent of both bowel and bladder, and required substantial/maximum staff assistance with toileting.</p> <p>On 5/30/24 at 8:55 A.M., the surveyor observed the call light illuminated above the doorway to Resident #35's room.</p> <p>During an observation with interview on 5/30/24 at 9:13 A.M., Resident #35 said he/she pressed the call light at 8:45 A.M. because he/she has to go to the bathroom, and no one has come yet. At 9:14 A.M., the surveyor observed a CNA pushing a cart containing several water cups at the Resident's doorway. She asked the Resident if he/she wanted water. The Resident declined and the CNA left. The light above the Resident's door was still illuminated. The CNA did not ask the Resident if he/she needed anything else.</p> <p>On 5/30/24 at 9:23 A.M., the surveyor observed Regional Staff #3 enter Resident #35's room, speak to the Resident and exit the room.</p> <p>During an interview on 5/30/24 at 9:29 A.M., Resident #35 said he/she told Regional Staff #3 that he/she needed assistance to go to the bathroom and get dressed for the day. The Resident said he/she had already soiled him/herself.</p> <p>On 5/30/24 at 9:33 A.M., the surveyor observed CNA #4 enter the Resident's room with towels and told the Resident she was there to assist him/her with care, 48 minutes after the Resident pressed the call light for assistance.</p> <p>During an interview on 5/30/24 at 9:35 A.M., the surveyor shared observations of Residents #9 and #35's long call bell wait times with the Director of Nursing (DON). The DON said any staff member can answer a call light and should do so timely when they see it illuminated.</p>		

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>48695</p> <p>Based on record review and interview, the facility failed to accurately complete the Minimum Data Set (MDS) assessment for one Resident (#11), out of 17 sampled residents and for one Resident (#65), out of 2 closed records. Specifically, the facility failed:</p> <ol style="list-style-type: none"> 1. For Resident #11, to ensure dialysis was accurately coded on the MDS; and 2. For Resident #65, to ensure the discharge status was accurately reflected on the MDS. <p>Findings include:</p> <p>Review of the facility's policy titled MDS (Minimum Data Set), last revised May 2017, indicated but was not limited to:</p> <ul style="list-style-type: none"> - Policy: In compliance with federal and state regulations, each resident shall have a comprehensive assessment of his/her functional capacity recorded on a designated MDS form and electronically submitted to State Department of Health as per federal and state regulations and the Resident Assessment Instruments. <p>1. Resident #11 was admitted to the facility in November 2024 with diagnoses including diabetes mellitus (a disease in which the body does not control the amount of glucose (a type of sugar) in the blood) and dependence on renal dialysis.</p> <p>Review of the Minimum Data Set (MDS) assessments, dated 2/4/24 and 5/5/24, Section O, failed to indicate Resident #11 received dialysis.</p> <p>During an interview on 5/30/24 at 11:27 A.M., MDS Nurse #1 said Resident #11 received dialysis. MDS Nurse #1 indicated the MDS assessments, dated 2/4/24 and 5/5/24, should have indicated Resident #11 received dialysis.</p> <p>During an interview on 6/3/24 at 9:48 A.M., Regional Nurse #1 said the expectation is for the MDS to accurately represent the Resident. Regional Nurse #1 said the MDS for Resident #11 should have indicated that he/she received dialysis.</p> <p>34145</p> <p>2. Resident #65 was admitted to the facility in April 2024 and had diagnoses including diabetes mellitus.</p> <p>Review of the medical record indicated Resident #65 was discharged home with medication and services on 5/5/24.</p> <p>Review of the MDS assessment, dated 5/5/24, indicated Resident #65 was discharged to an acute hospital and not discharged home with services.</p> <p>(continued on next page)</p>

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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/3/24 at 9:57 A.M., MDS Nurse #1 reviewed the Resident's medical record and confirmed the 5/5/24 discharge MDS was inaccurate and needed to be modified to reflect that the Resident was discharged home with services.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>46562</p> <p>Based on observations, interviews, and records reviewed, for three residents (Resident #216, #23, and #31) of 17 sampled residents, the facility failed to maintain professional standards of practice. Specifically, the facility failed:</p> <ol style="list-style-type: none"> 1. For Resident #216, to document comprehensive weekly skin assessments; 2. For Resident #23, to ensure medication was administered as ordered by the Physician; and 3. For Resident #31, to ensure a physician's order for Trazodone (antidepressant) was complete and included the strength of the medication ordered. <p>Findings include:</p> <p>Standard of Practice Reference: Pursuant to Massachusetts General Law (M.G.L.), chapter 112, individuals are given the designation of registered nurse and practical nurse which includes the responsibility to provide nursing care. Pursuant to the Code of Massachusetts Regulation (CMR) 244, Rules and Regulations 3.02 and 3.04 define the responsibilities and functions of a Registered nurse and Practical nurse respectively. The regulations stipulate that both the registered nurse and practical nurse bear full responsibility for systematically assessing health status and recording the related health data. They also stipulate that both the registered nurse and practical nurse incorporate into the plan of care, and implement prescribed medical regimens. A nurse licensed by the Board shall not administer any prescription drug or non-prescription drug to any person in the course of nursing practice except as directed by an authorized prescriber. A nurse licensed by the Board shall document the handling, administration, and destruction of controlled substances in accordance with all federal and state laws and regulations and in a manner consistent with accepted standards of practice.</p> <ol style="list-style-type: none"> 1. Review of the facility's policy titled Pressure Ulcer/Injury Risk Assessment, dated as revised 3/22, indicated but was not limited to: <ul style="list-style-type: none"> -the following information should be recorded in the resident's medical record utilizing facility forms: -any change in the residents condition, if identified -the condition of the resident's skin (i.e., the size and location of any red or tender areas), if identified -initiation of a pressure or non-pressure form related to the type of alteration in skin if new skin alteration noted <p>Resident #216 was admitted to the facility in April 2024 with the following diagnoses: bacteremia (a bacterial infection in the blood stream) and atrial fibrillation (a quivering or irregular heartbeat).</p> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Minimum Data Set (MDS) assessment, dated 4/27/24, indicated Resident #216 was moderately cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 8 out of 15 and had a stage two pressure injury (partial-thickness loss of skin with exposed dermis, presenting as a shallow open ulcer) that he/she was admitted with.</p> <p>Review of Resident #216's current Physician's Orders indicated but was not limited to:</p> <ul style="list-style-type: none"> -Bilateral buttocks - Moisture Associated Skin Damage (MASD, inflammation and erosion of the skin caused by prolonged exposure to moisture and its contents), soap and water wash, skin prep to peri (surrounding) skin, collagen powder (used to promote wound healing) to entire area and cover with zinc paste (used to promote wound healing) daily and as needed, dated 5/15/24 -Weekly skin check Thursdays 3-11, dated 4/23/24 <p>Review of Resident #216's weekly skin observation tool indicated but was not limited to:</p> <ul style="list-style-type: none"> -4/24/24: skin intact = no, open area on coccyx (tailbone)/sacral (bone at the end of the spine) area -5/9/24: skin intact= no, description = sacrum, stage 2 pressure ulcer -5/16/24: skin intact = no, description = other, open area to coccyx -5/23/24: skin intact = no, description = coccyx, area present to coccyx <p>Further review of Resident #216's weekly skin observation tools failed to indicate the size and/or a description of the open area.</p> <p>Review of Resident #216's Wound Consultant's Progress Notes indicated but were not limited to:</p> <ul style="list-style-type: none"> -5/14/24, MASD to bilateral buttocks that measured 9 centimeters (cm) in length by 4.5 cm in width with no depth, scant serosanguinous (fluid containing serum and blood) drainage, and no odor -5/28/24, MASD to bilateral buttocks that measured 9 centimeters (cm) in length by 4.5 cm in width with no depth, no drainage, and no odor <p>During an interview on 5/29/24 at 12:36 P.M., Resident #216 said he/she had a raw area on his/her buttocks but believed it was improving.</p> <p>During an interview on 5/30/24 at 9:38 A.M., Nurse #2 said head to toe skin assessments were completed weekly and documented in the resident record. Nurse #2 said any noted skin impairment should include a description of the area including the quality of the surrounding area, measurements of the open area, whether or not there was drainage, and what the wound bed looked like. Nurse #2 said impaired skin should be documented thoroughly so the staff can monitor the wound progress.</p> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/30/24 at 12:19 P.M., Nurse #6 said complete skin assessments should be conducted weekly. Nurse #6 said when a resident had impaired skin the nurse should document what the skin looks like including a description of the wound, the skin around the wound, any drainage, and measurements.</p> <p>During an interview on 5/30/24 at 2:25 P.M., the Director of Nurses (DON) said the expectation was for full skin assessment to be completed weekly with skin checks. The DON said if skin was impaired the expectation was for the nurse to document a full description of the wound.</p> <p>49428</p> <p>2. Resident #23 was admitted to the facility in June 2023 with the following diagnoses: dementia, hemiplegia affecting left, non-dominant side, depression, and anxiety.</p> <p>Review of the MDS assessment, dated 5/16/24, indicated Resident #23 was moderately cognitively impaired as evidenced by a BIMS score of 12 out of 15 and had adequate hearing with no hearing aids.</p> <p>Review of Resident #23's Physician's Orders indicated but was not limited to:</p> <p>-Debrox Otic Solution (medication used to treat earwax buildup). Instill 5 drops in both ears two times a day for hard of hearing for 5 days. To be administered in bilateral ears. Start date: 5/21/24, 0900.</p> <p>Review of Resident #23's May 2024 Medication Administration Record (MAR) indicated the following for the Debrox Otic Solution:</p> <p>-The MAR was blank on 5/21/24 for both the 0900 administration and the 1700 administration.</p> <p>-The MAR was checked on 5/22/24, 5/23/24, 5/24/24, and 5/25/24 for the 0900 and 1700 administrations.</p> <p>Further review of Resident #23's May 2024 MAR indicated he/she was scheduled to receive ten doses of Debrox Otic solution, however, he/she had only received eight doses.</p> <p>During an interview on 5/28/24 at 9:39 A.M., Resident #23 said his/her hearing is so diminished they feel like they're dead. The Resident asked for the surveyor to yell in his/her ear so they could hear the surveyor. Resident #23 said yelling in his/her ear was not working and requested for the surveyor to write questions on paper for the Resident to read.</p> <p>During an interview on 5/29/24 at 12:50 P.M., Resident #23's daughter said the Resident's hearing had declined in recent weeks and she would like for the facility to address the Resident's hearing sooner than later.</p> <p>During an interview on 5/29/24 at 4:00 P.M., the Physician said his expectation was for Resident #23 to receive the Debrox twice daily for five days, for a total of ten doses, as stated in the order.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/29/24 at 4:08 P.M., Nurse #7 said the Debrox Otic Solution should have been started on 5/21/24, for a total of 10 doses, per the Physician's order. Nurse #7 said the MAR for the Debrox Otic Solution was blank on 5/21/24, indicating the Debrox Otic Solution was not administered on 5/21/24 per the Physician's order and the Resident received eight out of ten doses of the medication.</p> <p>During an interview on 5/29/24 at 4:08 P.M., Nurse #7 said she could not find documentation pertaining to the 5/21/24 administration or non-administration of Resident #23's Debrox Otic Solution in the electronic health record (EHR) or in any of the Resident's paper records.</p> <p>During an interview on 5/30/24 at 9:24 A.M., Nurse #4 said the MAR indicated that Resident #23 did not receive their Debrox Otic Solution on 5/21/24 as indicated in the Physician's order.</p> <p>During an interview on 5/30/24 at 2:02 P.M., the DON said Resident #23's Debrox Otic Solution was ordered on 5/20/24 and administration of the medication was to start on 5/21/24. The DON said the blank MAR on 5/21/24 for the Debrox Otic Solution indicated Resident #23 did not receive the medication for the five days as ordered by the Physician.</p> <p>34145</p> <p>3. Review of the facility's policy titled Physician Order, dated 4/2022, indicated but was not limited to:</p> <p>-Medication Orders-When recording orders for medication, specify the type, route, dosage, frequency and strength of the medication ordered.</p> <p>Resident #31 was admitted to the facility in November 2021 and had diagnoses including bi-polar disorder, depression, and anxiety.</p> <p>Review of the MDS assessment, dated 5/14/24, indicated Resident #31 had severe cognitive impairment as evidenced by a BIMS score of 0 out of 15, and received psychotropic medication daily.</p> <p>Review of the medical record indicated the following Physician's Order:</p> <p>-Trazodone HCl, give 0.5 tablet by mouth one time a day related to depression, anxiety. Give 1/2 tab=25 milligrams (mg) once daily (8/25/22)</p> <p>During an interview on 5/30/24 at 2:25 P.M., Nurse #1 reviewed Resident #31's medication orders and said the order for Trazodone (give 0.5 tablet by mouth one time a day; Give 1/2 tab=25 mg once daily) was incomplete and should include the strength of the medication ordered.</p> <p>During an interview on 5/30/24 at 2:30 P.M., Nurse #4 reviewed Resident #31's medication orders and said the order for Trazodone (give 0.5 tablet by mouth one time a day; Give 1/2 tab=25 mg once daily) was incomplete and should include the strength of the medication ordered.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During interviews on 5/30/24 at 4:13 P.M. and 5:33 P.M., the DON said the order for Trazodone (give 0.5 tablet by mouth one time a day; Give 1/2 tab=25 mg once daily) was incomplete and should include the strength of the medication ordered. The DON said the incomplete order should have been picked up when nursing conducts 24-hour order checks and it was not.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34145</p> <p>Based on observation, record review, and interviews, the facility failed to ensure for one Resident (#18), out of a sample of 17 residents, that respiratory care was provided consistent with professional standards of practice.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Oxygen Use, dated 4/2017, indicated but was not limited to:</p> <p>Preparation</p> <ol style="list-style-type: none"> 1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration. 2. Review the resident's care plan to assess for any special needs of the resident. 3. Assemble the equipment and supplies as needed. <p>Equipment and Supplies</p> <p>The following equipment and supplies will be necessary when performing this procedure.</p> <p>-Humidifier bottle</p> <p>Documentation</p> <p>After completing the oxygen set up or adjustment, the following information should be recorded in the resident's medical record:</p> <ol style="list-style-type: none"> 1. The date and time that the procedure was performed. 2. The name and title of the individual who performed the procedure. 3. The rate of oxygen flow, route, and rationale. 4. The frequency and duration of treatment. <p>[NAME] NURSING PROCEDURES, 8th edition</p> <p>oxygen .all oxygen delivery systems should be checked at least once each day</p> <p>-verify the practitioner's order for the oxygen therapy, because oxygen is considered a medication or therapy and should be prescribed</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-assess the patient frequently for signs and symptoms of hypoxia, such as restlessness, decreased level consciousness, increased heart rate, arrhythmias, perspiration, dyspnea, use of accessory muscles, yawning or flared nostrils, cyanosis, and cool, clammy skin, obtain vital signs, as needed.</p> <p>DOCUMENTATION record the date and time of oxygen administration, the type of delivery device, the oxygen flow rate, the patient's vital signs, skin color, respiratory effort and breath sounds.</p> <p>Resident #18 was admitted to the facility in December 2012 with diagnoses including chronic obstructive pulmonary disease (COPD-lung disease causing restricted airflow and breathing problems) and congestive heart failure (a long-term condition that happens when your heart can't pump blood well enough to give your body a normal supply).</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 4/25/24, indicated Resident #18 was cognitively intact as evidenced by a Brief Interview for Mental Status score of 13 out of 15, and received oxygen therapy.</p> <p>During an observation with interview on 5/28/24 at 9:44 A.M., the surveyor observed Resident #18 sitting upright in bed. An oxygen concentrator was at the bedside, was on and set to a liter flow of 1.5 liters per minute. Oxygen tubing was attached to the concentrator (no humidifier cup in place) and was connected to a nasal cannula (small, flexible tube that contains two open prongs intended to sit just inside your nostrils) that was in place in the Resident's nose. Resident #18 said he/she uses the oxygen continuously.</p> <p>On 5/29/24 at 12:05 P.M., the surveyor observed Resident #18 seated in a wheelchair at the bedside eating lunch. An oxygen concentrator was at the bedside, was on and set to a liter flow of 1.5 liters per minute. Oxygen tubing was attached to the concentrator (no humidifier cup in place) and was connected to a nasal cannula that was in place in the Resident's nose.</p> <p>Review of Resident #18's Physician's Orders indicated but was not limited to:</p> <p>-Oxygen at 2 liters/minute via nasal cannula to maintain O2 saturation above 90%. Humidifier to oxygen. Administer at bedtime. Check O2 saturation and effectiveness. (6/26/23)</p> <p>-Oxygen at 0-2 liters/minute to maintain O2 saturation above 92%. Check O2 saturation, and effectiveness every shift (9/14/23).</p> <p>Review of comprehensive care plans indicated but was not limited to:</p> <p>Focus: At risk for ineffective breathing and activity tolerance related to chronic bronchitis, CHF. Has coughing spells and increased shortness of breath at times (11/18/22)</p> <p>Interventions: Oxygen at 2 liters/min via NC to maintain O2 saturation equal to or greater than 90%. Administer at bedtime due to desaturation at night (11/18/22)</p> <p>Goal: Will not experience any respiratory/cardiac complications through next review (target date: 8/14/24).</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the May 2024 Treatment Administration Record (TAR) indicated nursing staff signed off that Resident #18 was receiving humidified oxygen at 2 liters per minute on the dates and times the surveyor observed non-humidified oxygen at 1.5 liters per minute.</p> <p>During an interview with observation on 5/30/24 at 9:45 A.M., Nurse #3 and the surveyor observed Resident #18 sitting upright in bed. An oxygen concentrator was at the bedside, was on and had no humidification. Oxygen tubing was attached to the concentrator and was connected to a nasal cannula that was in place in the Resident's nose. Nurse #3 said the oxygen liter flow was set to 1.5 liters and there was no humidifier cup in place. The nurse reviewed the physician's orders and TAR in the electronic medical record and confirmed that there were two different orders for oxygen: one with humidified oxygen at 2 liters at bedtime, and one order for 0-2 liters with no humidification for day and evening. She said the Resident has been using oxygen continuously and she needs to review and clarify the orders with the physician to determine which order he wants the Resident to use.</p>		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>48695</p> <p>Based on interview, record review, and policy review, the facility failed to ensure staff implemented dialysis care and services consistent with professional standards of practice and comprehensive care plan for one of one Resident (#11) receiving dialysis, out of a total sample of 17 residents. Specifically, the facility failed to provide ongoing communication between the nursing facility and dialysis facility.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Care of Resident with End-Stage Renal Disease, last revised April 2022, indicated but was not limited to:</p> <ul style="list-style-type: none"> - Policy: Resident with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care. <p>Resident #11 was admitted to the facility in November 2020 with diagnoses including diabetes mellitus and dependence on renal dialysis.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 5/5/24, indicated Resident #11 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15.</p> <p>Review of the May 2024 Physician's Orders indicated the following:</p> <ul style="list-style-type: none"> - Dialysis on Monday, Wednesday, and Friday (11/2/23) - Dialysis: May go to the Dialysis Center on Monday, Wednesday, and Friday. Dialysis center to change scheduled days around holidays. <p>Review of Resident #11's care plan Potential for complications related to hemodialysis for diagnosis of End Stage Renal Failure, last revised 11/2/23, indicated but not limited to:</p> <ul style="list-style-type: none"> - Communicate with dialysis center regarding medication diet and lab results (date initiated 11/1/23) - Dialysis days: Monday, Wednesday, Friday (last revised 11/2/23) <p>During an interview on 5/28/24 at 9:52 A.M., Resident #11 said he/she would go to dialysis three times a week, on Monday, Wednesday, and Fridays. Resident #11 said he/she would take a lunch, a drink, and a communication book with him/her when he/she would go to dialysis.</p> <p>Review of the Dialysis Communication Form indicated the following areas were To be completed by the Skilled Nursing Care Facility but were not limited to:</p> <ul style="list-style-type: none"> - Resident's Name <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Date - Time of last meal - Medications given with the last 4 hours - Any problems since last treatment - Pertinent information: (dentist and other appointments, etc. (etcetera) with dates) - Completed by <p>Review of the Dialysis Communication Book and the Dialysis Communication Forms, in use by the facility for Resident #11, on 5/29/24, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> - 2/21/24, the form failed to include Resident #11's time of last meal, medications given in the last four hours, any problems since the last treatment, pertinent information, and who completed the form. - 2/23/24, the form failed to include Resident #11's time of last meal, medications given in the last four hours, any problems since the last treatment, pertinent information, and who completed the form. - 2/26/24, the form failed to include Resident #11's time of last meal, medications given in the last four hours, any problems since the last treatment, pertinent information, and who completed the form. - 3/11/24, the form failed to include Resident #11's time of last meal, medications given in the last four hours, any problems since the last treatment, pertinent information, and who completed the form. - 3/22/24, the facility failed to include a Dialysis Communication Form - 3/27/24, the form failed to include Resident #11's name, time of last meal, medications given in the last four hours, any problems since the last treatment, pertinent information, and who completed the form. - April, undated, 2024, the form failed to include Resident #11's name, complete date of treatment, time of last meal, medications given in the last four hours, any problems since the last treatment, pertinent information, and who completed the form. - 4/22/24, the form failed to include Resident #11's time of last meal, medications given in the last four hours, any problems since the last treatment, pertinent information, and who completed the form. - 4/24/24, the form failed to include Resident #11's name, time of last meal, medications given in the last four hours, any problems since the last treatment, pertinent information, and who completed the form. <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 5/15/24, the form failed to include Resident #11's name, time of last meal, medications given in the last four hours, any problems since the last treatment, pertinent information, and who completed the form.</p> <p>Review of Resident #11's nurses' note failed to indicate the facility called the Dialysis Center on the above days and gave verbal communication.</p> <p>During an interview on 5/30/24 at 7:51 A.M., Nurse #1 said Resident #11 went out to dialysis on Monday, Wednesday, and Friday. Prior to going out to dialysis the nurse would fill out the To be completed by Skilled Nursing Care Facility section on the Dialysis Communication Form in the Dialysis Communication Binder. The surveyor and Nurse #1 reviewed the Dialysis Communication Form. Nurse #1 said the expectation was for the communication sheets to be filled out by the nurse, but they were not.</p> <p>During an interview on 5/30/24 at 11:33 A.M., Nurse #4 said the nurse taking care of Resident #11 on his/her dialysis day would be responsible for filling out the top half of the dialysis communication sheet. Nurse #4 and the surveyor reviewed the dialysis sheets for the days above. Nurse #4 said the dialysis communication sheets should have been filled out, but they were not.</p> <p>During an interview on 5/30/24 at 4:02 P.M., the Director of Nursing (DON) said Resident #11 would go to dialysis three times a week on Mondays, Wednesdays, and Fridays. The DON said Resident #11 would take the Dialysis Communication Book with him/her.</p> <p>During an interview on 5/30/24 at 5:00 P.M., Regional Nurse #1 said nurses should communicate with the Dialysis Center either via phone or via the communication form. If via phone there should be a note in the chart.</p> <p>During an interview on 5/30/24 at 5:37 P.M., the DON said the expectation was for the nurses to have fully filled out the dialysis communication form.</p> <p>During an interview on 6/3/24 at 9:56 A.M., Unit Manager (UM) #1 said the dialysis book should include the Resident's name, what time he/she ate breakfast, medications given, medication changes, any issues or change in condition since the last dialysis session. UM #1 said the communication forms should not have been left blank.</p> <p>On 5/30/24 at 11:57 A.M., the surveyor placed a call to the Dialysis Center a message was left but there was no call back at the time of exit.</p>

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>34145</p> <p>Based on records reviewed and interviews, for four Residents (#15, #17, #18, and #31), of 17 sampled residents, the facility failed to ensure the Resident was seen by the physician at least every 30 days for the first 90 days after admission and at least every 60 days thereafter, with alternate visits by a nurse practitioner as indicated.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Physician Services and Discipline Recommendations, dated as revised 3/2022, indicated but was not limited to:</p> <p>-The physician will perform pertinent, timely medical assessments; prescribe an appropriate medical regimen; provide adequate, timely information about the resident's condition and medical needs; visit the resident at appropriate intervals; and ensure adequate alternative coverage.</p> <p>-Physician orders and progress notes shall be maintained in accordance with current OBRA regulations and facility policy.</p> <p>1. Resident #17 was admitted to the facility in December 2019 and had diagnoses including dementia (group of symptoms that affect memory, thinking and interferes with daily life) and diabetes mellitus (chronic, metabolic disease characterized by elevated levels of blood glucose (or blood sugar), which leads over time to serious damage to the heart, blood vessels, eyes, kidneys and nerves).</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 5/9/24, indicated Resident #17 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 00 out of 15.</p> <p>Review of the medical record indicated Resident #1 was last seen by the Physician, as evidenced by a Physician Progress Note, on 1/13/24.</p> <p>Further review of Resident #17's medical record indicated there was a 143-day span between the last physician visit and the date of survey completion (6/3/24).</p> <p>Further review of Resident #17's medical record failed to indicate evidence of any additional Physician progress notes to indicate Physician visits were conducted as required.</p> <p>2. Resident #18 was admitted to the facility in December 2012 and had diagnoses including congestive heart failure (a long-term condition that happens when your heart can't pump blood well enough to give your body a normal supply) and atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow).</p> <p>Review of the most recent MDS assessment, dated 4/25/24, indicated Resident #18 was cognitively intact as evidenced by a BIMS score of 13 out of 15, and received an anticoagulant (blood thinning medication) and a diuretic (a type of drug that causes the kidneys to make more urine).</p> <p>(continued on next page)</p>		

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the medical record indicated Resident #18 was last seen by the Physician, as evidenced by a Physician Progress Note, on 11/20/23.</p> <p>Further review of Resident #18's medical record indicated there was a 197-day span between the last physician visit and the date of survey completion (6/3/24).</p> <p>Further review of Resident #18's medical record failed to indicate evidence of any additional Physician progress notes to indicate Physician visits were conducted as required.</p> <p>3. Resident #31 was admitted to the facility in November 2021 and had diagnoses including dementia, deep vein thrombosis (occurs when a blood clot (thrombus) forms in one or more of the deep veins in the body, usually in the legs) and diabetes mellitus.</p> <p>Review of the MDS assessment, dated 5/14/24, indicated Resident #31 had severe cognitive impairment as evidenced by a BIMS score of 00 out of 15, and received insulin (used to treat diabetes) injections, anticoagulant and psychotropic medications daily.</p> <p>Review of the medical record indicated Resident #31 was last seen by the Physician, as evidenced by a Physician Progress Note, on 12/13/23.</p> <p>Further review of Resident #31's medical record indicated there was a 174-day span between the last physician visit and the date of survey completion (6/3/24).</p> <p>Further review of Resident #31's medical record failed to indicate evidence of any additional Physician progress notes to indicate Physician visits were conducted as required.</p> <p>46562</p> <p>4. Resident #15 was admitted to the facility in January 2024 with the following diagnoses: dementia and diabetes mellitus.</p> <p>Review of the medical record indicated Resident #15 was seen by the Physician, as evidenced by a Physician Progress Note, on 2/5/24.</p> <p>Further review of Resident #15's medical record indicated there was a 118-day span since the last physician visit and the date of survey completion (6/3/24).</p> <p>Further review of Resident #15's medical record indicated no evidence of a Physician progress notes to indicate Physician visits were conducted as required.</p> <p>During an interview on 6/3/24 at 8:03 A.M., Physician #1 said he and Nurse Practitioner (NP) #1 alternate visits every 90 days for long term residents and document their visit directly into the resident's electronic record. Physician #1 said he and the NP keep track of the resident visits.</p> <p>During an interview on 5/30/24 at 4:14 P.M., the Director of Nurses (DON) said the Physicians and NP's keep track of the visit schedule and document their visit in the electronic medical record. The DON said the expectation was for residents to be seen every 30 days for the first 90 days after admission and then at least every 60 days.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>34145</p> <p>Based on record review and interview, the facility failed to ensure the consultant pharmacist identified and reported an incomplete medication order for Trazodone (antidepressant) during the monthly drug regimen review for one Resident (#31), out of a total sample of 17 residents.</p> <p>Findings include:</p> <p>Resident #31 was admitted to the facility in November 2021 and had diagnoses including anxiety and depression.</p> <p>Review of the Minimum Data Set assessment, dated 5/14/24, indicated Resident #31 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status score of 00 out of 15, and received psychotropic medication daily.</p> <p>Review of the medical record indicated the following Physician's Order:</p> <p>-Trazodone HCl, give 0.5 tablet by mouth one time a day related to depression, anxiety. Give 1/2 tab=25 milligrams (mg) once daily (8/25/22)</p> <p>Review of the medical record, including pharmacy consultant notes and reports, failed to indicate the pharmacist identified and reported to the physician the incomplete order for Trazodone.</p> <p>During a telephone interview on 6/3/24 at 10:47 A.M., the consultant pharmacist reviewed Resident #31's medication orders. He said the physician's order for Trazodone, give 0.5 mg one time a day, initiated on 8/25/22 was not written correctly and should include the strength of the tablet to be split because Trazodone comes in several strengths. He said this type of error is something he should have identified during his monthly medication reviews and he did not.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49428</p> <p>Based on observation, policy review, and interview, the facility failed to follow their policy and professional standards of practice for food safety and sanitation to prevent the potential spread of foodborne illness to residents who are at high risk. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure the main kitchen was maintained in a sanitary condition; 2. Ensure food items were properly labeled and dated in the main kitchen refrigerators; 3. Ensure food items were properly stored in the main kitchen walk-in refrigerator; and 4. Ensure staff practiced proper hand hygiene to prevent cross contamination (transfer of pathogens from one surface to another) and to ensure appropriate hand drying provisions in one of two handwashing stations in the main kitchen. In addition, to ensure the use of gloves was limited to a single use task. <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the 2022 Food Code by the Food and Drug Administration (FDA), revised 1/2023, indicated but was not limited to the following: <ul style="list-style-type: none"> 3-305.11 (A) Except as specified in paragraphs (B) and (C) of this section, food shall be protected from contamination by storing the food (1) in a clean, dry location. 4-602.11 (D) Equipment is used for storage of packaged or unpackaged food such as a reach-in refrigerator and the equipment is cleaned at a frequency necessary to preclude accumulation of soil residues. 4-602.13 Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues. 6-501.12 (A) Physical facilities shall be cleaned as often as necessary to keep them clean. <p>Review of the facility's policy titled 7.28 Cleaning Schedules, dated 9/1/23, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -Each Dining Services Department will have a planned program to assure consistent, effective sanitation practices. -Cleaning will be done daily, weekly, monthly, or as need within the dietary department. All assignments will follow the proper procedures listed in this manual. <p>Review of the facility's policy titled 7.0 Sanitation Policy, dated 9/1/23, indicated but was not limited to the following:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-It is the policy of this facility that the sanitation of all facilities complies with all State, Local, and Federal guidelines.</p> <p>-Kitchen cleaning duties will be assigned and supervised by the Food Service Director (FSD) or designee.</p> <p>Review of the facility's policy titled 7.1 Refrigerator/Condenser Fans, dated 9/1/23, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> - The walk-in refrigerators will be cleaned monthly or as needed. <p>-Walk-In</p> <p>a) Move racks in the unit one at a time. Transfer foods from the shelves and clean the rack with warm water and detergent. If heavily soiled power washer may be used. Sanitize all shelving, let air dry. Replace rack. Repeat steps until entire Walk-In has been cleaned.</p> <p>Review of the facility's policy titled 7.5 Floors, dated 9/1/23, indicated but was not limited to the following:</p> <p>-It is the policy of this facility that the floor areas be maintained in a clean and sanitary manner. The floors are to be swept and mopped between each meal period during the day or as needed.</p> <ul style="list-style-type: none"> -All kitchen, refrigerator and storeroom floors are first swept. -A section of the floor is mopped with the cleaning solution, scrubbing stubborn sections with an abrasive pad as you go. <p>Review of the facility's policy titled 5.9 Food Storage, dated 9/1/23, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -Refrigerators and freezers shall be kept clean at all times, and should be on a daily, weekly, and monthly cleaning schedule as assigned. <p>On 5/28/24 at 8:10 A.M., the surveyor observed, in the walk-in refrigerator, four four-tiered shelving units holding opened boxes of fresh vegetables, prepared foods covered with plastic wrap, and packaged and boxed food items.</p> <p>The surveyor made the following sanitation observations of the walk-in refrigerator:</p> <ul style="list-style-type: none"> -each shelving unit with small black spots on the top, sides, and underside of each shelf and on corner posts. -some of the black spots were raised and fuzzy. -brown/green colored buildup on several shelving unit wheels. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-black colored buildup and crumb-like buildup in the interior corners and crevices of the walk-in refrigerator.</p> <p>On 5/29/24 at 4:46 P.M., the surveyor observed, in the walk-in refrigerator, four of four shelving units with black spots on the top, sides, and underside of each shelf and on corner posts. The surveyor observed a black colored buildup along the interior, concave area where the freezer light switch was located.</p> <p>On 5/30/24 at 7:45 A.M., the surveyor observed, in the walk-in refrigerator, four four-tiered shelving units holding opened boxes of fresh vegetables, prepared foods covered with plastic wrap, and packaged and boxed food items.</p> <p>The surveyor made the following sanitation observations of the walk-in refrigerator:</p> <p>-each shelving unit with black spots on the top, sides, and underside of each shelf and on corner posts.</p> <p>-some of the black spots were raised and fuzzy.</p> <p>-one opened box of fresh celery, exposed, stored under shelving with black spots on its underside.</p> <p>-one container of prepared lettuce and sliced tomato, loosely covered with plastic wrap, stored under shelving with black spots on its underside.</p> <p>-one shelf with red-yellow colored spillage that had brownish black, fuzzy spots on top of it.</p> <p>-brown/green colored buildup on several shelving unit wheels.</p> <p>-black colored buildup and crumb-like build up in the interior corners and crevices of the walk-in refrigerator.</p> <p>During an interview on 5/30/24 at 7:45 A.M., the Food Service Director (FSD) said the walk-in is cleaned before each food delivery and the black spots should not be there. The FSD said kitchen staff had not been documenting their cleaning tasks since she started in February, but said she visually inspects the kitchen areas for cleanliness.</p> <p>During an interview on 5/30/24 at 8:15 A.M., the surveyor observed the cleanliness and sanitation of the walk-in refrigeration with the Regional FSD. The Regional FSD said he expected shelving in the walk-in refrigerator to be without black spots and debris, and for shelving to be cleaned on a regular basis and as needed.</p> <p>On 6/3/24 at 7:35 A.M., the FSD said the walk-in refrigerator shelves were power washed on 5/30/24. The surveyor subsequently observed, in the presence of the FSD, four of four shelves in the walk-in refrigerator still with areas with substantial amounts of black spots, especially on the underside of the shelving, metal posts, and corner crevices, as well as brown/green colored buildup on the unit wheels. The FSD said the shelves should be power washed again to remove the remaining black spots and buildup.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/3/24 at 7:35 A.M., the surveyor also observed the inlet that housed the freezer light switch with a similar amount of black buildup as observed in previous days. The surveyor was able to wipe off the black buildup with finger. The FSD said the inlet should be cleaned of black buildup.</p> <p>2. Review of the 2022 Food Code by the FDA, revised January 2023, indicated but was not limited to the following:</p> <p>3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when packaging food using a reduced oxygen packaging method as specified under S 3-502.12, and except as specified in paragraphs (E) and (F) of this section, refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 41 Fahrenheit (F) or less for a maximum of 7 days. The day of preparation shall be counted as Day One.</p> <p>Review of the facility's policy titled 5.9 Food Storage, dated 9/1/23, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -Prepared foods in the refrigerator shall be kept covered, labeled, and dated. <p>Review of the facility's policy titled Dietary Services, dated 4/29/20, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -Foods will be properly labeled with name of product and date of production. -Foods will be date marked with the name of the product, the date of the production or opening. Refer to the Quick Reference List for discard date. Dispensed products will be discarded after 72 hours. <p>On 5/28/24 at 8:10 A.M., the surveyor made the following observations:</p> <p>Walk-in refrigerator</p> <ul style="list-style-type: none"> -One container of ground food, undated, labeled ground. -One opened container of Lactaid milk, undated; manufacturer's directions indicated product must be used within 14 days after opening. -One opened cottage cheese container, undated. -15 pre-poured cups of milk and juice, undated. <p>Reach-in refrigerator #1</p> <ul style="list-style-type: none"> -One tray of plated pears, undated. -One tray of plated applesauce, undated. <p>(continued on next page)</p>		

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

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Reach-in refrigerator #2</p> <p>-One opened bag of parmesan cheese, undated.</p> <p>On 5/29/24 at 7:55 A.M., the surveyor made the following observations:</p> <p>Walk-in refrigerator</p> <p>-Cooked rice, undated.</p> <p>-A mixture of cooked ground meat and peas, dated 5/26, no label.</p> <p>-Mashed potato and ground meat, undated, no label.</p> <p>Reach-in refrigerator #1</p> <p>-Tray of plated applesauce, undated.</p> <p>-Tray of plated pudding, undated.</p> <p>-One pie with three-quarters remaining, undated, no label.</p> <p>-Several bowls of super pudding, undated, no label.</p> <p>On 5/30/24 at 8:04 A.M., the surveyor observed, in reach-in refrigerator #1, trays of plated desserts and fruit, undated. The FSD said the items in reach-in refrigerator #1 and all prepared, plated, and poured food and drink should be dated.</p> <p>During an interview on 5/30/24 at 8:15 A.M., the Regional FSD said all prepared, plated, and poured food and drink should be labeled and dated.</p> <p>3. Review of the 2022 Food Code by the FDA, revised January 2023, indicated but was not limited to the following:</p> <p>3-302.11 Packaged and Unpackaged Food - Separation, Packaging, and Segregation. (A) Food shall be protected from cross contamination by:</p> <p>(1) Except as specified in (1)(d) below or when combined as ingredients, separating raw animal foods during storage, preparation, holding, and display from: (a) Raw ready-to-eat food including other raw animal food such as fish for sushi or molluscan shellfish, or other raw ready-to-eat food such as fruits and vegetables, (b) Cooked ready-to-eat food, and (c) Fruits and vegetables before they are washed.</p> <p>(2) Except when combined as ingredients, separating types of raw animal foods from each other such as beef, fish, lamb, pork, and poultry during storage, preparation, holding, and display by: (a) Using separate equipment for each type, or (b) Arranging each type of food in equipment so that cross contamination of one type with another is prevented.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2-301.15 Where to Wash. Food employees shall clean their hands in a handwashing sink or approved automatic handwashing facility and may not clean their hands in a sink used for food preparation or ware washing, or in a service sink or a curbed cleaning facility used for the disposal of mop water and similar liquid waste.</p> <p>6-301.12 Hand Drying Provision. Each handwashing sink or group of adjacent handwashing sinks shall be provided with: (A) Individual, disposable towels; (B) A continuous towel system that supplies the user with a clean towel; or (C) A heated-air hand drying device; or (D) A hand drying device that employs an air-knife system that delivers high velocity, pressurized air at ambient temperatures.</p> <p>On 5/28/24 at 8:10 A.M., the surveyor observed two handwashing stations in the main kitchen; one station in the kitchen area (handwashing station #1) and one station in the dish room (handwashing station #2). The surveyor observed the paper towel dispenser at handwashing station #1 had a push mechanism necessary to dispense paper towels. The surveyor experienced difficulty dispensing paper towels from the dispenser at handwashing station #1, as the dispenser lever would get stuck and the paper towels did not dispense smoothly and fully.</p> <p>On 5/28/24 at 8:10 A.M., the surveyor observed handwashing station #2 had no hand drying provisions in the vicinity.</p> <p>On 5/30/24 at 7:45 A.M., the surveyor informed the FSD of their experience with the paper towel dispenser at handwashing station #1 and that it would not dispense paper towels. The FSD said the dispenser was broken and maintenance was notified. The surveyor observed near handwashing station #1 a roll of paper towels lying on its side on a nearby prep table.</p> <p>On 5/30/24 at 8:15 A.M., the surveyor observed Dietary Staff #2 wash her hands in the food prep sink with no hand soap.</p> <p>On 5/30/24 at 8:20 A.M., the surveyor observed Dietary Staff #1 washing his hands at the handwashing station, using his washed hands to turn off the faucet and pump the paper towel dispenser.</p> <p>On 5/30/24 at 8:50 A.M., the surveyor observed Dietary Staff #2, with gloved hands, touch the underside of a garbage lid, then turn the faucet on at the food prep sink using the same gloved hands. Dietary Staff #2 proceeded to touch food containers, spice containers, and parchment paper wearing the same gloves that made contact with the underside of the garbage lid.</p> <p>On 5/30/24 at 8:55 A.M., the surveyor observed Dietary Staff #2 washing her hands at the handwashing station, using her washed hands to turn off the faucet and pump the paper towel dispenser. Dietary Staff #2 then donned disposable gloves and returned to the food prep area.</p> <p>On 5/30/24 at 8:55 A.M., the surveyor observed the FSD washing her hands at the handwashing station, using her washed hands to pump the paper towel dispenser.</p> <p>On 5/30/24 at 10:52 A.M., the surveyor observed the FSD washing her hands at the handwashing station, using her washed hands to turn off the faucet and pump the paper towel dispenser.</p> <p>On 5/30/24 at 11:17 A.M., the surveyor observed Dietary Staff #2 washing her hands at the handwashing station, using her washed hands to turn off the faucet.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 5/30/24 at 11:37 A.M., the surveyor observed Dietary Staff #2 washing her hands at the handwashing station, using her washed hands to turn off the faucet.</p> <p>On 5/30/24 at 12:05 P.M., the surveyor observed the FSD answering the kitchen phone, printing meal tickets, cutting meal tickets with scissors, then proceeding to tray line, without washing hands, to place domes on plates using bare hands which made contact with the inside of the domes.</p> <p>During an interview on 5/30/24 at 7:56 A.M., Dietary Staff #1, #2, and #5 said they use the handwashing station #2 and walk to handwashing station #1 to use the paper towel dispenser. Dietary Staff #1 said the paper towel dispenser at handwashing station #2 had been taken down a while ago.</p> <p>During an interview on 6/3/24 at 7:35 A.M., Dietary Staff #3 said she uses the handwashing station to wash her hands and walks to handwashing station #1 to dispense paper towels to dry her hands.</p> <p>During an interview on 6/3/24 at 10:46 A.M., the FSD said all kitchen staff need to wash their hands and don new gloves when returning to their work area. The FSD said the proper way to wash hands is to pump the paper towel dispenser prior to washing hands, lather hands with soap and wash with warm water for 15 seconds, use the dispensed paper towel to dry hands and as a barrier to turn off the faucet. The FSD said all kitchen staff should be washing their hands at handwashing stations using this method. The FSD said there should be a paper towel dispenser at handwashing station #2, and the paper towel dispenser at handwashing station #1 should be replaced with a properly functioning unit.</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>34145</p> <p>Based on record review and interview, the facility failed to ensure the Arbitration Agreement presented to residents as part of the admission packet was explained to the resident and his/her representative in a form and manner that he/she understands for six of six Arbitration Agreements reviewed.</p> <p>Findings include:</p> <p>During an interview on 5/28/24 at 1:35 P.M., Regional Staff #4 said they only have Arbitration Agreements signed from 2022 moving forward when the building was purchased from another company.</p> <p>During an interview on 5/28/24 at 2:00 P.M., the Director of Admissions (DOA) provided a bed board document that listed all residents that have signed the Arbitration Agreement. She said she has a few more residents that need to sign the agreement. Review of the document indicated 67 of 69 residents in the facility had signed the Arbitration Agreement.</p> <p>Review of six of six facility documents titled Arbitration Agreement indicated:</p> <ul style="list-style-type: none"> -Resident #218 signed the agreement on 5/28/24 -Resident #3 signed the agreement on 4/11/24 -Resident #167 signed the agreement on 5/9/24 -Resident #118 signed the agreement on 5/28/24 -Resident #166's representative signed the agreement on 5/22/24 -Resident #9 signed the agreement on 1/15/24 <p>During an interview on 5/28/24 at 2:28 P.M., Resident #218 said an Arbitration Agreement was not explained to him/her and that it does not sound familiar and probably would not sign something like that.</p> <p>During an interview on 5/28/24 at 2:30 P.M., Resident #3 said he/she was not familiar with an Arbitration Agreement and that it does not ring a bell, but probably would sign it if it was presented to him/her.</p> <p>During an interview on 5/30/24 at 10:56 A.M., Resident #167 said he/she doesn't remember being informed about or signing an Arbitration Agreement.</p> <p>(continued on next page)</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/30/24 at 3:45 P.M., Resident #118 said he/she signed a bunch of paperwork a few days ago and showed the surveyor a packet of papers in a red folder. Inside the red folder was a copy of the Arbitration Agreement, signed by the Resident on 5/28/24. The Resident said she did not understand what arbitration was and it wasn't explained to him/her. The Resident said he/she didn't know what they were signing.</p> <p>A telephone call was placed to Resident #166's Representative on 5/30/24 at 11:07 A.M. with no return call.</p> <p>During an interview on 5/31/24 at 12:15 P.M., Resident #9 said he/she remembers signing paperwork at admission, but an Arbitration Agreement wasn't explained and he/she would not have signed it.</p> <p>During an interview on 5/31/24 at 1:01 P.M., the Director of Admissions (DOA) said all residents in the building have signed the Arbitration Agreement. She said she goes over admission documents including the Arbitration Agreement with every residents within 3 days of admission. She said she tells every resident/representative that they are waiving their right to a jury, they have 30 days to revoke the agreement and it is binding if not revoked, and that a location will be agreed upon by both parties. She said she does not explain that signing the document is not a condition of admission to the facility or that the residents/representatives are waiving their right to resolve a dispute by trial in a court. The DOA said there is no separate document that residents/representatives can sign to acknowledge they understand the agreement without signing to enter into the agreement.</p> <p>During an interview on 5/31/24 at 1:35 P.M., the Administrator said he has worked at the facility for only 30 days and was not familiar with the facility's process for Arbitration Agreements.</p>		

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<p>F 0848</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide a neutral and fair arbitration process and agree to arbitrator and venue.</p> <p>34145</p> <p>Based on document review and interview, the facility failed to ensure their arbitration agreement specifically provides for the selection of a neutral arbitrator and neutral venue that is convenient to both parties.</p> <p>Findings include:</p> <p>Review of the Arbitration Agreement in use by the facility failed to indicate the residents or their representatives had the right to a neutral arbitrator and neutral venue agreed upon by both parties.</p> <p>During an interview on 5/31/24 at 1:01 P.M., the Director of Admissions reviewed the Arbitration agreement in use by the facility and said she could not find any language in the agreement that reflects the selection of a neutral arbitrator and neutral venue to be agreed upon by both parties.</p> <p>During an interview on 5/31/24 at 2:00 P.M., the Admissions Director provided the surveyor with an updated version of the Arbitration Agreement (updated May 2024) that went into effect 5/28/24, that provides for the selection of a neutral arbitrator and neutral venue that is convenient to both parties.</p>		