

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/02/2024
NAME OF PROVIDER OR SUPPLIER Madonna Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 85 North Washington Street North Attleboro, MA 02760	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>40702</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who required physical assistance from staff for positioning, the Facility failed to ensure they maintained a complete and accurate medical record, related to Certified Nurse Aide (CNA) Positioning Sheets, when daily documentation by CNA's (for all three shifts) was not consistently completed and positioning sheets were often left completely blank.</p> <p>Findings Include:</p> <p>Review of the Facility's Policy titled CNA Documentation, dated as revised 10/05/2021, indicated the Certified Nurses' Aides will provide accurate documentation daily on each shift using the Electronic Medical Record (EMR).</p> <p>Resident #1 was admitted to the Facility in May 2023, diagnoses included Parkinson's disease, spinal stenosis (narrowing of space within the spine) of cervical region, muscle weakness, contracture (tightening of muscles, and tendons causing joints to become stiff) of unspecified joint, and hypertension,</p> <p>Review of Resident #1's Significant Change in Status Minimum Data (MDS) Assessment, dated 07/18/24, indicated that Resident #1 had impaired functional range of motion on both sides of his/her lower extremities and that he/she required the assistance of two staff members to roll from lying on his/her back to his/her left and right side in bed.</p> <p>Review of Resident #1's Positioning Sheet, completed by CNA's, dated 07/01/24 through 07/31/24, indicated for the following shifts, documentation on the positioning sheets was incomplete:</p> <p>-7:00 A.M. to 3:00 P.M.- 16 days (out of 21) positioning every two hours was left blank</p> <p>-3:00 P.M. to 11:00 P.M.- 20 days (out of 21) positioning every two hours was left blank</p> <p>-11:00 P.M. to 7:00 A.M.- 9 days (out of 21) positioning every two hours was left blank</p> <p>This does not include dates and shifts when Resident #1 was a Medical Leave of Absence (MLOA) from 07/01/24 through 07/10/24.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's Positioning Sheet, completed by CNA's, dated 08/01/24 through 08/31/24, indicated for the following shifts, documentation on the positioning sheets was incomplete:</p> <p>-7:00 A.M. to 3:00 P.M.- 27 days (out of 29) positioning every two hours was left blank</p> <p>-3:00 P.M. to 11:00 P.M.- 14 days (out of 29) positioning every two hours was left blank</p> <p>-11:00 P.M. to 7:00 A.M.- 10 days (out of 29) positioning every two hours was left blank</p> <p>This does not include dates and shifts when Resident #1 was MLOA from 08/06/24 through 08/07/24.</p> <p>Review of Resident #1's medical record indicated there was no Positioning sheet for September 2024 or documentation to support that he/she was turned and positioned every two hours on all three shifts from 09/01/24 through 09/06/24.</p> <p>During an interview on 12/02/24 at 1:11 P.M., Certified Nurse Aide (CNA) #1 said they document turning and repositioning of residents on handwritten positioning sheets. CNA #1 said all documentation has to be completed by the end of the shift and said she tries her best to document care provided to residents. CNA #1 said if she does not have time or forgets to document, she informs the Nursing Supervisor.</p> <p>During an interview on 12/02/24 at 1:54 P.M., CNA #3 said positioning sheets are handwritten and are kept in a binder for all residents. CNA #3 said they have to document all care provided by the end of the shift and said she has forgotten to document on the positioning sheets, and she tries to remember to document the next day of work.</p> <p>During an interview on 12/02/24 at 2:22 P.M., CNA #4 said documentation for ADL care has to be done daily before her shift ends. CNA #4 said the positioning sheets are not in the computer system, they are in a binder, and are handwritten. CNA #4 said sometimes they (CNAs) forget to document on the positioning sheets and can be overlooked because they are trying to get all the other documentation done in the Matrix computer system.</p> <p>During an in-person interview on 12/02/24 at 4:11 P.M. and a telephone interview on 12/04/24 at 2:49 P.M., the Director of Nursing (DON) said she was not aware that Resident #1's CNA Positioning sheets were not being filled out, that they were left blank and said they were not able to find Resident #1's positioning sheet for September 2024. The DON said the Facility did not have a specific policy for handwritten documentation and said her expectation is that CNAs should be documenting all care provided to residents every shift and flow sheets should not be left blank.</p>		