

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225478	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Royal Meadow View Center		STREET ADDRESS, CITY, STATE, ZIP CODE 134 North Street North Reading, MA 01864	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>36876</p> <p>Based on observation and interview, the facility failed to provide a dignified dining experience for residents residing on the dementia unit.</p> <p>Findings include:</p> <p>1.) On 1/28/25 at 8:47 A.M., the surveyors observed the breakfast meal on the View Unit (a secured unit where residents with dementia reside). There were four tables where three residents were seated. Two of the three tables had served two residents, and the remaining residents were watching their tablemates eat. The following observations was made:</p> <ul style="list-style-type: none"> - At 8:52 A.M., one Resident asked a staff person if the tray she was carrying belonged to him/her. The Resident continued to sit and watch his/her tablemates eat. <p>2.) On 1/29/25 at 8:40 A.M., the surveyors observed 16 total residents in the View Dining room waiting for their breakfast meal. Two residents at a table of four had been served their meals while the rest of the residents waited. The following observations were made:</p> <ul style="list-style-type: none"> - At 8:42 A.M., staff continued to serve residents at different tables while other residents watched their tablemates eat. - At 8:44 A.M., eight total residents were waiting for their meals and for the 2nd breakfast truck to arrive. Five residents were seated at tables watching their tablemates eat. - At 8:48 A.M., the 2nd breakfast truck arrived and one Resident who had been watching his/her tablemates eat since 8:40 A.M., said mine!?! as the staff delivered his/her meal. - At 8:49 A.M., one resident at a table who was waiting for his/her meal reached across and took his/her tablemates' milk and began to drink it. - At 8:50 A.M., four total residents were waiting for their meals to be served, two of which were seated at tables watching their tablemates eat. <p>3.) On 1/29/25 at 12:40 P.M., the surveyor observed the lunch meal in the View Unit Dining room. The following observations were made:</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- At 12:46 P.M., the first resident at a table of four was served his/her meal. The last resident at the table was served at 12:52 P.M.</p> <p>- At 12:42 P.M. the first resident at a table of four was served his/her meal. The last resident at the table was served at 12:53 P.M.</p> <p>- At 12:43 P.M., the first resident at a table of four was served his/her meal. The last resident at the table was served at 12:58 P.M.</p> <p>- At 12:45 P.M. two residents were served their meals at a table of three. The last resident was served at 12:53 P.M.</p> <p>4.) On 1/30/25 at 8:46 A.M., the surveyor observed the Breakfast meal. A total of 17 residents were seated in the dining room. The following observations were made:</p> <p>- At 8:48 A.M., the first resident at a table of four was delivered his/her meal. The last resident at the table was served at 8:56 A.M.</p> <p>- At 8:50 A.M., the first resident at a table of four was served his/her meal. The last resident at the table was served at 9:01 A.M.</p> <p>- At 8:52 A.M., the first resident at a table of three was served his/her meal. The last resident at the table received his/her meal at 8:58 A.M.</p> <p>- At 8:55 A.M., the first resident at a table of four was served his/her meal. The last resident at the table was served at 9:04 A.M.</p> <p>- At 8:59 A.M., the first resident at a table of three was served his/her meal. The last resident at the table was served at 9:04 A.M.</p> <p>During an interview on 1/30/25 at approximately 11:30 A.M., the Director of Nursing said that residents should be served their meals simultaneously and that the View Unit has had difficulty in doing so as the residents can be unpredictable and may not sit at the same tables consistently.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>50338</p> <p>Based on record review and interviews, the facility failed to develop and implement person-centered care plans for one Resident (#28) out of a sample of 21 residents. Specifically, for Resident #28, the facility failed to implement the plan of care for providing supervision/assistance and adaptive equipment to the Resident while eating.</p> <p>Findings include:</p> <p>A review of the facility policy titled 'Comprehensive Person-Centered Care Plan', dated May 2023, indicated the following:</p> <ul style="list-style-type: none"> - A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. - The comprehensive care plan will: <ul style="list-style-type: none"> - Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. - Incorporate identified problem areas. - Incorporate risk factors associated with identified problems. - Aid in preventing or reducing decline of the resident's functional status and or/functional levels. <p>Resident #28 was admitted to the facility in March 2019 with diagnoses including paranoid schizophrenia, legal blindness, and malnutrition.</p> <p>A review of the most recent Minimum Data Set (MDS) assessment, dated 12/4/24, indicated a Brief Interview for Mental Status (BIMS) score of six out of a possible 15 indicating moderate cognitive impairment. The MDS also indicated that Resident #28 received a mechanically altered diet and had severely impaired vision.</p> <p>On 1/28/25 at 9:00 A.M., the surveyor observed Resident #28 seated in a chair in his/her room eating breakfast. The meal was served on a regular plate. There were no staff present in the room.</p> <p>On 1/29/25 at 9:02 A.M. and 9:17 A.M., the surveyor observed Resident #28 sitting up in his/her bed eating breakfast. The meal was served on a regular plate. There were no staff present in the room.</p> <p>A review of Resident #28's physician's orders, dated 10/29/24, indicated:</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- House diet: dysphagia advanced/ground texture, thin consistency, lip plate (adaptive equipment to allow increased independence for a disabled person to eat).</p> <p>A review of Resident #28's Activities of Daily Living (ADL) care plan, dated 3/27/24, indicated that he/she required supervision/assist for eating.</p> <p>A review of Resident #28's nutritional care plan, dated as revised 12/5/24, indicated that he/she would be monitored for signs and symptoms of dysphagia (difficulty swallowing foods or liquids). The care plan failed to indicate that Resident #28 required an altered diet or that he/she required a lip plate for meals.</p> <p>During an interview and on 1/29/25 at 2:05 P.M., Unit Manger #2 said she was unaware that Resident #28's care plan indicated he/she required supervision/assist for eating and that he/she had an order to have a lip plate for meals.</p> <p>During an interview on 1/30/25 at 11:15 A.M., the Director of Nurses said she would expect a care plan for a Resident to receive supervision/assist with eating to be followed.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>48990</p> <p>Based on observation, record review and staff interview, the facility failed to ensure the comprehensive care plan was revised by the interdisciplinary team for one Resident (#26) out of a total sample of 21 residents. Specifically, the facility failed to revise the comprehensive care plan relating to tube feeding and risk for choking upon the care plan review following the completion of two quarterly assessments.</p> <p>Findings include:</p> <p>Review of the facility policy titled 'Comprehensive Person-Centered Care Plan, dated May 2023, indicated, but was not limited to:</p> <ul style="list-style-type: none"> - The Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. - The IDT includes: b. a licensed nurse who has responsibility for the resident; c. a nurse aide who has responsibility for the resident d. a member of the food and nutrition services staff; f. other appropriate staff or professionals determined by the resident's needs or as requested by the resident. - The comprehensive, person-centered care plan will: h. incorporates identified problem areas; i. incorporate risk factors associated with identified problems; k. reflects the resident's expressed wishes regarding care and treatment goals. - Identifying problem areas and their causes and developing interventions that are targeted and meaningful to the resident, are the endpoint of the interdisciplinary process. - Assessments of residents are ongoing and care plans are revised as information about the residents and the resident's conditions change. - The Interdisciplinary Team must review and update the care plan: b. when the desired outcome is not met; d. at least quarterly, in conjunction with the required quarterly MDS (Minimum Data Set) assessment. <p>Review of the most recent quarterly Minimum Data Set (MDS) assessment, dated 12/27/24, indicated Resident #26 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of 15. This MDS further indicated Resident #26 required set up assistance with eating and indicated he/she did not receive tube feeding.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment, dated 9/25/24, indicated Resident #26 required set up assistance with eating and indicated he/she did not receive tube feeding.</p> <p>Review of Care Plan Review History in electronic record indicated Resident #26's comprehensive care plan was reviewed with the IDT on 10/11/24 and 12/30/24.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #26's physician's order, initiated 12/17/24, indicated:</p> <ul style="list-style-type: none"> - House diet, Dysphagia Advanced/Ground texture, Thin consistency, for finger foods. <p>Review of Resident #26's physician's orders, dated 9/15/24 to 1/31/25, failed to indicate any tube feeding orders.</p> <p>Review of Resident #26's plan of care related to altered nutrition and risk for choking, revised 12/30/24, indicated:</p> <ul style="list-style-type: none"> - Resident Will Be Free of Choking Episodes While Eating. Resident #26 will follow this POC (plan of care) and remain safe while eating. - Intervention: Keep head of bed elevated 45 degrees during meal and thirty minutes after eating. - Intervention: Elevate the Resident HOB (head of bed) 45 degrees during and thirty minutes after tube feeding. - Intervention: Encourage him/her to follow POC with regards to elevating the HOB with all PO (by mouth) intake. <p>On 1/28/25 at 8:42 A.M., the surveyor observed Resident #26 lying completely flat in bed with a plate of food resting on his/her chest. The plate contained toast, scrambled eggs, and a biscuit. Resident #26 was coughing causing bits of scrambled eggs to propel into the air.</p> <p>On 1/29/25 at 8:32 A.M., the surveyor observed Resident #26 lying completely flat in bed with a plate of food resting on his/her chest. The plate contained bread, ground ham, and scrambled eggs.</p> <p>On 1/29/25 at 12:23 A.M., the surveyor observed Medical Records Staff #1 set up Resident #26's lunch tray in his/her room. The surveyor entered the room immediately after the staff member left the room. Resident #26 was lying completely flat with a plate of food resting on his/her chest. The plate contained a sandwich containing ground turkey and gravy, spiral noodles, and cook carrots. Resident #26 said he/she does not like the meal and would like to speak with the Dietitian because he/she would like a diet upgrade from dysphagia advanced to regular texture. Resident #26 said he/she never elevates the head of bed because the pain in his/her bottom from a pressure would increases. Resident #26 said he/she does not want any changes in his/her pain medication, and just wants to lay flat.</p> <p>During a follow up interview on 1/30/25 at 7:49 A.M., Medical Records Staff #1 said she dropped off Resident #26's tray and she didn't let anyone know the Resident was laying flat while eating because it's her norm. Medical Records Staff #1 said she offered to elevate the head of bed, but Resident #26 declined.</p> <p>During an interview on 1/30/25 at 7:33 A.M., Certified Nurse Assistant (CNA) #7 said Resident #26 is physically unable to bend his/her body to elevate the head of bed. CNA #7 said the nurses, therapy, and everybody knows. CNA #7 said because of this they go in frequently to check on him/her to make sure he/she isn't choking. CNA #7 says Resident #26 eats only by mouth.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/20/25 at 7:40 A.M., Unit Manager #3 said Resident #26 has not received tube feeding since she started working at the facility in September and eats by mouth. Unit Manager #3 said Resident #26 always eats lying completely flat in bed because of the pain from arthritis in his/her back when the head of bed is elevated and is working with therapy for this. The surveyor and Unit Manager #3 reviewed Resident #26's care plan for the above interventions of keeping the head of bed elevated during meals and tube feeding. Unit Manager #3 said the care plan should have been revised because the interventions were not applicable but was not. Unit Manager #3 said nursing, along with the IDT, is responsible to revise care plans at least quarterly during the care plan meetings.</p> <p>During an interview on 1/30/25 at 8:37 A.M., the Dietitian said Resident #26 is on a dysphagia advanced diet because he/ is at risk for choking/aspiration because he/she always lays completely flat in bed during meals. The Dietitian said she does not remember when or if Resident #26 ever received tube feeding and only eats by mouth. The surveyor and the Dietitian reviewed Resident #26's care plan for the above interventions of keeping the head of bed elevated during meals and tube feeding. The Dietitian said the entire IDT is responsible to revise care plans at least quarterly during the care plan meetings. The Dietitian said the last care plan meeting was 12/30/24 and she would have expected those interventions to be revised because they are not appropriate for the Resident.</p> <p>During an interview on 1/30/25 at 8:52 A.M., Occupational Therapist (OT) #1 said she was the OT who worked with Resident #26. OT #1 said Resident #26 has been unable to tolerate the head of bed being elevated over 20 degrees for about six months. OT #1 said she does not remember when or if Resident #26 ever received tube feeding and only eats by mouth. OT #1 said a specific goal was to increase flexion so Resident #26 could tolerate the head of bed being elevated to a safe level for his/her diet to be able to be upgraded safely. OT #1 said Resident #26 does not like the current dysphagia advanced diet. The surveyor and OT #1 reviewed Resident #26's care plan for the above interventions of keeping the head of bed elevated during meals and tube feeding. OT #1 said therapy is not involved in the care plan meetings/process, but had communicated the inability to tolerate the head of bed being elevated the nursing and even provided care giver education on how to successfully elevate the head of bed to 20 degrees. OT #1 said she would have expected nursing to revise those interventions because they have not been appropriate interventions for at least six months.</p> <p>During an interview on 1/30/25 at 11:36 A.M., the MDS Coordinator said she does not attend care plan meetings and that nursing, activities, and social services are responsible for revising care plans during the quarterly care plan meetings.</p> <p>During an interview on 1/30/25 at 1:16 P.M., Speech Therapist (ST) #1 said she was the ST who worked with Resident #26. ST #1 said Resident #26's diet cannot be advanced as requested because the Resident is unable to tolerate the head of bed being elevated more than 20 degrees. ST #1 said she does not remember when or if Resident #26 ever received tube feeding and only eats by mouth. The surveyor and ST #1 reviewed Resident #26's care plan for the above interventions of keeping the head of bed elevated during meals and tube feeding. ST #1 said she would have expected nursing to revise those interventions because they have not been appropriate interventions for at least six months.</p> <p>During an interview on 1/30/25 at 1:53 P.M., the Director of Nursing (DON) said care plans should be reviewed at least quarterly following the MDS schedule. The DON said Resident #26 had been known to lay completely flat during meals since at least the end of May 2024. The DON said she would expect Resident #26's care plan to include her noncompliance and should have been revised.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36876</p> <p>Based on observation, record review and interview, the facility failed ensure services provided met professional standards of quality for one Resident (#7) out of a total of 21 sampled residents. Specifically, the facility failed to implement wound treatments initiated by the consultant Wound Physician.</p> <p>Findings include:</p> <p>Review of [NAME], Manual of Nursing Practice 11ed, dated 2019 indicated the following:</p> <ul style="list-style-type: none"> - The professional nurse's scope of practice is defined and outlined by the State Board of Nursing that governs practice. <p>Review of the Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice, dated as revised April 11, 2018, indicated the following:</p> <ul style="list-style-type: none"> - Nurse's Responsibility and Accountability: Licensed nurses accept, verify, transcribe, and implement orders from duly authorized prescriber that are received by a variety of methods (i.e., written, verbal/telephone, standing orders/protocols, pre-printed order sets, electronic) in emergent and non-emergent situations. Licensed nurses in a management role must ensure an infrastructure is in place, consistent with current standards of care, to minimize error. <p>Review of the facility policy titled 'Wound Treatment Management', revised January 2025, indicated:</p> <ul style="list-style-type: none"> - Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change. <p>Resident #7 was admitted to the facility in April 2010 with diagnoses including Multiple Sclerosis and dementia.</p> <p>Review of the Minimum Data Set Assessment (MDS) assessment, dated 12/4/24, indicated Resident #7 was severely cognitively impaired evidenced by a score of 8 out of a possible 15 on the Brief Interview for Mental Status Exam. The MDS also indicated Resident #7 was dependent on staff for all activities of daily living and had two existing pressure areas.</p> <p>During an interview on 1/29/25 at 7:02 A.M., the surveyor observed Resident #7 resting in bed on an air mattress (a device utilized to reduce pressure on the body). Resident #7 said that he/she had wounds and the staff was taking care of them.</p> <p>Review of Resident #7's care plan related to skin integrity, initiated 1/6/25, indicated:</p> <ul style="list-style-type: none"> - Focus: Resident has actual impairment to skin integrity r/t (related to) trauma of the L (left) upper shin. - Intervention: Administer treatments as ordered and monitor for effectiveness. <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 - Few</p>	<p>Review of the consultant Wound Physician documentation, dated, 9/30/24, 10/7/24, 10/14/24, and 10/21/24 indicated:</p> <ul style="list-style-type: none"> - Non-Pressure Wound of the left upper shin Full Thickness. - Primary Dressings: Xeroform gauze apply once daily for. - Secondary Dressing: Gauze island with bdr (border) apply once daily. <p>Review of the September and October 2024 treatment administration records indicated:</p> <ul style="list-style-type: none"> - Left upper shin - Cleanse with NS (normal saline), pat dry, apply xeroform to wound bed f/b (followed by) DPD (dry protective dressing) every day shift for wound care, (active 10/23/2024 through 1/9/2025). <p>The orders indicated no treatments were implemented for Resident #7's shin until 10/23/24; 22 days after he/she was first seen by the Wound Physician.</p> <p>During an interview on 1/30/25 at 11:10 A.M., the Wound Physician said that he rounds once a week at the facility with staff who then input his treatment recommendations as orders into the electronic health record. The Wound Physician said that he would expect to be notified if the facility was not implementing his orders.</p> <p>During an interview on 1/30/25 at 11:25 A.M., Wound Nurse #1 said that she or another staff would round with the Wound Physician and then input his treatments as orders into the clinical record.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>45763</p> <p>Based on observation, interview and record review, the facility failed to provide assistance with activities of daily living (ADLs) for one dependent Resident (#55) out of a total sample of 21 residents. Specifically, for Resident #55, the facility failed to:</p> <p>1a.) Provide set-up assistance and supervision with meals.</p> <p>1b.) Provide assistance with nail care.</p> <p>Findings Include:</p> <p>Review of the facility policy titled 'Activities of Daily Living (ADLs)', undated, indicated, but was not limited to, the following:</p> <ul style="list-style-type: none"> - Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. - If residents with cognitive impairment or dementia resist care, staff will attempt to identify the underlying cause of the problem and not just assume the resident is refusing or declining care. Approaching the resident in a different way or at a different time or having another staff member speak with the resident may be appropriate. - A resident's ability to perform ADLs will be measured using clinical tools, including the MDS (minimum data set). Functional decline or improvement will be evaluated in reference to the assessment reference date (ARD) and the following MDS definitions: <ul style="list-style-type: none"> a. Independent - Resident completed activity with no help or staff oversight at any time during the last 7 days. b. Supervision - Oversight, encouragement or cueing provided 3 or more times during the last 7 days. c. Limited Assistance - Resident highly involved in activity and received physical help in guided maneuvering of limb(s) or other non-weight bearing assistance 3 or more times during the last 7 days. d. Extensive Assistance - While resident performed part of activity over the last 7 days, staff provided weight-bearing support. e. Total Dependence - Full staff performance of an activity with no participation by resident for any aspect of the ADL activity. Resident was unwilling or unable to perform any part of the activity over entire 7-day look-back period. <p>Resident #55 was admitted to the facility in January 2025 with diagnoses of dementia and Parkinson's disease.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225478	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Royal Meadow View Center		STREET ADDRESS, CITY, STATE, ZIP CODE 134 North Street North Reading, MA 01864	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the most recent Minimum Data Set (MDS) assessment, dated 1/15/25, indicated that Resident #55 scored a 10 out of 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident had moderate cognitive impairment. Further review of the MDS indicated the Resident required supervision or touching assistance for eating and substantial/maximal assistance with personal hygiene.</p> <p>1a.) Review of Resident #55's ADL care plan indicated that the Resident required substantial assistance with ADL care related to diagnoses of Parkinson's and dementia, with the following intervention:</p> <p>- Eating: set up with supervision, initiated 1/17/25.</p> <p>Review of Resident #55's Occupational Therapy (OT) Evaluation and Plan of Treatment, dated 1/11/25, indicated that the Resident presented with impairments in balance, fine motor coordination, mobility, strength, attention, problem solving, interpersonal habits and interpersonal routines/behavior resulting in limitations and/or participation restrictions in the areas of self-care and that Resident #55 required supervision or touching assistance with eating.</p> <p>On 1/28/25 at 9:31 A.M., the surveyor observed Resident #55 eating in his/her room, there were no staff in the room or within eyesight of the Resident and the Resident was attempting to open his/her milk but was unable to.</p> <p>On 1/28/25 at 12:42 P.M., the surveyor observed Resident #55 eating in his/her room, there were no staff in the room or within eyesight of the Resident and the Resident's milk was not opened.</p> <p>On 1/29/25 at 8:42 A.M., the surveyor observed Resident #55 eating in his/her room, there were no staff in the room or within eyesight of the Resident. The surveyor observed Resident #55 drop a full glass of milk onto his tray spilling it on his/her meal and clothes.</p> <p>On 1/30/25 at 8:31 A.M., the surveyor observed Resident #55 eating in his/her room, there were no staff in the room or within eyesight of the Resident.</p> <p>On 1/30/25 at 8:57 A.M., the surveyor observed Resident #55 eating in his/her room, there were no staff in the room or within eyesight of the Resident.</p> <p>During an interview on 1/30/25 at 9:00 A.M., Certified Nurse Assistant (CNA) #2 said CNAs know the level of assistance residents need from the handover verbally given to them by previous staff. CNA #2 said Resident #55 needs help with everything.</p> <p>During an interview on 1/30/25 at 8:47 A.M., the Director of Rehab (DOR) said Resident #55 was supposed to be supervised with eating and that she would expect a staff member to be in the Resident's room throughout the entire meal to provide cueing. The DOR said that the Resident's need for supervision was communicated with nursing.</p> <p>During interviews on 1/30/25 at 9:06 A.M. and 10:10 A.M., Unit Manager #1 said the level of assistance residents need was outlined in their Kardex and given verbally in report. Unit Manager #1 was unaware that Resident #55 required supervision with eating.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #55's Kardex failed to indicate what level of assistance the Resident required with eating.</p> <p>During an interview on 1/30/25 at 10:29 A.M., the Director of Nursing (DON) said she would expect residents to receive the level of assistance as determined by the rehabilitation department.</p> <p>1b.) Review of Resident #55's ADL care plan indicated that the Resident required substantial assistance with ADL care related to diagnoses of Parkinson's and dementia, with the following intervention initiated on 1/17/25:</p> <p>- Hygiene -</p> <p>Oral: moderate assist</p> <p>Personal: Substantial assist</p> <p>Toilet: dependent</p> <p>Review of Resident #55's Occupational Therapy (OT) Evaluation and Plan of Treatment, dated 1/11/25, indicated that the Resident presented with impairments in balance, fine motor coordination, mobility, strength, attention, problem solving, interpersonal habits and interpersonal routines/behavior resulting in limitations and/or participation restrictions in the areas of self-care and that Resident #55 required substantial/maximal assistance with personal hygiene.</p> <p>On 1/28/25 at 9:31 A.M., the surveyor observed that Resident #55's fingernails were elongated and protruding, the surveyor approximated that the nails were between an eighth and a quarter of an inch beyond the Resident's nail bed.</p> <p>On 1/29/25 at 12:33 P.M., the surveyor observed that Resident #55's fingernails were elongated and protruding, the surveyor approximated that the nails were between an eighth and a quarter of an inch beyond the Resident's nail bed.</p> <p>During an interview and observation on 1/29/25 at 1:01 P.M., CNA #1 said CNAs check residents' nails every day during care and that Resident #55 typically allows staff to assist with grooming. CNA #1 observed Resident #55's nails and offered to cut them; the Resident accepted the CNA's offer.</p> <p>On 1/29/25 at 1:03 P.M., the surveyor observed Nurse #1 tell Resident #55 that his/her nails were a little long.</p> <p>During an interview on 1/29/25 at 1:05 P.M., Nurse #1 said that Resident #55 can't trim his/her own nails and needs help from staff to do so.</p> <p>During an interview on 1/29/25 at 4:03 P.M., the Director of Nursing (DON) said staff should be offering assistance with nail care, and that staff should notice what the resident's needs were every time staff provided care. The DON said that if residents refuse care that this should be documented.</p> <p>Review of Resident #55's electronic medical record failed to indicate that the Resident had refused nail care.</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>36876</p> <p>Based on observations, interviews, and record review, the facility failed to provide residents with pressure ulcers necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for two Residents (#7 and #26) out of total sample of 21 residents. Specifically:</p> <p>1.) For Resident #7, the facility failed to implement treatment recommendations by the consultant Wound Physician for a.) a Stage IV pressure wound of the left ischium and b.) an unstageable pressure injury of the lower sacrum.</p> <p>2.) For Resident #26, the facility failed to implement treatment recommendations by the consultant Wound Physician for a stage IV pressure ulcer of the sacrum.</p> <p>Findings include:</p> <p>Review of the facility policy titled 'Wound Treatment Management', revised January 2025, indicated:</p> <ul style="list-style-type: none"> - Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change. <p>1.) Resident #7 was admitted to the facility in April 2010 with diagnoses including Multiple Sclerosis and dementia.</p> <p>Review of the Minimum Data Set Assessment (MDS) assessment, dated 12/4/24, indicated Resident #7 was severely cognitively impaired as evidenced by a score of eight out of a possible 15 on the Brief Interview for Mental Status Exam. The MDS also indicated Resident #7 is dependent on staff for all activities of daily living and had two existing pressure areas.</p> <p>During an interview on 1/29/25 at 7:02 A.M., the surveyor observed Resident #7 resting in bed on an air mattress (a device utilized to reduce pressure on the body). Resident #7 said that he/she has wounds and the staff is taking care of them.</p> <p>Review of Resident #7's care plan related to pressure ulcers, initiated 8/3/23 and revised 11/13/24, indicated:</p> <ul style="list-style-type: none"> - Focus: Resident has Stage 4 pressure ulcer on left ischium and lower sacrum and potential for further pressure ulcer development r/t (related to) immobility. (initiated 8/3/23, revised 11/13/24). - Interventions: Administer treatments as ordered and monitor for effectiveness. Assess/record/monitor wound healing daily. Assess and document status of wound perimeter, wound bed and healing progress. Report improvements and declines to the MD (medical doctor). <p>1a.) Review of the consultant Wound Physician documentation, dated 7/15/24, indicated:</p> <ul style="list-style-type: none"> - Stage IV pressure wound of the left ischium, full thickness. <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Primary Dressings: Mesalt sheet apply once daily.</p> <p>- Secondary Dressing: Superabsorbent gelling fiber with silicone BDR (border dressing) and faced, apply once daily.</p> <p>Review of the July 2024 Treatment Administration Record (TAR), indicated:</p> <p>- Left buttock - cleanse with normal saline, pat dry and apply Santyl and Mupirocin to wound bed f/b (followed by) calcium alginate rope lightly packed into wound bed and covered with DPD (dry protective dressing) every day and evening shift for wound, (active 4/23/24 through 7/22/24).</p> <p>- Santyl External Ointment 250 UNIT/GM (gram): Apply to left buttocks topically every day shift for wound, (active 3/2/24 through 8/20/24).</p> <p>- Mupirocin External Ointment 2%, Apply to left buttock topically every day and evening shift for wound care, (active 3/19/2024 through 10/22/2024).</p> <p>The physician orders failed to include the use of Mesalt, the use of the superabsorbent gelling fiber and included the use of Santyl and Mupirocin, which were not recommended by the wound physician.</p> <p>Review of the Skin/Wound Note, dated 7/15/24, indicated:</p> <p>- Resident seen by wound MD on 7/15/24. New order to pack wound with Mesalt rope in place of calcium alginate rope and d/c (discontinue) ointments.</p> <p>Review of the physician's orders indicated that the Mupirocin Ointment was not ended until 10/22/24 and the Sanyl Ointment was not ended until 8/20/24.</p> <p>Review of the consultant Wound Physician documentation, dated 7/22/24, 7/29/24 and 8/5/24, indicated:</p> <p>- Stage IV pressure wound of the left ischium, full thickness.</p> <p>- Primary Dressings: Plurogel apply once daily; Mesalt sheet apply once daily.</p> <p>- Secondary Dressing: Superabsorbent gelling fiber with silicone BDR and faced apply once daily.</p> <p>Review of the July 2024 and August 2024 TAR indicated:</p> <p>- Left buttock - cleanse with normal saline, pat dry lightly pack Mesalt into wound bed and covered with DPD (dry protective dressing), every day and evening shift for wound care (Active 7/22/24 through 9/11/2024) .</p> <p>- Santyl External Ointment 250 UNIT/GM: Apply to left buttocks topically every day shift for wound -(Active 3/2/24 through 8/20/24).</p> <p>- Mupirocin External Ointment 2%, Apply to left buttock topically every day and evening shift for wound care, (Active 3/19/2024 through 10/22/2024).</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The orders failed to indicate the use of Pluorgel and the superabsorbent gelling fiber, included the use of Santyl and Mupirocin and indicated treatments to be completed twice daily as opposed to once daily as indicated by the Wound Physician.</p> <p>Review of the consultant Wound Physician documentation, dated 8/12/24, 8/19/24, 8/26/24, 9/2/24 and 9/9/24, indicated:</p> <ul style="list-style-type: none"> - Stage IV pressure wound of the left ischium, full thickness. - Primary Dressings: Mesalt sheet apply once daily. - Secondary Dressing: Superabsorbent gelling fiber with silicone BDR and faced apply once daily. <p>Review of the August 2024 and September 2024 TAR indicated:</p> <ul style="list-style-type: none"> - Left buttock - cleanse with normal saline, pat dry lightly pack Mesalt into wound bed and covered with DPD (dry protective dressing), every day and evening shift for wound care, (active 7/22/224 through 9/11/2024). - Santyl External Ointment 250 UNIT/GM: Apply to left buttocks topically every day shift for wound, (active 3/2/24 through 8/20/24). - Mupirocin External Ointment 2%, Apply to left buttock topically every day and evening shift for wound care, (active 3/19/2024 through 10/22/2024). <p>The orders failed to indicate the use of the superabsorbent gelling fiber, included the use of Santyl ointment (through 8/20/24) and mupirocin and indicated treatments to be completed twice daily instead of once daily as indicated by the Wound Physician.</p> <p>Review of the consultant Wound Physician documentation, dated 9/16/24, 9/27/24, 9/30/24, 10/7/24 and 10/14/24, indicated:</p> <ul style="list-style-type: none"> - Stage IV pressure wound of the left ischium, full thickness. - Primary Dressings: Mesalt sheet apply once daily. - Secondary Dressing: Superabsorbent gelling fiber with silicone BDR and faced apply once daily. <p>Review of the September 2024 and October 2024 TAR indicated:</p> <ul style="list-style-type: none"> - Left ischium - cleanse with normal saline, pat dry lightly pack Mesalt into wound bed and cover with DPD, skin prep peri wound every day shift for wound care, (active 9/18/2024 through 10/22/2024). - Mupirocin External Ointment 2%, Apply to left buttock topically every day and evening shift for wound care, (active 3/19/2024 through 10/22/2024). <p>The orders failed to include the use of Superabsorbent gelling fiber and included the use of Mupirocin which was not indicated by the Wound Physician.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the consultant Wound Physician documentation, dated 10/21/24 and 10/28/24, indicated:</p> <ul style="list-style-type: none"> - Stage IV pressure wound of the left ischium, full thickness. - Primary Dressings: Mesalt sheet apply once daily. - Secondary Dressing: Superabsorbent gelling fiber with silicone BDR and faced apply once daily. <p>Review of the October 2024 TAR indicated:</p> <ul style="list-style-type: none"> - Left ischium - Cleanse with NS, pat dry, lightly pack with Mesalt f/b DPD (followed by dry protective dressing), every day shift for wound care, (Active10/23/24 through 11/11/2024). <p>The orders failed to include the use of the super absorbent gelling fiber as indicated by the wound physician.</p> <p>1b.) Review of the consultant Wound Physician documentation, dated 7/22/24, 7/29/24 and 8/5/24, indicated:</p> <ul style="list-style-type: none"> - Unstageable DTI (deep tissue injury) of the lower sacrum. - Primary Dressings: Xeroform gauze apply twice daily. - Secondary dressing: Superabsorbent gelling fiber with silicone bdr and faced apply twice daily. <p>Review of the July 2024 and August 2024 TAR indicated:</p> <ul style="list-style-type: none"> - Lower Sacrum - Cleanse with NS (normal saline) and pat dry, apply Xeroform gauze and cover with DPD twice daily every day and evening shift for wound care, (active 7/24/24 through 8/20/24). <p>The orders failed to indicate the use of Superabsorbent gelling fiber with silicone as indicated by the Wound Physician.</p> <p>Review of the consultant Wound Physician documentation, dated 8/12/24, indicated:</p> <ul style="list-style-type: none"> - Unstageable DTI of the lower sacrum. - Primary Dressings: Xeroform gauze apply twice daily. Mupirocin 2% topical apply once daily. - Secondary dressing: Superabsorbent gelling fiber with silicone bdr and faced apply twice daily. <p>Review of the August 2024 TAR indicated:</p> <ul style="list-style-type: none"> - Lower Sacrum - Cleanse with NS and pat dry, apply Xeroform gauze and cover with DPD twice daily, every day and evening shift for wound care, (active 7/24/24 through 8/20/24). <p>The orders failed to indicate the use of Mupirocin and Superabsorbent gelling fiber per the Wound Physician.</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the consultant Wound Physician documentation, dated 8/19/24, indicated:</p> <ul style="list-style-type: none"> - Unstageable (due to necrosis) of the lower sacrum. - Primary Dressings: Mupirocin topical 2% apply twice daily, Alginate calcium apply twice daily, Santyl apply twice daily. - Secondary dressing: Superabsorbent gelling fiber with silicone bdr and faced apply twice daily. <p>Review of the August 2024 TAR indicated:</p> <ul style="list-style-type: none"> - Lower Sacrum - Cleanse with NS and pat dry, apply Mupirocin and Santyl f/b Calcium Alginate and cover with DPD twice daily. every day and evening shift for wound care, (active 8/20/24 through 9/11/24). <p>The orders failed to indicate the use of Superabsorbent gelling fiber per the Wound Physician.</p> <p>Review of the consultant Wound Physician documentation, dated 8/26/24, 9/2/24 and 9/9/24, indicated:</p> <ul style="list-style-type: none"> - Unstageable (due to necrosis)of the lower sacrum. - Primary Dressings: Mupirocin topical 2% apply twice daily, Alginate calcium apply twice daily. - Secondary dressing: Superabsorbent gelling fiber with silicone bdr and faced apply twice daily. <p>Review of the August and September 2024 TAR indicated:</p> <ul style="list-style-type: none"> - Lower Sacrum - Cleanse with NS and pat dry, apply Mupirocin and Santyl f/b (followed by) Calcium Alginate and cover with DPD twice daily, every day and evening shift for wound care, (active 8/20/2024 through 9/11/2024). <p>The orders failed to indicate the use of the Superabsorbent gelling fiber and indicated the use of Santyl which was not indicated by the Wound Physician.</p> <p>Review of the consultant Wound Physician documentation, dated 9/16/24 and 9/27/24, indicated:</p> <ul style="list-style-type: none"> - Unstageable (due to necrosis) of the lower sacrum. - Primary Dressings: Mupirocin topical 2% apply twice daily, Alginate calcium apply twice daily. - Secondary dressing: Superabsorbent gelling fiber with silicone bdr and faced apply twice daily. <p>Review of the September 2024 TAR indicated:</p> <ul style="list-style-type: none"> - Lower Sacrum - Cleanse with NS and pat dry, apply Mupirocin, f/b Calcium Alginate and cover with superabsorbent gelling fiber border dressing, skin prep peri wound. every day shift for wound care, (active 9/12/2024 through 10/15/2024). <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The orders indicated that treatments were completed once daily instead of twice daily as indicated by the Wound Physician.</p> <p>Review of the consultant Wound Physician documentation, dated 9/30/24, 10/7/24, and 10/14/24, indicated:</p> <ul style="list-style-type: none"> - Unstageable (due to necrosis) of the lower sacrum. - Primary Dressings: Mupirocin topical 2% apply twice daily, Alginate calcium apply twice daily, Santyl apply twice daily. - Secondary dressing: Superabsorbent gelling fiber with silicone bdr and faced apply twice daily. <p>Review of the September and October 2024 TAR indicated:</p> <ul style="list-style-type: none"> - Lower Sacrum - Cleanse with NS and pat dry, apply Mupirocin, f/b Calcium Alginate and cover with superabsorbent gelling fiber border dressing, skin prep peri wound. every day shift for wound care, (active 9/12/24 through 10/15/24). <p>The orders indicated that treatments were only completed once daily and failed to include the use of Santyl as indicated by the Wound Physician.</p> <p>Review of the consultant Wound Physician documentation, dated 10/21/24, 10/28/24, 11/4/24 and 11/11/24, 11/18/24, 11/25/24, and 12/2/24, indicated:</p> <ul style="list-style-type: none"> - Stage IV of the lower sacrum. - Primary Dressings: Mupirocin topical 2% apply twice daily, Alginate calcium apply twice daily, Santyl apply twice daily. - Secondary dressing: Superabsorbent gelling fiber with silicone bdr and faced apply twice daily. <p>Review of the October and November 2024 TAR indicated:</p> <ul style="list-style-type: none"> - Lower Sacrum - Cleanse with NS and pat dry, apply Mupirocin and Santyl, f/b calcium alginate and cover with Superabsorbent gelling fiber border dressing, skin prep to peri wound every day shift for wound care, (active 10/16/24 through 10/22/24). - Lower Sacrum -Cleanse with NS, pat dry, apply Mupirocin and Santyl to wound bed f/b calcium alginate, cover with DPD, every day shift for wound care, (active 10/23/2024 through 12/10/2024). <p>The orders indicated that treatments were only completed once daily and failed to include the use of the Superabsorbent gelling fiber as of 10/23/24, as indicated by the Wound Physician.</p> <p>Review of the consultant Wound Physician documentation, dated 12/9/24, 12/16/24, 12/23/24, 12/30/24, 1/13/25 indicated:</p> <ul style="list-style-type: none"> - Stage IV of the lower sacrum. <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Primary Dressings: Alginate calcium with silver, apply once daily.</p> <p>- Secondary dressing: Superabsorbent gelling fiber with silicone bdr and faced apply twice daily.</p> <p>Review of the December 2024 and January 2025 TAR indicated:</p> <p>- Lower sacrum - Cleanse with NS, pat dry f/b calcium alginate with silver to wound bed, cover with DPD every day and evening shift for wound care, (active 12/11/24 through 1/9/25).</p> <p>- Lower sacrum - Cleanse with NS, pat dry f/b calcium alginate with silver to wound bed, cover with DPD every day shift for wound care, (active 1/10/25 through 1/22/25).</p> <p>The orders failed to indicate the use of the Superabsorbent gelling fiber and failed to clarify the Wound Physicians recommendation to change the dressing daily instead of twice daily.</p> <p>Review of the consultant Wound Physician documentation, dated 1/20/25 and 1/27/25, indicated:</p> <p>- Stage IV of the lower sacrum.</p> <p>- Primary Dressings: Collagen powder apply once daily.</p> <p>- Secondary dressing: Superabsorbent gelling fiber with silicone bdr and faced apply twice daily.</p> <p>Review of the January 2025 TAR indicated:</p> <p>- Lower sacrum - Cleanse with NS, pat dry f/b collagen powder to wound bed, cover with DPD every day shift for wound care, (active 1/23/25).</p> <p>The orders failed to indicate the use of the super absorbent gelling fiber and failed to clarify the Wound Physicians recommendation to change the dressing daily, or twice daily.</p> <p>During an interview on 1/30/25 at 11:10 A.M., the Wound Physician said he comes into the building weekly and rounds with staff who then input his recommendations into the electronic health record as orders. The Wound Physician said that there is a difference in absorption between a standard dry protective dressing and the super absorbent gelling fiber. The Wound Physician said he was never notified that his treatment orders were not being implemented and he would expect staff to notify him if they were not implementing his treatment recommendations.</p> <p>During an interview on 1/30/25 at 11:25 A.M., Wound Nurse #1 said that she or another staff rounds with the Wound Physician and inputs his recommendations into the electronic health records as orders.</p> <p>48990</p> <p>2.) Resident #26 was admitted to the facility in April 2020 with diagnoses including multiple sclerosis and failure to thrive.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the most recent Minimum Data Set (MDS) assessment, dated 12/27/24, indicated Resident #26 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of 15. This MDS also indicated Resident #26 had a stage four pressure ulcer.</p> <p>Review of consultant Wound Physician documentation, dated 11/11/24, 11/25/24, 12/2/24, 12/9/24, 12/16/24, 12/23/24, 12/30/24, 1/6/25, 1/13/25, 1/20/25, and 1/27/25, indicated:</p> <ul style="list-style-type: none"> - DRESSING TREATMENT PLAN - Primary Dressing(s): Mupirocin topical 2% apply twice daily; Alginate calcium apply twice daily; Packing.; Santyl apply twice daily. - Secondary Dressing(s): Superabsorbent gelling fiber w/ silicone bdr (border) & faced apply twice daily and as needed soilage. - Peri Wound Treatment: Skin prep apply twice daily. <p>Review of Resident #26's active physician's orders indicated:</p> <ul style="list-style-type: none"> - WOUND CARE: Lower sacrum - Cleanse with NS, pat dry, apply Mupirocin and Santyl ointment f/b loosely packing calcium alginate to fit area of wound, cover with DPD, every day and evening shift for wound care AND as needed for loss of dressing integrity, initiated 1/9/25 - May have wound consult/treat PRN, initiated 4/26/22. <p>Review of physician progress notes, dated 11/27/24 and 1/14/25, indicated:</p> <ul style="list-style-type: none"> - Pressure injury of sacral region, stage 4. - Wound care to continue. Follow up with wound management. <p>Review of Resident #26's physician's orders, dated 11/11/24 to 1/27/25, failed to indicate application of skin prep to the peri-wound of the sacral stage four pressure ulcer. Further review indicated this order included DPD (dry protective dressing), instead of a superabsorbent gelling fiber with silicone border.</p> <p>Review of Resident #26's skin/wound progress notes, dated 12/3/24, 12/10/24, 12/17/24, 12/23/24, 12/30/24, 1/6/25, 1/13/25, 1/27/25, indicated Resident #26's sacral wound was assessed by the wound physician and there were no new orders are recommended. This progress note instructed the reader to refer to wound consultant wound care documentation for full report.</p> <p>On 1/29/25 at 1:19 P.M., the surveyor observed Nurse #10 gather supplies for Resident #26's stage four sacral pressure ulcer wound dressing change. Nurse #10 initially gathered a comfort foam dry protective dressing. Wound Nurse #1 came to double check the dressing supplies and changed the comfort foam dry protective dressing for a superabsorbent gelling fiber with silicone border dressing. Wound Nurse #1 said either dressing could be applied because the physician order was for a dry protective dressing. Wound Nurse #1 said the only reason she was changing the dressing was because it was a different type of dry protective dressing that was covered by the Resident's insurance.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/29/25 at 1:29 P.M., the surveyor observed Nurse #10 and Wound Nurse #1 perform wound dressing change on Resident #26's stage four sacral pressure ulcer. Wound Nurse #1 cleansed the sacral pressure ulcer with normal saline, applied mupirocin and santyl ointment, loosely packed the wound with calcium alginate, and covered with a superabsorbent gelling fiber with silicone border dressing. Wound Nurse #1 did not apply skin prep to the peri-wound.</p> <p>During an interview on 1/29/25 at 1:40 P.M., Wound Nurse #1 said she is responsible for transcribing the physician's orders into the electronic medical record. Wound Nurse #1 said she usually transcribes and implements every wound consultant treatment recommendation unless there are concerns. Wound Nurse #1 said every wound consultant treatment recommendation should be addressed by the facility, and if it is not implemented it should be documented. Wound Nurse #1 said put in an order for a dry protective dressing, instead of a superabsorbent gelling fiber with silicone border dressing, because she wanted to make sure if the facility ran out of superabsorbent gelling fiber with silicone border dressings they could put on a different type of dressing. Wound Nurse #1 said she never clarified if they could substitute any dry protective dressing with wound physician or another physician but probably should have. Wound Nurse #1 said she was unaware the wound physician had recommended skin prep twice a day to the peri-wound. Wound Nurse #1 said she didn't know how she missed it because it was clearly in every recent wound consultant treatment plan recommendation. Wound Nurse #1 said this treatment recommendation was never addressed and should have been implemented but was not.</p> <p>During a telephone interview on 1/30/25 at 11:10 A.M., the Wound Physician said he comes in once a week and rounds with Wound Nurse #1. The Wound Physician said he expects Wound Nurse #1 to implement his orders, and if it is not implemented, he would expect to be notified. The Wound Physician said he was never notified the staff are not following/implementing his recommended orders. The Wound Physician said there is a difference between a superabsorbent gelling fiber with silicone border dressing and a dry protective dressing because the superabsorbent gelling fiber with silicone border dressing promotes absorption. The Wound Physician said he would have expected to be notified if the facility was using a dry protective dressing instead of a superabsorbent gelling fiber with silicone border dressing but never had been.</p> <p>During an interview on 1/29/25 at 2:55 P.M., the Director of Nursing (DON) said every wound consultant treatment recommendation should be addressed by the facility, and if it is not implemented it should be documented. The DON said the superabsorbent gelling fiber with silicone border dressing and skin prep should have been implemented as recommended by the Wound Physician. The DON said if there were any concerns with the superabsorbent gelling fiber with silicone border dressing or the skin prep, it should have been addressed and documented in the record.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>48990</p> <p>Based on observations, interviews and record review, the facility failed to maintain professional standards in the managing and caring for urinary catheter devices for one Resident (#76) out of a total sample of 21 residents. Specifically, the facility failed to ensure the urinary catheter drainage bag and tubing was not placed directly on the floor.</p> <p>Findings include:</p> <p>Review of facility policy titled 'Catheter Care, Urinary', undated, indicated:</p> <ul style="list-style-type: none"> - Infection Control: Be sure the catheter tubing and drainage bag are kept off the floor. <p>Resident #76 was admitted to the facility in October 2024 with diagnoses including Parkinson's disease, enlarged prostate, and retention of urine.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 1/22/25, indicated that Resident #76 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15. This MDS also indicated Resident #76 had an indwelling catheter and was required partial/moderate assistance for bed mobility, toileting, and transfer tasks.</p> <p>Review of Resident #76's physician's order, initiated 12/18/24, indicated:</p> <ul style="list-style-type: none"> - Catheter size: 16 Fr 10ml balloon Specify Catheter type: indwelling, as needed for catheter, initiated 12/18/24. - Catheter Care every shift, every shift for catheter, initiated 12/18/24. <p>Review of Resident #76's plan of care related to his/her indwelling catheter, revised 10/25/24, failed to indicate it should not directly touch the floor. This plan of care indicated:</p> <ul style="list-style-type: none"> - Goal: Resident #76 will show no s/sx of urinary infection through the review date. - Intervention: Monitor/record/report to MD for s/sx UTI: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, Urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns. <p>Review of Resident #76's medical record, including progress notes and care plans, failed to indicate Resident #76 manages, touches, or moves catheter drainage bag since admission to the facility in October 2024.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/28/25 at 8:51 A.M., the surveyor observed Resident #76 in bed eating breakfast on his/her rolling bedside table. The rolling bedside table wheels were directly on top of the urinary drainage bag which was laying on the floor. The urinary drainage bag and tubing was not attached to the bedframe and was laying directly on the floor below the rolling bedside table. This urinary catheter bag was being compressed on the floor by the rolling bedside table wheels and the tubing was also directly on the floor. The urinary drainage bag was half full of clear, yellow urine. Resident #76 said the urinary drainage bag and tubing was often on the floor. Resident #76 said his/her urinary drainage bag is often broken and leaks sometimes. Resident #76 said he never touches his/her urinary catheter drainage bag or tubing and is dependent on staff for this because he physically cannot reach it.</p> <p>On 1/28/25 at 12:43 P.M., the surveyor observed Resident #76 in his/her wheelchair. There was a urinary catheter drainage bag was hanging underneath his/her wheelchair and approximately one inch of the urinary drainage bag was directly touching the floor.</p> <p>On 1/28/25 at 2:21 P.M., the surveyor observed Resident #76 in his/her wheelchair. There was a urinary catheter drainage bag was hanging underneath his/her wheelchair and approximately one inch of the urinary drainage bag was directly touching the floor.</p> <p>On 1/29/25 at 7:45 A.M., the surveyor observed Resident #76 in bed with his/her urinary catheter drainage bag and tubing not attached to the bed frame and laying directly on the floor. It was half full of clear, yellow urine.</p> <p>During an interview on 1/29/25 at 7:48 A.M., the surveyor and CNA #5 observed Resident #76's urinary catheter drainage bag and tubing laying directly on the floor. CNA #5 said the urinary drainage bag and tubing should never lay on the floor or directly touch the floor because of infection control concerns.</p> <p>During an interview on 1/29/25 at 7:57 A.M., Unit Manager #3 said urinary catheter drainage bags and tubing should never be directly touching the floor. Unit Manager #3 said Resident #76 does not manage his own catheter and is not known to touch or move it. Unit Manager #3 said Resident #76's urinary catheter drainage bag must be replaced because it was contaminated by laying directly on the floor.</p> <p>During an interview on 1/29/24 at 9:53 A.M., the Director of Nursing (DON) said urinary catheter drainage bags and tubing should never be directly touching the floor.</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>45763</p> <p>Based on observation, record review and interviews, the facility failed to ensure correct installation, use, and maintenance of bed rails for one Resident (#55) out of a total sample of 21 residents. Specifically, the facility failed to assess Resident #55 for risk of entrapment from bed rails prior to installation.</p> <p>Findings include:</p> <p>Review of the facility policy titled 'Bed Safety', undated, indicated, but was not limited to, the following:</p> <ul style="list-style-type: none"> - Our facility shall strive to provide a safe sleeping environment for the resident. <ol style="list-style-type: none"> 1. The resident's sleeping environment shall be assessed by the interdisciplinary team, considering the resident's safety, medical conditions, comfort, and freedom of movement, as well as input from the resident and family regarding previous sleeping habits and bed environment. 2. To try to prevent deaths/injuries from the beds and related equipment (including the frame, mattress, side rails, headboard, footboard, and bed accessories), the facility shall promote the following approaches: <ol style="list-style-type: none"> a. Inspection by maintenance staff of all beds and related equipment as part of our regular bed safety program to identify risks and problems including potential entrapment risks; b. Review that gaps within the bed system are within the dimensions established by the FDA (Food and Drug Administration) (Note: The review shall consider situations that could be caused by the resident's weight, movement or bed position <p>Resident #55 was admitted to the facility in January 2025 with diagnoses of dementia and Parkinson's disease.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 1/15/25, indicated that Resident #55 scored a 10 out of 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident had moderate cognitive impairment.</p> <p>On 1/28/25 at 4:16 P.M., Resident #55 was observed in bed, the Resident's bed was equipped with side rails on both sides.</p> <p>Review of Resident #55's electronic medical record indicated a photograph of Resident #55 in bed, the Resident's head was near his/her bed's side rail.</p> <p>On 1/30/25 at 8:31 A.M., Resident #55 was observed sitting on the side of his/her bed, the Resident's bed was equipped with side rails on both sides.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/29/25 at 3:02 P.M., Nurse #1 said side rails assessments should be completed on admission.</p> <p>During an interview on 1/29/25 at 3:07 P.M., Unit Manager #1 said he would expect a side rail assessment to be completed as soon as side rails were implemented.</p> <p>During a follow-up interview on 1/29/25 at 3:22 P.M., Unit Manager #1 said that an initial side rail assessment for Resident #55 was completed today, after the surveyor brought the concern to his attention and 20 days after admission; Unit Manager #1 said that he would have expected the side rail assessment to have been completed sooner.</p> <p>During an interview on 1/29/25 at 4:01 P.M., the Director of Nursing (DON) said side rails should not be used until a side rail assessment has been completed.</p> <p>During an interview on 1/30/25 at 9:49 A.M., the Director of Maintenance said nursing completes the initial side rail assessment and that the maintenance department assesses all beds for risk of entrapment annually and when there is a new admission. The Director of Maintenance said the maintenance department assessed Resident #55's bed for risk of entrapment prior to Resident #55's admission, but that he could not find evidence that it was inspected after Resident #55's admission so one was completed today, after the surveyor brought the concern to the attention of the facility.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36876</p> <p>Based on record review, policy review, and interview, the facility failed to ensure residents were free of unnecessary medications and were properly assessed for possible adverse reactions to psychotropic medications for two residents (#47 and #22) out of a total of 21 sampled residents. Specifically:</p> <p>1.) For Resident #47, the facility failed to ensure the use of as needed (PRN) psychotropic medications were limited to 14 days for one Resident (#47).</p> <p>2). For Resident #22, the facility failed to ensure an Abnormal Involuntary Movement Scale (AIMS, a clinical outcome checklist completed by a healthcare provider to assess the presence and severity of adverse outcomes, such as abnormal movements of the face, limbs, and body in patients) assessment was completed.</p> <p>Findings include:</p> <p>Review of the facility policy titled 'Use of Psychotropic Medication', dated December 2024, indicated:</p> <ul style="list-style-type: none"> - Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s). - PRN (as needed) orders for all psychotropic drugs shall be used only when the medication is necessary to treat a diagnosed specific condition that is documented in the clinical record and for a limited duration, (i.e. 14 days). - Residents who receive an antipsychotic medication have an AIMS test performed on admission, quarterly, with a significant change in condition, change in antipsychotic medication, as needed or as per facility policy. <p>1.) Resident #47 was admitted to the facility in June 2022 with diagnoses including unspecified dementia with agitation and anxiety disorder.</p> <p>Review of the Minimum Data Set Assessment (MDS), dated [DATE], indicated Resident #47 is severely cognitively impaired and requires assistance with bathing, dressing and toileting. The MDS also indicated Resident #47 received psychotropic medications.</p> <p>On 1/28/25 at 7:53. A.M., the surveyor observed Resident #47 in bed continuously calling out Help me! Help me! I'm dead!</p> <p>Review of the physician's orders indicated:</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Lorazepam (an anti-anxiety medication) IntenSol Oral Concentrate 2 MG/ML (Lorazepam) Give 0.25 ml by mouth every 4 hours as needed for anxiety, initiated 12/30/24, without a stop date.</p> <p>Review of the January 2025 Medication Administration Record (MAR) indicated doses of lorazepam were administered to Resident #47 on 1/15/25 at 10:01 A.M., 1/21/25 at 8:00 A.M., 1/22/25 at 6:31 A.M. and 5:58 P.M., 1/28/25 at 8:00 A.M., and 1/29/24 at 7:39 A.M.</p> <p>During an interview on 1/30/25 at 8:33 A.M., Unit Manager #2 said that as needed psychotropic medications should have a 14 day stop day. Unit Manager #2 and the surveyor then reviewed Resident #47's physicians orders. Unit Manager #2 said that she was going to speak with the physician about scheduling Resident #47's lorazepam.</p> <p>50338</p> <p>2.) Resident #22 was admitted to the facility in March 2024 with diagnoses that included heart failure, Alzheimer's Disease, and chronic kidney disease.</p> <p>Review of Resident #22's most recent Minimum Data Set (MDS) assessment, dated 12/24/24, indicated that Resident #22 had a Brief Interview for Mental Status score of two out of 15, indicating that Resident #22 had severe cognitive impairment. The MDS Assessment further indicated that Resident #22 received an antipsychotic medication.</p> <p>Review of Resident #22's active physician's orders indicated:</p> <ul style="list-style-type: none"> - Seroquel (an antipsychotic medication) extended release 150 milligrams every 24 hours, initiated 3/9/24. - Seroquel 25 milligrams a day, initiated 4/11/24. - Seroquel 25 milligrams in the afternoon, initiated 10/11/24. <p>Review of Resident #22's assessments indicated that the most recent AIMS assessment was completed on 1/23/24.</p> <p>Review of Resident #22's psychotropic medication care plan, dated as revised 9/11/23, indicated that [Resident #22] takes Seroquel for psychotic condition with delusions.</p> <p>On 1/29/25 at 2:16 P.M., the surveyor and Unit Manager #2 reviewed Resident #22's medical record and Unit Manager #2 said the most recent AIMS assessment was completed on 1/23/24.</p> <p>During an interview on 1/30/25 at 11:30 A.M., the Director of Nursing (DON) said that she would expect that an AIMS assessment is completed every 6 months for a resident who is receiving antipsychotic medications.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>50338</p> <p>Based on observations and interviews, the facility failed to ensure staff stored drugs and biologicals in accordance with State and Federal requirements. Specifically, the facility failed to ensure medications were dated once opened, according to manufacturer's guidelines, in one out of three medication carts observed.</p> <p>Findings include:</p> <p>Review of the facility policy titled 'Storage of Medications', revised October 2024, indicated:</p> <ul style="list-style-type: none"> - The facility shall store all drugs and biological in a safe, secure, and orderly manner. - Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed. <p>On 1/30/25 at 6:50 A.M., the surveyor and Nurse #3 observed the following in the Court unit medication cart:</p> <ul style="list-style-type: none"> - One vial of heparin sodium (porcine) injection solution 5000 UNIT/ML (milliliter), open and undated. - Two vials of insulin glargine subcutaneous solution 100 UNIT/ML, open and undated. <p>During an interview on 1/30/25 at 7:05 A.M., Nurse #3 said the insulin and heparin should have been dated when opened because they have a shortened expiry date once opened.</p> <p>During an interview on 1/30/25 at 11:28 A.M., the Director of Nursing (DON) said heparin an insulin vials should be dated when opened because they have a shortened expiry date once opened.</p>		

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NAME OF PROVIDER OR SUPPLIER Royal Meadow View Center		STREET ADDRESS, CITY, STATE, ZIP CODE 134 North Street North Reading, MA 01864	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45763</p> <p>Based on observation and interview, the facility failed to store and handle food in accordance with professional standards for food service safety. Specifically, the facility failed to ensure that staff dated food, that staff did not store personal drinks with resident food and ingredients, and that staff did not serve undercooked unpasteurized eggs.</p> <p>Findings include:</p> <p>Review of the facility's policy titled 'Food Preparation and service', undated, indicated, but was not limited to, the following:</p> <ul style="list-style-type: none"> - Food and nutrition services employees shall prepare and serve food in a manner that complies with safe food handling practices. - The following internal cooking temperatures/times for specific foods must be reached to kill or sufficiently inactivate pathogenic microorganisms: <ul style="list-style-type: none"> o Unpasteurized eggs - until all parts of the egg (yolks and whites) are completely firm (160 degrees Fahrenheit). - Only pasteurized shell eggs will be cooked and served when: <ul style="list-style-type: none"> a. Residents request undercooked, soft-served or sunny side up eggs. <p>Review of the facility's policy titled 'Labeling and Dating Inservice', undated, indicated, but was not limited to, the following:</p> <ul style="list-style-type: none"> - Proper labeling and dating ensure that all foods are stored, rotated, and utilized in a First in First Out (FIFO) manner. This will minimize waste and ensure that items that are passed their due date are discarded. - All foods should be dated upon receipt before being stored. - Leftovers must be labeled and dated with the date they are prepared and the use-by date. - The manufacturer's expiration date, when available, is the use by for unopened items. <p>Review of the current United States Department of Agriculture (USDA) food safety guidelines indicate that undercooked or raw unpasteurized eggs should not be consumed as they pose a significant risk for Salmonella (a potentially serious bacterial food-borne infection), especially for those who are elderly and/or immuno-compromised (those with a weakened immune systems).</p> <p>The surveyor made the following observations during the initial kitchen walkthrough on 1/28/25 at 7:07 A.M.:</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 - Some</p>	<ul style="list-style-type: none"> - Deli ham partially wrapped but undated in the walk-in refrigerator. - A container labeled plain chicken no salt no spicy but undated in the walk-in refrigerator. - A container of biscuit/dough wrapped but undated in the walk-in refrigerator. - A container labeled corn bread dated 1/21 and 1/23 in the walk-in refrigerator. - A container with an open package of hotdogs inside dated 1/21 and 1/23 in the walk-in refrigerator. - Two open containers of apple juice dated 1/9 and 12/12 in the walk-in refrigerator. - A bottle of kombucha in the walk-in freezer near resident food and ingredients. <p>During an interview on 1/28/25 at 7:14 A.M., Dietary Staff #1 said the kombucha belonged to him.</p> <p>On 1/28/25 at 7:25 A.M., the surveyor made the following observations in the Meadows Unit kitchenette refrigerator:</p> <ul style="list-style-type: none"> - One bottle of orange juice open but undated. <p>On 1/28/25 at 7:34 A.M., the surveyor made the following observations in the View Unit kitchenette refrigerator:</p> <ul style="list-style-type: none"> - One bottle of apple juice, open but undated. - One bottle of orange juice open but undated. - A sandwich dated 1/21 with a use-by date of 1/23. <p>On 1/28/25 at 7:34 A.M., the surveyor observed a sign on the outside of the View Unit kitchenette refrigerator which indicated the following:</p> <ul style="list-style-type: none"> - All items in the fridge and freezer must be dated with the date opened! Opened items are only good for 3 days! Anything without a date will be thrown away. <p>On 1/14/25 at 8:20 A.M., the surveyor made the following observations in the third-floor kitchenette refrigerator:</p> <ul style="list-style-type: none"> - One bottle of cranberry juice, open and dated 12/31. - One bottle of orange juice open but undated. <p>On 1/28/25 at 8:26 A.M., the surveyor observed a Resident eating breakfast, the Resident had cut into his/her fried egg and the yolk was soft and runny.</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 - Some</p>	<p>On 1/28/25 at 8:52 A.M. the surveyor observed a Resident tray on the food truck, the plate had a fried egg on it, the yolk was soft and runny.</p> <p>During an interview and observation on 1/28/25 at 8:20 A.M., Dietary Staff #1 said that this morning multiple residents requested, and were served, fried eggs that were either over-easy or over-medium, meaning the yolk was still runny. The surveyor and Dietary Staff #1 observed the box eggs in the walk-in refrigerator, the box or eggs failed to indicate that the eggs were pasteurized. Dietary Staff #1 said the box did not say whether the eggs were pasteurized or not and that those were the only eggs served today.</p> <p>During an interview on 1/28/25 at 9:04 A.M., the Food Service Director (FSD) said pasteurized eggs will have a P stamped on them and a record of the eggs will be kept in the egg box. The FSD said that unpasteurized eggs should be cooked over-hard meaning the yolk is a pale yellow and there is no viscosity. The FSD said that undercooked unpasteurized eggs pose potential for food borne illness and that four residents ask for over-easy eggs every day.</p> <p>During an interview on 1/28/25 at 9:02 A.M., the Corporate FSD said there was no indication that the eggs in the facility were pasteurized. The Corporate FSD said staff should not be keeping personal drinks in the freezer, that all food items should be labeled and dated when opened, and that juices should be discarded seven days after opening. The corporate FSD said that nurses should date juices when opened and that the juices on the unit should have been dated.</p> <p>During a follow-up interview on 1/20/25 at 11:20 A.M. the Corporate FSD said that the Labeling and Dating Inservice is consistent with the facilities standing policy regarding food labeling.</p>		

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<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>48990</p> <p>Based on observations, interviews, and record review, the facility failed to maintain accurate medical records for two Residents (#26 and #22), out of a total sample of 21 residents. Specifically:</p> <p>1.) For Resident #26, the physician and nurse practitioner inaccurately documented the Resident's code status as do not resuscitate (DNR) when the Resident's code status indicated to attempt resuscitation (full code).</p> <p>2.) For Resident #22, the facility inaccurately documented the Resident's physician's order as a full code (attempt resuscitation) when the Resident's Medical Orders about Life-sustaining Treatment (MOLST) indicated the Resident was DNR, do not intubate (DNI).</p> <p>Findings include:</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 12/27/24, indicated Resident #26 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of 15. This MDS further indicated:</p> <ul style="list-style-type: none"> - Advanced Directions: Do Not Resuscitate: not checked (no). <p>1.) Review of Resident #26's Medical Orders about Life-Sustaining Treatment (MOLST), dated 5/20/23, indicated:</p> <ul style="list-style-type: none"> - Cardiopulmonary Resuscitation: Attempt Resuscitation. <p>Review of Resident #26's physician order, initiated 12/8/24, indicated:</p> <ul style="list-style-type: none"> - Code Status: FULL CODE HCP (healthcare proxy) invoked. <p>Review of Resident #26's resident information banner in electronic medical record, on 1/29/25 at 11:46 A.M., indicated:</p> <ul style="list-style-type: none"> - Code Status: FULL CODE HCP invoked. <p>Review of Resident #36's plan of care related to advanced directives, revised 9/26/24, indicated:</p> <ul style="list-style-type: none"> - MOLST form was completed and reflects full code. - MOLST/Advanced Directives will be discussed with HCP as needed to ensure decisions are accurately documented. <p>Review of nurse practitioner progress notes, dated 6/4/24, 6/20/24, 6/27/24, 7/25/24, 8/1/24, 8/6/24, 9/5/24, 10/29/24, 11/7/24, 11/14/24, 11/21/24, 12/3/24, and 1/14/25, indicated:</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Code Status: DNR.</p> <p>Review of physician progress notes, dated 8/28/24, 11/27/24, and 12/24/24, indicated:</p> <p>- Code Status: DNR.</p> <p>During an interview on 1/29/25 at 11:28 A.M., Unit Manager #3 and the surveyor reviewed Resident #26's advanced directives in his/her medical record. Unit Manager #3 said Resident #26 is a full code and resuscitation should be attempted if necessary. Unit Manager #3 said the physician and nurse practitioner's documentation for DNR is inaccurate.</p> <p>During an interview on 1/29/25 at 2:55 P.M., the Director of Nursing (DON) said she would expect the physician and nurse practitioner to document the correct code status.</p> <p>50338</p> <p>2.) Resident #22 was admitted to the facility in March 2024 with diagnoses that included heart failure, Alzheimer's disease, and chronic kidney disease.</p> <p>Review of Resident #22's Minimum Data Set (MDS) assessment, dated 12/11/24, indicated he/she scored a two out of 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident has severe cognitive impairments. The MDS further indicated the Resident's code status was DNR (Do Not Resuscitate) and DNI (Do Not Intubate).</p> <p>Review of Resident #22's physician order, dated 12/4/23, indicated Full Code, Health Care Proxy activated.</p> <p>Review of Resident #22's MOLST (Medical Orders for Life Sustaining Treatment), dated 3/15/24, indicated the Resident is a DNR, DNI, Transfer to Hospital.</p> <p>During an interview on 1/29/25 at 2:09 P.M., Unit Manager #2 said the MOLST should match the physician order, so the nurses are clear on what the code status is for that Resident. Unit Manager #2 reviewed Resident #22's MOLST with the surveyor and said it does not match the physician order.</p> <p>During an interview on 1/30/25 at 11:47 A.M., the Director of Nurses (DON) said the MOLST should match the physician order.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48990</p> <p>Based on observations, interviews and record review, the facility failed to maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections. Specifically,</p> <p>1a.) For Resident #76, the facility failed to implement enhanced barrier precautions.</p> <p>1b.) For Resident #24, the facility failed to implement enhanced barrier precautions.</p> <p>2.) For Resident #26, the facility failed to ensure staff performed hand hygiene before applying and after removing gloves during wound care.</p> <p>3.) The facility failed to sanitize shared resident equipment between resident uses.</p> <p>Findings include:</p> <p>1.) Review of facility policy titled 'Enhanced Barrier Precautions', undated, indicated:</p> <ul style="list-style-type: none"> - The facility will provide care and resources as recommended by current guidelines that are needed to protect residents from infection that may be caused by MDRO's (multi-drug resistant organisms). - Enhanced Barrier Precautions are recommended for residents at increased risk for MDRO acquisition (e.g., residents with wounds or indwelling medical devices). - Enhanced Barrier Precautions require the use of gown and gloves only for high-contact resident care activities. <p>Review of sign titled Enhanced Barrier Precautions, which is posted at the room entrance door for residents on enhanced barrier precautions, indicated, but was not limited to:</p> <ul style="list-style-type: none"> - Providers and staff must also: Wear gloves and a gown for the following high-contact resident care activities: dressing, changing linens, providing hygiene, changing briefs or assisting with toileting, device care/use of urinary catheter. <p>1a.) Resident #76 was admitted to the facility in October 2024 with diagnoses including Parkinson's disease, enlarged prostate, and retention of urine.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 1/22/25, indicated that Resident #76 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15. This MDS also indicated Resident #76 had an indwelling catheter.</p> <p>Review of Resident #76's active physician's order, initiated 1/29/25, indicated:</p> <ul style="list-style-type: none"> - Staff to maintain enhanced barrier precautions related to indwelling catheter, every shift for infection control. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #76's plan of care related to enhanced barrier precautions, revised 11/29/24, indicated:</p> <ul style="list-style-type: none"> - Focus: Staff to maintain enhanced barrier precautions related to indwelling catheter - Intervention: Staff will maintain my enhanced barrier precautions. - Intervention: Use of gown and gloves prior to direct care. <p>On 1/29/25 at 7:48 A.M., the surveyor observed CNA #5 in Resident #76's room. There was a sign posted at his/her doorway titled 'Enhanced Barrier Precautions'. CNA #5 said he was going to wash up Resident #76. The surveyor watched from the door as CNA #5 retrieved a pink basin and towels wearing gloves and no precaution gown. CNA #5 closed the privacy curtain.</p> <p>On 1/29/25 at 7:52 A.M., the surveyor entered Resident #76's room and observed CNA #5 washing the Resident wearing only gloves and no precaution gown. The surveyor also observed CNA #5 remove his/he brief and assisted Resident #76 to roll in bed.</p> <p>During an interview on 1/29/25 at 7:25 A.M., Unit Manager #3 said Resident #76 requires enhanced barrier precautions because he/she has an indwelling urinary catheter. Unit Manager #3 said staff must wear a precaution gown and gloves during high contact resident care activities such as washing up and providing hygiene or incontinence care. Unit Manager #3 then went into the room to observe CNA #5 providing care and tells him he needs to be wearing a precaution gown. Unit Manager came back to the surveyor and said CNA #5 should have been wearing a precaution gown because he was washing up Resident #76 for the morning but was not.</p> <p>During an interview on 1/29/24 at 9:53 A.M., the Director of Nursing (DON) said resident's require enhanced barrier if they have an indwelling urinary catheter. The DON said staff needs to wear a precaution gown, in addition to gloves, while providing hygiene or washing up any resident on enhanced barrier precautions.</p> <p>1b.) Resident #24 was admitted to the facility in April 2024 with diagnoses including obstructive uropathy and urinary retention.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 1/22/25, indicated that Resident #24 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 4 out of 15. This MDS also indicated Resident #24 had an indwelling catheter.</p> <p>Review of Resident #24's active physician's order, initiated 5/1/24, indicated:</p> <ul style="list-style-type: none"> - Staff to maintain enhanced barrier precautions related to urinary catheter, every shift for infection control. <p>Review of Resident #24's plan of care related to enhanced barrier precautions, revised 11/29/24, indicated:</p> <ul style="list-style-type: none"> - Focus: Staff to maintain enhanced barrier precautions related to indwelling catheter <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Intervention: Staff will maintain my enhanced barrier precautions.</p> <p>- Intervention: Use of gown and gloves prior to direct care.</p> <p>On 1/28/25 at 9:36 A.M., the surveyor observed a certified nurse assistant (CNA) in Resident #24's room changing bed linens wearing gloves and no precaution gown. There was a sign posted at his/her doorway titled 'Enhanced Barrier Precautions'.</p> <p>During an interview on 1/29/25 at 7:25 A.M., Unit Manager #3 said residents requires enhanced barrier precautions if they have an indwelling urinary catheter.</p> <p>During an interview on 1/30/25 at 9:49 A.M., CNA #7 said staff are required to wear a precaution gown, in addition to gloves, when changing linens and making beds if a resident is on enhanced barrier precautions.</p> <p>During an interview on 1/30/25 at 11:17 A.M., Unit Manager #3 said staff are required to wear a precaution gown, in addition to gloves, when changing linens and making beds if a resident is on enhanced barrier precautions.</p> <p>During an interview on 1/30/25 at 1:50 P.M., the Director of Nursing (DON) said staff are required to wear a precaution gown, in addition to gloves, when changing linens and making beds if a resident is on enhanced barrier precautions.</p> <p>2.) Review of facility policy titled 'Hand Hygiene', revised December 2024, indicated:</p> <p>- Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to attached hand hygiene table.</p> <p>- Hand Hygiene Table: Condition: Before applying and after removing personal protective equipment (PPE), including gloves.</p> <p>Resident #26 was admitted to the facility in April 2020 with diagnoses including multiple sclerosis and failure to thrive.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 12/27/24, indicated Resident #26 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of 15. This MDS also indicated Resident #26 had a stage four pressure ulcer.</p> <p>On 1/29/25 at 1:29 P.M., the surveyor observed Nurse #10 and Wound Nurse #1 perform wound dressing change on Resident #26's stage four sacral pressure ulcer. Wound Nurse #1 cleanses the wound bed which contained a large amount of drainage wearing gloves. Wound Nurse #1 then removed soiled gloves and applied a new pair of gloves without sanitizing her hands. Wound Nurse #1 continued to cleanse the wound bed again.</p> <p>During an interview on 1/29/25 at 1:40 P.M., Wound Nurse #1 said she should have sanitized her hands after she removed the soiled gloves and before applying new gloves but did not.</p> <p>45763</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3.) Review of the CDC (Centers for Disease Control and Prevention) Recommendations for Disinfection and Sterilization in Healthcare Facilities indicated the following:</p> <ul style="list-style-type: none"> - 4. Selection and Use of Low-Level Disinfectants for Noncritical Patient-Care Devices - 4.a. Process noncritical patient-care devices using a disinfectant and the concentration of germicide listed in Table 1. - 4.b. Disinfect noncritical medical devices (e.g., blood pressure cuff) with an EPA-registered hospital disinfectant using the label's safety precautions and use directions. - 4.c. Ensure that, at a minimum, noncritical patient-care devices are disinfected when visibly soiled and on a regular basis (such as after use on each patient or once daily or once weekly). <p>On 1/28/25 from 4:22 P.M to 4:46 P.M. the surveyor made the following observations:</p> <p>Nurse #2 entered a resident room with a vitals machine, the nurse then obtained the Resident's vitals using a blood pressure cuff and pulse oximeter. The nurse then left the room without disinfecting the vitals machine and plugged the vitals machine into an outlet in the hallway. Nurse #2 then took the same vitals machine and without disinfecting it brought it into a different resident room. Nurse #2 then, using the same contaminated blood pressure cuff and pulse oximeter, obtained vitals on the other Resident.</p> <p>During an interview on 1/28/25 at 4:54 P.M. Nurse #2 said she should have disinfected the vitals machine between the two residents but did not.</p> <p>During an interview on 1/29/25 at 3:59 P.M., the Director of Nursing (DON) was unaware that shared equipment must be sanitized between use on each resident.</p>		