

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Mission Care at Holyoke		STREET ADDRESS, CITY, STATE, ZIP CODE  35 Holy Family Road Holyoke, MA 01040	
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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, and record review, the facility failed to uphold Resident Rights for one Resident (#70), out of a total sample of 24 residents, relative to rights exercised by the Resident's Representative.</p> <p>Specifically, for Resident #70, the facility failed to implement an effective discharge planning process including documentation of referrals made and response from referrals that focused on the Resident Representative's goals of discharging the Resident to a skilled nursing facility closer to involved family members, putting the Resident at risk of decreased family visits.</p> <p>Findings include:</p> <p>Review of the Resident's [NAME] of Rights, revised in October 2024, indicated the following:</p> <ul style="list-style-type: none"> <li>-you have the right to exercise your rights as a resident and as a citizen. The facility must protect and promote your rights and support, encourage and assist you in exercising them.</li> <li>-you have the right to make choices about aspects of your life that are significant to you.</li> </ul> <p>Review of the facility Policy titled Discharge-Routine, review date 11/13/24, indicated the following:</p> <ul style="list-style-type: none"> <li>-the facility will provide a resident requesting a routine discharge with referrals and information necessary for their continuing care or aftercare needs.</li> <li>-the Social Work Department will attempt to ensure that a resident's home situation, financial resources, social needs, community resources, and personal goals are considered along with nursing requirements in routine discharge decisions.</li> </ul> <p>Resident #70 was admitted to the facility in July 2023, with diagnoses including unspecified Dementia with Psychotic Disturbance, Schizoaffective Disorder bipolar type, and catatonic disorder.</p> <p>Review of Resident #70's Massachusetts Health Care Proxy (HCP) Form, signed 7/23/20 by the Resident appointed Family Member #1 as a Health Care Agent.</p> <p>Review of Resident #70's Health Care Proxy activation form dated 4/31/24, indicated the Resident had their Health Care Proxy activated due to permanent and severe mental incapacity related to Dementia.</p> <p>(continued on next page)</p>		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Mission Care at Holyoke		STREET ADDRESS, CITY, STATE, ZIP CODE  35 Holy Family Road Holyoke, MA 01040	
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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Social Services Quarterly Note dated 9/13/24, indicated Resident #70's family's goal was to transfer the Resident to another facility closer to his/her family.</p> <p>Review of the Comprehensive Care Plan for Resident #70, initiated 9/13/24, indicated the following:</p> <ul style="list-style-type: none"> <li>-It was the desire of the Resident to be discharged to another facility closer to family.</li> <li>-The goal was to be assisted with information and referrals, if needed, regarding community-based services or other facilities in accordance with needs and preferences.</li> <li>-Interventions included the facility providing information that would help the Resident with continuing care needs.</li> </ul> <p>Review of Resident #70's Social Services Quarterly Note indicated the facility was currently working on a referral to another facility for placement because the goal was for Resident #70 to be closer to family and it was a financial burden for family to travel long distance using Uber services on the following dates:</p> <ul style="list-style-type: none"> <li>-12/10/24</li> <li>-3/18/25</li> </ul> <p>Review of a Resident Care Conference Progress Note dated 12/18/24, indicated there was a continued search for a Skilled Nursing Facility (SNF) that would allow the Resident to be closer to family as it was a hardship for family to visit the Resident. The Social Worker (SW) would continue to research potential facilities.</p> <p>Review of the Psychosocial Progress Note dated 1/30/25, indicated the facility spoke with a representative of another facility closer to the family, but the Resident's referral was not accepted.</p> <p>Review of the Comprehensive MDS dated [DATE], indicated Resident #70:</p> <ul style="list-style-type: none"> <li>-was severely cognitively impaired as evidenced by a Brief Interview of Mental Status (BIMS) assessment score of 7 out of a possible 15.</li> <li>-had a Healthcare Proxy that had been invoked.</li> <li>-goal was to be discharged to another facility.</li> </ul> <p>Further review of the clinical record failed to indicate any referrals or follow-up calls were made to other nursing facilities for Resident #70's placement since January 2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Mission Care at Holyoke		STREET ADDRESS, CITY, STATE, ZIP CODE 35 Holy Family Road Holyoke, MA 01040	
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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/5/25 at 11:15 A.M., Resident #70's Family Member (who was asked to speak on behalf of the HCP) said that it has been extremely difficult for family to visit Resident #70 because it is a far drive and expensive to travel because the family need to pay for an Uber ride. The Family Member said that they had numerous conversations with staff at the facility about having Resident #70 transferred closer to the family because they can only visit once every few weeks because of the distance. The Family Member said he/she did not feel the facility was making enough effort to help them find another facility.</p> <p>During an interview on 6/5/25 at 2:10 P.M., the Social Worker (SW) said Resident #70 has a HCP that has been invoked and family is responsible for making decisions for the Resident. The SW said the facility has not contacted other facilities to make additional referrals for alternate placement since January 2025. The SW said that the facility made referrals to other facilities in 2024 but the SW could not provide evidence relative to the referrals. The SW said that she had multiple meetings with Resident #70's HCP who had consistently expressed that it was a long distance to travel and a financial hardship for them to visit. The SW said it was the Health Care Proxy's preference to have Resident #70 transferred to a facility closer to the family.</p> <p>During a follow-up interview on 6/5/25 at 4:03 P.M., the SW said that it is the facility's responsibility to make referrals to other facilities when a Resident is looking for placement. The SW said they should have been actively pursuing one to two facilities at a time and should have followed through consistently but did not. The SW said that she was aware there had been no referrals made in the past six months and said this was not reasonable especially since the family was making their preferences known.</p> <p>During an interview on 6/10/25 at 11:40 A.M., the Administrator said that the SW is responsible to coordinate discharges and should have done more to assist Resident #70 with alternate placement closer to the family, especially since the family had been requesting assistance.</p> <p>The facility failed to provide any additional documentation pertaining to referrals and/or placement at another nursing facility for Resident #70 to the survey team at the time of survey exit.</p>		