

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER Vantage Health & Rehab of New Bedford		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Hawthorn Street New Bedford, MA 02740	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37183</p> <p>Based on records reviewed and interviews for one of three sampled residents (Resident #1), who was dependent on the physical assistance of staff with Activities of Daily Living (ADL) and positioning, the Facility failed to ensure they maintained a complete and accurate medical record, related to Certified Nurse Aide (CNA) ADL Flow Sheets and Positioning Sheets, when daily documentation by CNA's (for all three shifts) was not consistently completed, with flow sheets and positioning sheets left blank.</p> <p>Findings include:</p> <p>Review of the Facility Policy titled, CNA Electronic Documentation Policy, dated 03/2012, indicated that the facility shall ensure proper and accurate documentation that monitor the Activity of Daily Living (ADL's) of each resident. The Policy indicated that the positioning sheets will be done on paper and the CNA will input at the Kiosk -Electronic Medical Record (EMR) on a shift to shift basis, the care provided to each resident.</p> <p>Resident #1 was admitted to the Facility in October 2022, diagnoses included: Alzheimer's disease, type 2 diabetes mellitus, osteoarthritis, chronic atrial fibrillation, open wound to right lower leg, mild-protein-calorie malnutrition, major depressive episode, hyperlipidemia, anemia and anxiety.</p> <p>Review of Resident #1's Quarterly Minimum Data Set (MDS) Assessment, dated 06/13/24, indicated that Resident #1 was dependent on the physical assistance of staff for bathing, dressing, personal hygiene and to roll from lying on his/her back to his/her left/right side in bed.</p> <p>Review of Resident #1's Care Plan, titled ADL's - All Tasks, renewed and revised with his/her Quarterly MDS, dated [DATE], indicated he/she was dependent with on the physical assistance of one to two staff for bathing, dressing, grooming, transfers, turning and repositioning with his/her care needs.</p> <p>Review of Resident #1's Positioning Sheet, completed by CNAs, dated 06/01/24 through 06/30/24, indicated that on the following shifts, documentation on the positioning sheets were incomplete:</p> <p>-7:00 A.M. to 3:00 P.M.- 6 days (out of 30) positioning every two hours was left blank</p> <p>-3:00 P.M. to 11:00 P.M. - 5 days (out of 30) positioning every two hours was left blank</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-11:00 P.M. to 7:00 A.M.- 2 days (out of 30) positioning every two hours was left blank</p> <p>Review of Resident #1's CNA Documentation Record (ADL Flow Sheets), dated from 07/01/24 through 07/31/24, indicated that for the following shifts, documentation on the flow sheets was incomplete:</p> <p>-7:00 A.M. to 3:00 P.M. - 4 days (out of 31) ADL care areas were left blank</p> <p>-3:00 P.M. to 11:00 P.M. - 11 days (out of 31) ADL care areas were left blank</p> <p>-11:00 P.M. to 7:00 A.M. - 22 days (out of 31) ADL care areas were left blank</p> <p>Review of Resident #1's Positioning Sheet, completed by CNA's, dated 07/01/24 through 07/31/24, indicated for the following shifts, documentation on the positioning sheets were incomplete:</p> <p>-7:00 A.M. to 3:00 P.M.- 3 days (out of 31) positioning every two hours was left blank</p> <p>-3:00 P.M. to 11:00 P.M.- 12 days (out of 31) positioning every two hours was left blank</p> <p>-11:00 P.M. to 7:00 A.M.- 7 days (out of 31) positioning every two hours was left blank</p> <p>Review of Resident #1's CNA Documentation Record (ADL Flow Sheets), dated from 08/01/24 through 08/31/24, indicated that for the following shifts, documentation on the flow sheets was incomplete:</p> <p>-7:00 A.M. to 3:00 P.M. - 6 days (out of 31) ADL care areas were left blank</p> <p>-3:00 P.M. to 11:00 P.M. - 17 days (out of 31) ADL care areas were left blank</p> <p>-11:00 P.M. to 7:00 A.M. - 16 days (out of 31) ADL care areas were left blank</p> <p>Review of Resident #1's Positioning Sheet, completed by CNA's, dated 08/01/24 through 08/31/24, indicated for the following shifts, documentation on the positioning sheets were incomplete:</p> <p>-7:00 A.M. to 3:00 P.M.- 11 days (out of 31) positioning every two hours was left blank</p> <p>-3:00 P.M. to 11:00 P.M.- 12 days (out of 31) positioning every two hours was left blank</p> <p>Review of Resident #1's CNA Documentation Record (ADL Flow Sheets), dated from 09/01/24 through 09/30/24, indicated that for the following shifts, documentation on the flow sheets was incomplete:</p> <p>-7:00 A.M. to 3:00 P.M. - 9 days (out of 30) ADL care areas were left blank</p> <p>-3:00 P.M. to 11:00 P.M. - 13 days (out of 30) ADL care areas were left blank</p> <p>-11:00 P.M. to 7:00 A.M. - 19 days (out of 30) ADL care areas were left blank</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>During an interview on 09/24/24 at 1:36 P.M., Certified Nurse Aide (CNA) #1 said that the documentation of positioning is completed on handwritten positioning sheets and has to be completed by the end of the shift and the documentation of ADL's is done in the EMR and has to be completed by the end of the shift.</p> <p>During an interview on 09/24/24 at 1:46 P.M., Certified Nurse Aide (CNA) #2 said that the documentation of positioning is completed on handwritten positioning sheets and has to be completed by the end of the shift and the documentation of ADL's is done in the EMR and has to be completed by the end of the shift.</p> <p>During an interview on 09/24/24 at 4:40 P.M., the Director of Nurses (DON) said documentation had been a problem and the ADL Flow Sheets and CNA Positioning Sheets should not be incomplete. The DON said that the CNA's should be documenting all care provided to residents by the end of every shift and should not be left blank.</p>		