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| 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 12/02/2024 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>43963</p> <p>Based on records reviewed and interviews of one of three sampled residents (Resident #3), the Facility failed to ensure they maintained a complete and accurate medical/clinical record when weekly Skin Assessment User Defined Assessments (UDA) were not consistently completed by Nursing, as required.</p> <p>Finding include:</p> <p>Review of the Facility Policy titled Visual Body Check, dated 8/2017, indicated that the Team Leader (Nurse responsible for the Resident) will do a body check on the residents shower day before the shower is given and findings are documented in Point Click Care (PCC, the Facilities Electronic Medical Record).</p> <p>Resident #3 was admitted to the Facility in November 2018, diagnoses include Parkinson's Disease, congestive heart failure, depression, chronic obstructive pulmonary disease, and chronic pain.</p> <p>Review of Resident #3's Physician Order, dated 08/18/24, indicated he/she was to have a weekly skin assessment on the evening shift, every Friday. The Physician Order also indicated nursing staff was to complete the User Defined Assessment (UDA) in the Point Click Care (PCC, the facility's electronic medical record), which includes the weekly skin assessment tool.</p> <p>Review of Resident #3's Care Plan titled Risk for Skin Breakdown, dated as last revised 11/14/24, indicated that his/her skin will remain intact and one of his/her interventions included for nursing to assess his/her skin weekly.</p> <p>Further review of Resident #1's medical record indicated there was no documentation to support nursing staff completed Resident #3's UDA in the electronic medical record for 11/01/24, 11/08/24, 11/15/24 and 11/22/21, including no documentation of having completed his/her weekly skin assessments.</p> <p>During a telephone interview on 12/05/24 at 11:18 A.M., Nurse #1 said that the nurse assigned to each of the residents on their shower day is responsible for completing a head-to-toe skin assessment. Nurse #1 said after the visual/physical skin assessment is completed, the nurse must document the findings in PCC on the Skin Assessment Tool.</p> <p>During an interview on 12/02/24 at 2:53 P.M., the Unit Manager said that she was unaware that Resident #3's weekly Skin Assessments had not been completed for Resident #3 for the month of November.</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.

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| 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>The Unit Manager said that it is the Facility's expectation that the nurse responsible for caring for each resident on their scheduled shower day, is responsible for completing the weekly skin assessment and document the findings in PCC on the Weekly Skin Assessment Tool.</p> <p>During an interview on 2/3/22 at 4:14 P.M., the Director of Nurses (DON) said it is the expectation of the Facility that all nurses complete the following process when completing a skin assessment. The DON said weekly, on each resident's shower day, nursing staff must physically assess the resident's skin and sign off on, for the completion of the skin assessment on the residents Treatment Administration Record (TAR).</p> <p>The DON said the next step is to complete the Skin Observation Tool located in PCC. The DON said the Skin Observation Tool is used to document the Nurses' findings from the visual inspection of the resident's skin.</p> |