STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225482	A. Building B. Wing	01/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royal Norwell Nursing & Rehabilitation Center LLC	329 Washington Street Norwell, MA 02061

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)
F 0656 Level of Harm - Actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43963 Based on records reviewed and interviews for one of three sampled residents (Resident #3), whose care plan indicated he/she required a Hoyer lift (mechanical mobility aid that supports a person's total body weight to allow movement from one surface to another safely) for transfer and Geri-sleeves (stocking like sleeve to protect fragile skin) to both upper extremities to minimize skin injury, the facility failed to ensure staff consistently implemented and followed interventions from his/her care plan, when on 12/07/24, Resident #3, was manually lifted and transferred from his/her bed into a wheelchair by Certified Nurse Aide (CNA) #2 and CNA #3 instead of utilizing the Hoyer lift, he/she also did not have the geri-sleeve on his/her right upper extremity, and as a result he/she sustained a skin tear to the right wrist which required four steri-strips to close the wound. Findings include: Review of the Facility Policy titled Comprehensive Person-Centered Care Plan, dated May 2023, indicated that a comprehensive person-centered care plan includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs are developed and implemented for each resident. The Policy further indicated that the comprehensive, person-centered care plan will include the following; -Include measurable objectives and timeframe's; -Describe the services that are to be furnished to attain or maintain the residents highest practicable physical, mental, and psychosocial well-being; -The facility will ensure that the services provided are arranged are delivered by individuals who are qualified and have the skills, experience and knowledge to do a particular task; -Aid in preventing or reducing decline in the resident's functional status and/or functional level; and -Care Plan interventions are chosen after careful data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making. (continued on next page)

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: 225482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER Royal Norwell Nursing & Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 329 Washington Street Norwell, MA 02061	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Actual harm Residents Affected - Few	Resident #3 was admitted to the Facility in February 2022, diagnoses include dementia, adult failure to thrive, history of falls, and anxiety. Review of Resident #3's Quarterly Minimum Data Set (MDS) dated [DATE], indicated he/she had significantly impaired cognition, severely impaired decision-making ability, rarely able to make self-understood or understand others and was dependent for all care. Review of Resident #3's Care Plan titled Activities of Daily Living (ADL), dated as last revised 12/03/24, indicated he/she transferred via Hoyer lift with the assistance of two staff members. Review of Resident #3's Care Plan titled Risk for Impaired Skin Integrity, dated as last revised 12/03/24, indicated to apply geri-sleeves to both upper extremities and they may be removed for care. Review of Resident #3's CNA Care Kardex, indicated he/she required the use of a Hoyer lift for transfers and geri-sleeves were to to be applied to both upper extremities. During an interview on 01/06/25 at 2:42 P.M., CNA #2 said she was consistently assigned to work on Resident #3's unit, was aware of the need and how to access resident care Kardex's in the computer, but had not done so that day. CNA #2 said that she had an accident with Resident #3 when she transferred him/her with CNA #3. CNA #2 said she told Nurse #2 that she was not aware that Resident #3 required a Hoyer lift for transfers, that she and CNA #3 manually lifted and transferred him/her from the bed into the wheelchair. CNA #2 said after the transfer was done Resident #3 had a cut on his/her right arm. CNA #2 said Resident #3's left geri-sleeve was put on him/her, but she was unable to find the right arms geri-sleeve. During a telephone interview on 01/13/25 at 11:22 A.M., CNA #3 said that she was asked to help CNA #2 transfer Resident #3 from the bed to the wheelchair. CNA #3 said she did not ask CNA #2 how Resident #3 transferred and said she thought CNA #2 knew how he/she transferred. CNA #3 said that after they manually lifted and transferred Resident #3 into his/her wheelchair, they noticed he/she had a skin tear on his/her right wrist. CNA #3 said that Resident #3 did not have a geri-sleeve on his/her right arm, and only had one on his/her left arm. During an interview on 01/06/25 at 11:26 A.M., Nurse #2 said that she was administering medications when CNA #2 and CNA #3 brought Resident #3 out of his/her room and notified her of the skin tear he/she sustained during the transfer. Nurse #2 said that she could not recall how the CNA's said they transferred Resident #3 into his/her wheelchair, but said she obtained statements from each of the CNA's at that time. Review of the Facility Incident Report file, dated 12/07/24, indicated that although the report reflected that Resident #3 sustained a skin tear during at transfer, there were no statements from CNA #2 or CNA #3 included in the report file. During an interview on 01/06/25 at 3:03 P.M., the Director of Nurses (DON) said that she was unaware that Resident #3 was manually lifted and transferred on the day of the incident by two CNA's and that they had not known that he/she required a Hoyer lift. The DON said that Resident #3 should have been transferred via the Hoyer lift according to his/her care plan and as indicated on the CNA Kardex. (continued on next page)

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	225482	A. Building B. Wing	01/06/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Actual harm Residents Affected - Few	The DON said that it is the Facility's expectation that all certified and licensed nursing staff must be aware of each of their assigned residents' physical status before assisting them with ADL care. On 01/06/25, the Facility presented the Surveyor with a plan of correction that addressed the areas of concern identified in this survey, the Plan of Correction provided is as follows: A. 12/07/24, Nursing immediately assessed Resident #3 for injuries, four Steri-strips were applied to his/her right wrist. B. 12/09/24, The DON initiated re-education for Certified Staff on the requirement to review the CNA Kardex, how to locate a residents physical status and how they are to be transferred. C. 12/09/24, the DON and Administrator initiated the requirement for completion of new competencies for all certified staff on the proper use of the mechanical lifts. D. 12/09/24, the Administrator revised the Policy titled Using a Mechanical lift, to include that at least two trained (certified and competent) staff members are required to safely use a mechanical lift. E. 12/10/24, the DON, Administrator and Nursing Managers were educated on individual staff members scopes of practice. If the staff member is not certified (completed new competency) to use a mechanical lift, they are not able to assist any staff member with a transfer. F. 12/13/24, the DON/designee will audit CNA competency through visualization and validate quizzes. Audits will occur weekly x 4 weeks, monthly x 3 months, and quarterly thereafter until compliance is reached. G. 12/17/24, the DON and Unit Managers added that staff will complete competency/training upon hire, and annually on the use of the mechanical lift device, including the inspection of slings for integrity and clasps prior to transfer. H. 12/19/24, the areas of concern and data collected were presented at the Facility's Quality Assurance Performance Improvement (QAPI) Committee Meeting. I. The Administrator and Director of Nurses will be responsible for overall compliance.

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NAME OF PROVIDER OR SUPPLIER: Royal Norwell Nursing & Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE: 329 Washington Street Norwell, MA 02061	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43963 Based on records reviewed and interviews for two of three sampled residents (Resident #1 and #3), who both required a Hoyer Lift (mechanical mobility aid that supports a person's total body weight to allow movement from one surface to another safely) with the assistance of two staff members, the facility failed to ensure that necessary assistive devices were utilized properly and appropriately during transfers in order to maintain resident safety and prevent incidents/accidents resulting in injuries. 1) On 12/09/24, Certified Nurse Aide (CNA) #1 and Activity Assistant (AA) #1 (who was not a certified nurse aide or competent in mechanical lift transfers) did not check to see if the lower straps of the Hoyer lift sling/pad were properly connected to the Hoyer lift device, and during the transfer Resident #1 slid onto the floor, hitting his/her head. Resident #1 was transferred to the Hospital Emergency Department (ED) for evaluation and was diagnosed with a laceration (open wound) to the back of his/her head related to the fall, which required one (1) staple to close. 2) On 12/07/24, CNA #2 and CNA #3, manually lifted and transferred Resident #3, instead of using a Hoyer lift as required, he/she sustained a skin tear to his/her right wrist during the transfer, which required four (4) steri-strips to close the wound. Findings include: Review of the Facility Policy titled, Mechanical Lift, dated 05/2023, indicated the following: -At least two (2) staff are needed to safely move a resident with a mechanical lift; and -Staff must be trained and demonstrate competency using the specific machines or devices utilized by the Facility. Further review of the Policy indicated the following steps (not all-inclusive) are essential in proper use of a mechanical lift; -Measure the resident for proper sling size and purpose; -Test the lift controls, ensure the emergency release feature works; -Place the appropriate sling beneath the resident; -Attach the sling straps to the sling bar; -Make sure the sling is securely attached to the clips and that is it properly balanced; -Before resident is lifted, double check the security of the sling attachment; -Examine all hooks, clips, and fasteners; and (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	-Check the stability of the straps and ensure that the sling bar is securely attached. 1) Resident #1 was admitted to the Facility in 09/2015, diagnoses include right sided hemiparesis (weakness) related to a cerebral vascular accident (CVA), vascular dementia, chronic pain, and seizure disorder. Review of Resident #1's Quarterly Minimum Data Set (MDS), dated [DATE], indicated he/she had moderate cognitive impairment and was dependent with all transfers, including to and from his/her bed to his/her wheelchair. Review of Resident #1's Care Plan titled Activities of Daily Living, reviewed and renewed with his/her November 2024 MDS, indicated he/she required a Hoyer lift for all transfers. Review of the Facility Incident Report, dated 12/09/24, indicated that at approximately 9:53 A.M. during a mechanical lift transfer from bed to wheelchair, the Hoyer lift pad became unattached from the device, Resident #1 fell out of the Hoyer pad onto the floor and struck his/her head. The Report further indicated that he/she required transport to the Hospital ED for evaluation and treatment of a head laceration and required one (1) staple to close the wound. During a telephone interview on 01/10/25 at 10:10 A.M., Certified Nurse Aide (CNA) # 1 said that on 12/09/24, Resident #1 was on her assignment, and she had placed the Hoyer pad beneath him/her to prepare for the transfer from his/her bed to the wheelchair. CNA #1 said she went into the hallway to find a staff member to ask for assistance. CNA #1 said that she saw Activity Aide (AA) #1 and asked her to assist with the Hoyer lift transfer. CNA #1 said she did not know that the second staff member assisting with a Hoyer lift transfer had to be certified (completed a competency) in using the mechanical lift device. CNA #1 said that she had already attached the Hoyer pad to the actual Hoyer lift and said she had instructed AA #1 to guide Resident #1's legs as they transferred him/her out of the bed. CNA #1 said she had not noticed that one of the sling straps was not connected correctly and said as she was lowering Resident #1 down towards the wheelchair, one of the lower straps on the pad unlatched and Resident #1 slid to the floor hitting his/her head. During an interview on 01/06/25 at 10:03 A.M., Activity Aide (AA) #1 said that she had been on the unit passing out newspapers when CNA #1 came out of Resident #1's room and asked for help. AA #1 said she did not ask CNA #1 what she needed assistance with and just went into the room to help. AA #1 said that's when CNA #1 asked her to help with a transfer, that she just needed to hold up and guide Resident #1's legs during the Hoyer lift transfer. AA #1 said as CNA #1 was turning the Hoyer lift toward the wheelchair, she heard something snap and Resident #1 slid to the floor hitting his/her head. AA #1 said that she had not been certified (had not completed a competency) to use the Hoyer lift. During an interview on 01/06/25 at 10:59 A.M., Nurse #1 said she was not aware that CNA #1 had asked AA #1 to assist with Resident #1's transfer. Nurse #1 said that only staff who had been certified to use the Hoyer lift can assist in such a transfer. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	During an interview on 01/06/25 at 3:03 P.M., the Director of Nurses (DON) said that it is the Facility's expectation that only staff that have passed a competency on working the Hoyer lift are allowed to operate or assist in the transfer utilizing a Hoyer lift, which AA #1 had not done. 2.) Resident #3 was admitted to the Facility in February 2022, diagnoses include dementia, adult failure to thrive, history of falls, and anxiety. Review of Resident #3's Quarterly Minimum Data Set (MDS) dated [DATE], indicated he/she had significantly impaired cognition, severely impaired decision-making ability, rarely able to make self-understood or understand others and was dependent for all care. Review of Resident #3's Care Plan titled Activities of Daily Living, dated as last revised 12/03/24, indicated he/she transferred via Hoyer lift with the assistance of two staff members. Review of Resident #3's CNA Care Kardex, indicated he/she required the use of a Hoyer lift for transfers. During an interview on 01/06/25 at 2:42 P.M., CNA #2 said she was consistently assigned to work on Resident #3's unit, was aware of the need and how to access resident care Kardex's in the computer, but had not done so that day. CNA #2 said that she had an accident with Resident #3 when she transferred him/her with CNA #3. CNA #2 said that when she and CNA #3 manually lifted and transferred him/her from the bed into the wheelchair, after the transfer was done Resident #3 had a cut on his/her right arm. CNA #2 said she was not aware that Resident #3 required the use of a Hoyer lift for transfers. During a telephone interview on 01/13/25 at 11:22 A.M., CNA #3 said that she was asked to help CNA #2 transfer Resident #3 from the bed to the wheelchair. CNA #3 said she did not ask CNA #2 how Resident #3 transferred, that she thought CNA #2 knew how he/she transferred, and said she did not know Resident #3 was a Hoyer lift transfer. CNA #3 said that after they manually lifted and transferred Resident #3 into his/her wheelchair, they noticed a skin tear on his/her right wrist. During an interview on 01/06/25 at 11:26 A.M., Nurse #2 said that she was administering medications when CNA #2 and CNA #3 brought Resident #3 out of his/her room and notified her of the skin tear he/she sustained during the transfer. Nurse #2 said that she could not recall how the CNA's said they transferred Resident #3 into his/her wheelchair, but said she got statements from each of the CNA's at that time. Review of the Facility Incident Report file, dated 12/07/24, indicated that although the report reflected that Resident #3 sustained a skin tear during at transfer, there were no statements from CNA #2 or CNA #3 included in the report file. During an interview on 01/06/25 at 3:03 P.M., the Director of Nurses (DON) said that she was unaware that Resident #3 was manually lifted and transferred on the day of the incident by two CNA's and that they had not known that he/she required a Hoyer lift. The DON said that it is the Facility's expectation that all certified and licensed staff must be aware of each of their assigned residents physical status and needs before assisting them with care. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	On 01/06/25, the Facility presented the Surveyor with a plan of correction that addressed the areas of concern identified in this survey, the Plan of Correction provided is as follows: A. 12/07/24, Nursing immediately assessed Resident #3 for injuries, four Steri-strips were applied to his/her right wrist. -12/09/24, Nursing immediately assessed Resident #1 for injuries, 911 was initiated and he/she was transferred to the Hospital ED, he/she required one (1) staple to close the laceration and returned to the Facility. B. 12/09/24, the Director of Maintenance inspected both Hoyer Lifts for integrity, no abnormal findings or defects noted. The Director will continue to inspect mechanical devices and slings monthly. C. 12/09/24, the DON measured all residents requiring the use of a Hoyer lift were measured for appropriate sizing. Resident care plans were audited to ensure they were updated with appropriate mode of transfer and with proper pad/sling to use for all residents that require a Hoyer lift. D. 12/09/24, The DON initiated re-education for Certified Staff on the requirement to review the CNA Kardex, how to locate a residents physical status and how they are to be transferred. E. 12/09/24, the DON and Administrator initiated the requirement for completion of new competencies for all certified staff on the proper use of the mechanical lifts. F. 12/09/24, the Administrator revised the Policy titled Using a Mechanical lift, to include that at least two trained (certified and competent) staff members are required to safely use a mechanical lift. G. 12/10/24, the DON, Administrator and Nursing Managers were educated on individual staff members scopes of practice. If the staff member is not certified to use a mechanical lift, they are not able to assist any staff member with a transfer. H. 12/13/24, the Administrator/designee will randomly audit maintenance inspection sheets to ensure compliance. Weekly times four weeks, monthly for 3 months, and quarterly thereafter until compliance is achieved. I. 12/13/24, the DON/designee will audit CNA competency through visualization and validate quizzes. Audit will occur weekly x 4 weeks, monthly x 3 months, and quarterly thereafter until compliance is reached. J. 12/17/24, the DON and Unit Managers added that staff will complete competency/training upon hire, and annually on the use of the mechanical lift device, including the inspection of slings for integrity and clasps prior to transfer. K. 12/19/24, the areas of concern and data collected were presented at the Facility's Quality Assurance Performance Improvement (QAPI) Committee Meeting. L. The Administrator and Director of Nurses will be responsible for overall compliance.