

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Sunny Acres Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 254 Billerica Road Chelmsford, MA 01824	

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 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44222</p> <p>Based on record review and interview, the facility failed to honor the rights of two Residents (#33 and #49) out of a total sample of 18 residents, to formulate Advanced Directives (an individual's wishes regarding medical treatment).</p> <p>Specifically,</p> <p>1. For Resident #33, the facility staff executed a Medical Order for Life-Sustaining Treatment (MOLST - a medical order form that converts an individual's wishes regarding life-sustaining treatment into medical orders) form that was signed by the Residents' Health Care Proxy (HCP- the person chosen as the healthcare decision maker when the individual is unable to do so for themselves) when the Resident continued to be capable of making his/her own health care decisions.</p> <p>2. For Resident #49, the facility staff executed a MOLST form that was signed by the HCP, which should have been signed by the Resident because the Resident's HCP was not invoked (put into effect - evaluation of capacity by a Physician indicating that a resident is unable to make medical decisions) and the Resident was capable of making his/her health care decisions.</p> <p>Findings include:</p> <p>Review of the Massachusetts Health Care Proxy (HCP - a person who can make health care decisions for you if you are unable to communicate these yourself) form, revised 1/2018, indicated:</p> <p>-that .Your Agent cannot act for you until your Doctor determines, in writing, that you lack the ability to make health care decisions.</p> <p>Review of the facility policy titled Advanced Directives, undated, included:</p> <p>-Upon admission the interdisciplinary team (IDT) assesses the resident's decision-making capacity and identifies the primary decision-maker if the resident is determined not to have decision-making capacity.</p> <p>-The interdisciplinary team conducts ongoing review of the resident's decision-making capacity and invokes the resident representative or health care agent if the resident is determined not to have decision making capacity.</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: 225494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Sunny Acres Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 254 Billerica Road Chelmsford, MA 01824	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Changes are documented in the care plan and medical record.</p> <p>Review of the facility policy titled Medical Orders for Life Sustaining Treatment (MOLST), revised 1/2023, indicated:</p> <p>-A qualified Health Care Provider, preferably a Registered Nurse (RN) or Social Worker (SW), may conduct an initial review of the MOLST with the resident, or if the resident lacks decision making capacity the legally recognized agent, within the first required 14-day assessment period as part of the comprehensive assessment and care planning process.</p> <p>1. Resident #33 was admitted to the facility in April 2023, with diagnoses including Major Depressive Disorder (symptoms lasting greater than two weeks of a persistently low or depressed mood and a loss of interest in activities that a person used to enjoy) and Type 2 Diabetes Mellitus (DM II - disease in which the body's ability to produce or respond to the hormone insulin is impaired resulting in elevated blood glucose [sugar] levels in the blood).</p> <p>Review of the Resident's HCP form dated 1/16/07, provided evidence that the HCP form was signed by the Resident.</p> <p>Review of the Resident's MOLST form, dated 3/22/23, indicated that in the event of cardiac or pulmonary arrest the Resident should not be resuscitated. The form was signed by the Resident's HCP with no indication that the decision was reviewed with the Resident.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated the Resident was cognitively intact as evidenced by a score of 14 out of 15 on the Brief Interview for Mental Status (BIMS) assessment.</p> <p>Further review of the Resident's clinical record did not provide any evidence that the Resident's capacity or incapacity to make health care decisions was ever evaluated or documented by the Physician.</p> <p>During an interview on 6/25/24 at 4:00 P.M., Social Worker (SW) #1 said that Resident #33 was their own person (able to make their own health care decisions) and that their HCP was not invoked by the Physician, and had never been invoked since admission to the facility. The surveyor and SW #1 reviewed Resident #33's MOLST form and SW #1 said that the MOLST form should not have been signed by the HCP because the HCP was never invoked. SW #1 also said that Resident #33 still made all their own decisions about their care and that the MOLST form should have been reviewed and signed by the Resident.</p> <p>45429</p> <p>2. Resident #49 was admitted to the facility in May 2024 with diagnosis including Adult Failure to Thrive (a syndrome of global decline in older adults as a worsening of physical frailty).</p> <p>Review of the Resident's HCP form, dated 5/13/24, provided evidence that the form was signed by the Resident.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Sunny Acres Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 254 Billerica Road Chelmsford, MA 01824	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Resident's MOLST form, dated 6/1/24, indicated that in the event of a medical emergency the Resident wished to be resuscitated and that all life saving measures should be initiated. The MOLST form was signed by the Resident's HCP with no evidence that the decision was reviewed with the Resident.</p> <p>Review of Resident #49's care plan for Advance Directives initiated 6/3/24, indicated that there was a HCP on file and the HCP was not invoked.</p> <p>Review of the MDS assessment dated [DATE], indicated the Resident was cognitively intact as evidenced by a score of 14 out of 15 on the BIMS assessment.</p> <p>Further review of the Resident's clinical record did not provide any evidence that the Resident's capacity or incapacity to make health care decisions was ever evaluated or documented by the Physician.</p> <p>During an interview on 6/24/24 at 5:11 P.M., the surveyor and SW #1 reviewed Resident #49's MOLST form. SW #1 said that the form had been signed by the HCP and should have been signed by the Resident because the Resident's HCP was not invoked.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Sunny Acres Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 254 Billerica Road Chelmsford, MA 01824	
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 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** 42761</p> <p>Based on observation, interview, record and policy review, the facility failed to provide care in accordance with professional standards of practice for two Residents (#56 and #58) out of a total sample of 18 residents.</p> <p>Specifically, the facility staff failed to:</p> <ol style="list-style-type: none"> 1. off-load (minimizing or removing weight placed on the foot to help prevent and heal ulcers) Resident #58's heels when the Resident was in bed, had been identified as being at risk for skin breakdown, and had an active Physician's order to off-load his/her heels when in bed, increasing the Resident's risk for developing a pressure injury (PI: meaning an area of damage to skin or underlying soft tissue, usually over a bony prominence, as a result of prolonged pressure). 2. follow the Physician's order for Resident #56 not to exceed three grams (3 g: 3,000 milligrams [mg]) of Acetaminophen administration in a 24-hour period when facility staff administered 3,650 mg of Acetaminophen to the Resident in one 24-hour period. <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the John Hopkins Medicine document titled, Pressure Injuries, dated 2024, (https://www.hopkinsmedicine.org/health/conditions-and-diseases/pressure-ulcers), indicated the following relative to the prevention of Pressure Injuries (PI): <ul style="list-style-type: none"> -Pressure injuries are most likely to occur in older adults, particularly those who live in nursing homes. -When you rarely move, your body weight restricts the blood flow to your arms, legs, neck, and back. -The lack of blood flow to the skin and tissues under the skin may cause them to break down. -Pressure injuries tend to surface on parts of the body where the skin is mashed between a bone and a surface such as a . mattress. -To prevent pressure injuries, relieve pressure on the skin . -If in bed, raise your heels slightly off the mattress . <p>Resident #58 was admitted to the facility in June 2024, with diagnoses including: fracture of greater trochanter of the right femur (right hip fracture), chronic pain syndrome, abnormal weight loss, and need for assistance with personal care.</p> <p>Review of Resident #58's active Physician's order dated 6/7/24, indicated:</p> <ul style="list-style-type: none"> -Off-load heels while in bed, every shift. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Sunny Acres Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 254 Billerica Road Chelmsford, MA 01824	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #58's Potential for Pressure Ulcer Development Care Plan initiated 6/7/24, indicated the following:</p> <ul style="list-style-type: none"> -The Resident had potential for pressure ulcer development related to decreased mobility . -The Resident's goal was to have intact skin, free of redness . or discoloration by/through the review date of 7/2/24. -The Resident required assistance from staff for repositioning. -The Resident required the use of pressure relieving/reducing devices. <p>Review of Resident #58's Activities of Daily Living (ADL) Care Plan, dated 6/7/24, indicated the following:</p> <ul style="list-style-type: none"> -The Resident had a self-care performance deficit. -The Resident required moderate assistance from two staff for turning and repositioning in bed. <p>Review of Resident #58's Minimum Data Set (MDS) assessment dated [DATE], indicated the Resident was cognitively intact, as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15 total points.</p> <p>On 6/24/24 at 9:54 A.M., the surveyor observed Resident #58 lying on his/her back in bed. The surveyor further observed that the foot of the Resident's bed was elevated, the Resident's knees were slightly bent, and his/her heels were in direct contact with the mattress (not off-loaded). During an interview at the time, Resident #58 said he/she had pain everywhere and that his/her back and feet hurt the most.</p> <p>On 6/24/24 at 9:59 A.M., the surveyor observed two staff members repositioning Resident #58 in his/her bed. The surveyor observed staff lowering the foot of the bed, lifting the Resident's body up toward the head of the bed, then elevating the head of the bed. The surveyor did not observe any intervention provided to off-load the Resident's heels and his/her heels remained in direct contact with the mattress. One staff member was observed to assist the Resident to consume a drink, then both staff members left the room. The surveyor did not observe either staff member address and offer any intervention to off-load the Resident's heels before leaving the room.</p> <p>On 6/25/24 at 10:30 A.M., the surveyor observed Resident #58 lying in bed with his/her head slightly elevated. The surveyor further observed that the foot of the bed was in a flat position and the Resident's heels were in direct contact with the mattress. During an interview at the time, Resident #58 said no one offers to put anything under his/her legs to lift his/her heels off the mattress. Resident #58 further said that his/her heels hurt sometimes and that his/her right heel hurt like electricity or fire. The surveyor did not observe any positioning devices in Resident #58's room for off-loading the Resident's heels while in bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Sunny Acres Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 254 Billerica Road Chelmsford, MA 01824	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/25/24 at 11:00 A.M., the surveyor and the Director of Nursing (DON) observed Resident #58's right heel. The DON lifted the Resident's right heel off the mattress and the surveyor observed that the Resident's heel was red while the rest of the Resident's foot was not discolored. The DON used her finger to apply pressure to the Resident's right heel. The skin on the heel blanched (turned white), but looked soft, then returned to red when the DON removed the pressure of her finger. During an interview at the time, the Resident said his/her right heel hurt sometimes, that the pain felt like the nerves were sore, and said, like zip-zap. During an interview at the time, the DON said the Resident's right heel was red and boggy (abnormal tissue texture characterized by sponginess that can result from pressure to the area). The surveyor and the DON reviewed Resident #58's Physician's orders for off-loading the Resident's heels when the Resident was in bed. The DON said staff should have used some pillows under the Resident's lower legs to off-load the Resident's heels in bed, unless a different type of specialized device to off-load his/her heels was indicated. The surveyor observed no additional pillows or devices for off-loading Resident #58's heels in the Resident's room at the time.</p> <p>During an interview on 6/25/24 at 11:51 A.M., Nurse #2 said he was assigned to provide care for Resident #58 on 6/24/24 and 6/25/24. Nurse #2 said Resident #58 did not report right heel pain on 6/24/24, but reported pain in his/her right heel during the morning of 6/25/24. Nurse #2 further said the Resident described the pain to feel like electricity. Nurse #2 said he thought the Resident was experiencing nerve pain based on the Resident's pain description, so he provided the Resident with some pain medication, but he did not assess the position or condition of the Resident's heel.</p> <p>2. Review of the facility's policy titled, Administering Medications, dated April 2019, indicated the following:</p> <ul style="list-style-type: none"> -Medications are administered in accordance with Prescriber orders, including any required time frame. -If a dosage is believed to be inappropriate or excessive for a resident, . . . the person preparing or administering the medication will contact the Prescriber, the resident's Attending Physician, or the facility's Medical Director to discuss the concerns. <p>Review of Harvard Medical School's document titled, Acetaminophen Safety: Be Cautious but not Afraid, dated 4/3/24, (https://www.health.harvard.edu/pain/acetaminophen-safety-be-cautious-but-not-afraid) indicated:</p> <ul style="list-style-type: none"> -it is safest for individuals to take only what is needed, and not to exceed 3,000 mg of Acetaminophen use per day, especially when one uses Acetaminophen often. -Taking too much Acetaminophen can damage the liver, sometimes leading to a liver transplant or death. -The body breaks down most of the Acetaminophen in a normal dose and eliminates it in urine Some of the drug is converted into a toxic byproduct .If too much Acetaminophen is taken - all at once or over a period of days-more toxin can build up than the body can handle. <p>Resident #56 was admitted to the facility in May 2024 with diagnoses including: Polyosteoarthritis (Arthritis in five or more joints at the same time) and Left Acetabulum (hip joint) fracture.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Sunny Acres Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 254 Billerica Road Chelmsford, MA 01824	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #56's MDS assessment dated [DATE], indicated that the Resident was severely cognitively impaired as evidenced by a BIMS score of three out of 15 total points.</p> <p>Review of Resident #56's June 2024 Physician's orders indicated the following active orders:</p> <ul style="list-style-type: none"> -Acetaminophen Oral Tablet 500 mg; give 2 tablets by mouth every 8 hours for pain, initiated 5/25/24. -Acetaminophen Tablet 325 mg; give 2 tablets by mouth every 6 hours as needed (PRN) for pain. Do not exceed 3 g (grams) of Acetaminophen/24 hours, dated 5/25/24. -Acetaminophen Tablet 325 mg; give 2 tablets by mouth every 6 hours as needed (PRN) for temp (temperature) 100 F (Fahrenheit) or above. Do not exceed 3 g of Acetaminophen/24 hours, dated 5/25/24. <p>Review of Resident #56's Pain Care Plan, initiated 5/26/24, indicated the following:</p> <ul style="list-style-type: none"> -The Resident had pain related to a fall with fracture and Osteoarthritis. -Staff were to administer analgesia (pain medication) as ordered. <p>Review of Resident #56's June 2024 Medication Administration Record (MAR) indicated the following:</p> <ul style="list-style-type: none"> -The Resident received all scheduled doses of Acetaminophen (3 g) each 24-hour period. -Staff administered one as needed (PRN) dose of two 325 mg (total = 650 mg) Acetaminophen tablets on 6/13/24. -The Resident's total dose of Acetaminophen when the as needed (PRN) dose was administered on 6/13/24 was 3,650 mg (500 mg (2 tablets) x 3 = 3000 mg + 650 mg = 3650 mg) in excess of 3 g/3000 mg). <p>During an interview on 6/26/24 at 9:50 A.M., Nurse #3 said all residents with orders for Acetaminophen have an order not to exceed 3 g in a 24-hour period due to the effects excess dosing of Acetaminophen can have on the liver. Nurse #3 said if a resident had already received 3 g of Acetaminophen in a 24-hour period and had pain or fever, she would look in the resident's Physician's orders for an alternate medication to treat the symptoms. Nurse #3 said if an alternate medication was not ordered, she would call the Physician and obtain new orders. The surveyor and Nurse #3 reviewed Resident #56's June 2024 MAR and the Acetaminophen administration for 6/13/24. Nurse #3 said the Resident was administered Acetaminophen in excess of the dosage allowed by the Physician's order.</p> <p>During an interview on 6/26/24 at 10:00 A.M., the DON said residents' electronic health records (EHR) did not contain alerts for staff to indicate when the residents had already received the maximum doses of ordered medications. The DON said it was the Nurse's responsibility to review the medications already administered to determine whether an as needed (PRN) medication could be administered. The surveyor and the DON reviewed Resident #56's June 2024 MAR and the DON said staff had administered Acetaminophen to Resident #56 on 6/13/24 in excess of the dose ordered by the Physician.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Sunny Acres Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 254 Billerica Road Chelmsford, MA 01824	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45429</p> <p>Based on observation, interview, record review and policy review, the facility failed to provide treatments in accordance with professional standards of practice for one Resident (#64) out of a total sample of 18 residents.</p> <p>Specifically, the facility staff failed to manage hypoglycemic (low blood sugar) episodes as required and implement and perform care and treatment consistent with the Physician orders and professional standards of practice for a Resident with Diabetes Type 1 (DM I - a chronic autoimmune disease that prevents the pancreas from making insulin), when the Resident's blood glucose levels decreased to less than 70 mg/dL on multiple occasions.</p> <p>Findings include:</p> <p>Resident #64 was admitted to the facility in September 2023 with diagnoses including Diabetes Type 1 and hypoglycemia.</p> <p>Review of the facility policy titled Nursing Care of the Older Adult with Diabetes Mellitus, undated, indicated the following:</p> <ul style="list-style-type: none"> -the Provider will order the frequency of glucose monitoring and establish appropriate glycemic targets for individual residents. -manage hypoglycemia according to protocols and Provider orders. -call Provider immediately if resident is hypoglycemic (blood sugar less than 70 mg/dL [milligrams per deciliter]). <p>Review of the facility policy for Management of Hypoglycemia, undated, indicated the following:</p> <ul style="list-style-type: none"> -Signs and symptoms of Hypoglycemia: weakness, dizziness, faintness, restlessness, twitching, tachycardia, pale/cool/moist skin, excessive perspiration, irritability, blurred/impaired vision, headaches, numbness of the tongue/lips, thick speech, stupor, unconsciousness, convulsions and coma. -Level 1 Hypoglycemia (less than 70 mg/dL): give the resident an oral form of rapidly absorbed glucose (15-20 grams), notify the Provider immediately, remain with resident and re-check blood glucose in 15 minutes, if blood glucose is within range provide resident with meal or a snack, if blood sugar remains less than 70 mg/dL repeat blood glucose and notify the Physician for further orders. -Level 2 Hypoglycemia (less than 70 mg/dL): administer glucagon (intramuscular), notify the Provider immediately, remain with the resident, place resident in a comfortable and safe place (bed or chair), monitor vital signs, re-check blood sugar in 15 minutes (as above). -Document the resident's blood glucose before and after intervention. -Note blood sugar after each administration of rapid acting glucose and the follow-up blood sugar. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Sunny Acres Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 254 Billerica Road Chelmsford, MA 01824	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Record the resident's level of consciousness before and after intervention.</p> <p>-Document Provider instructions.</p> <p>During an interview on 6/24/24 at 9:55 A.M., Resident #64 said that he/she was anxious about the facility's management of his/her blood sugars and that his/her blood sugars were frequently low. The Resident also said that he/she had trouble sleeping at night for fear that he/she would not wake up.</p> <p>Review of Resident #64's Minimum Data Set (MDS) assessment dated [DATE], indicated the following:</p> <p>-The Resident was cognitively intact as exhibited by a Brief Interview for Mental Status Score (BIMS) of 15 out of a total 15 points.</p> <p>-The Resident was had a diagnosis of Diabetes Mellitus.</p> <p>-The Resident received insulin injections and hypoglycemic medication.</p> <p>Review of Resident #64's Medication Administration Records (MAR) indicated blood glucose levels of less than 70 mg/dL on the following dates:</p> <p>-1/16/24: 66 mg/dL</p> <p>-1/23/24: 65 mg/dL</p> <p>-2/2/24: 59 and 65 mg/dL</p> <p>-3/10/24: 46 mg/dL</p> <p>-3/12/24: 46 mg/dL</p> <p>-4/1/24: 59 mg/dL</p> <p>-4/3/24: 68 mg/dL</p> <p>-4/10/24: 55 mg/dL</p> <p>-4/27/24: 54 mg/dL</p> <p>-4/30/24: 56 mg/dL</p> <p>-5/7/24: 66 mg/dL</p> <p>Review of Resident #64's MAR and progress notes indicated that nursing staff did not initiate the hypoglycemic protocol or notify the Physician regarding the Resident's low blood glucose levels during any of the dates documented above.</p> <p>Review of Resident #64's care plan for Diabetes Mellitus created 10/12/23, and last revised 6/5/24, indicated:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Sunny Acres Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 254 Billerica Road Chelmsford, MA 01824	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Monitor blood glucose levels as ordered.</p> <p>-Administer medications as ordered.</p> <p>-Assess for signs and symptoms hyperglycemia (high blood sugar) and hypoglycemia.</p> <p>Review of Resident #64's care plan for hypoglycemia created 10/12/23, and last revised 6/5/24, indicated:</p> <p>-Administer medications as ordered. Evaluate/record/report effectiveness/adverse side effects.</p> <p>-Monitor blood glucose as ordered.</p> <p>-Monitor for signs of hypoglycemia.</p> <p>-Provide diabetic snacks as ordered.</p> <p>Review of Resident 64's Physician's orders for June 2024, indicated that there were no orders in place for the following treatment and management of the Resident's diabetic care until 6/24/24 (the start date of the facility's recertification survey):</p> <p>-assess and monitor Resident response to hypoglycemic treatment.</p> <p>-check finger-stick blood glucose every 15 minutes until emergency services arrives.</p> <p>-diabetic foot care.</p> <p>-if blood sugar is greater than 400, recheck and notify Physician.</p> <p>-if finger stick blood sugar is less than or equal to 70 mg/dL and Resident is responsive and able and willing to swallow, treat with 15 to 20 grams of carbohydrates and assess finger stick blood sugar in 15 minutes.</p> <p>-offer diabetic snack at hour of sleep.</p> <p>-monitor for signs and symptoms of hypo/hyperglycemia every shift.</p> <p>-may check blood sugar as needed for signs and symptoms of hyper/hypoglycemia. Notify Physician if less than 70 mg/dL or greater than 350.</p> <p>-GlucaGen HypoKit (ready to use rescue pen) Solution Reconstituted 1 mg- inject 1 mg intramuscularly as needed for blood sugar less than 70 mg/dL if resident is not responsive or not able and willing to swallow.</p> <p>-Insta-Glucose (simple sugar used to treat very low blood sugar)- give one application by mouth as needed (PRN), with a start date of 6/25/24</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Sunny Acres Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 254 Billerica Road Chelmsford, MA 01824	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/25/24 at 4:21 P.M., Unit Manager (UM) #1 said that the Physician should be notified if a resident's blood sugar is below 70 mg/dL and it should be documented in the nursing progress notes.</p> <p>During a follow-up interview on 6/25/24 at 4:51 P.M., UM #1 said that there was no documentation in Resident #64's nursing progress notes addressing the treatment of the Resident's low blood sugars and there should have been per the facility policy.</p> <p>During an interview on 6/26/24 at 1:40 P.M., the Director of Nursing (DON) said that Resident #64's Physician's orders for diabetic care should have been in place and they were not in place until 6/24/24. The DON also said that the Nurses should have been following the facility policy and contacted the Physician when the Resident's blood sugar fell below 70 mg/dL, and documented this in the nursing progress notes and they did not as required.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Sunny Acres Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 254 Billerica Road Chelmsford, MA 01824	
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>50320</p> <p>Based on record review and interview, the facility failed to provide the services of a Registered Nurse (RN) for at least eight consecutive hours a day, seven days a week as required, placing all residents at risk for not having their clinical needs met either directly by the RN or indirectly by the Licensed Practical Nurse (LPN) or Certified Nurses Aides (CNA) that the RN was responsible for overseeing with provision of resident care.</p> <p>Specifically, review of the facility's Licensed Nurses schedule and interviews indicated that the facility failed to have an RN working at least eight consecutive hours over a 24-hour period for four days between 5/26/24 - 6/22/24, when no nursing staff waivers were in place.</p> <p>Findings include:</p> <p>Review of the Nursing Staff Schedule provided by the facility dated 5/26/24 - 6/8/24, indicated no evidence of any RN coverage in the facility on 6/1/24, 6/2/24, and 6/8/24.</p> <p>Further Review of the Nursing Staff Schedule dated 6/9/24 - 6/22/24, indicated there was no evidence of any RN coverage in the facility on 6/16/24.</p> <p>During an interview for the facility entrance conference meeting on 6/24/24 at 8:19 A.M., the Administrator said there were no nursing staff waivers in place.</p> <p>During an interview on 6/26/24 at 9:53 A.M., Nurse #1, an LPN who was scheduled to work 6/1/24 and 6/2/24 said she could not recall those specific days. Nurse #1 said if there was no RN in the building and an RN was needed, there was always an RN on-call who the staff could contact. Nurse #1 did not indicate who the on-call RN would be.</p> <p>During an interview on 6/26/24 at 2:26 P.M., the Director of Nursing (DON) said there was no payroll evidence that the required RN coverage was provided in the facility on 6/1/24, 6/2/24, 6/8/24, and 6/16/24, because there was no RN working in the facility on any of those dates.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Sunny Acres Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 254 Billerica Road Chelmsford, MA 01824	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45429</p> <p>Based on observation, interview, record and policy review, the facility failed to implement Contact Precautions (use of gloves and a gown for all interactions with a resident and their environment) to prevent the potential transmission of communicable diseases (a disease or infection that is easily spread from one individual to another) and infections within the facility for two Residents (#49 and #58), out of a total sample of 18 residents.</p> <p>Specially, the facility failed to:</p> <p>1) For Resident #49, ensure that staff:</p> <ul style="list-style-type: none"> -wore the required Personal Protective Equipment (PPE - items used to prevent the spread of infection such as gowns, gloves, face masks) while caring for the Resident with Clostridium difficile (C. diff- a bacterium that causes an infection of the colon [the longest part of the large intestine]. Symptoms can range from diarrhea to life-threatening damage to the colon) and Contact Precautions were indicated. -performed the appropriate hand hygiene (hand washing with soap and water) for C. diff after exiting the Resident's room. <p>2) For Resident #58, ensure that staff:</p> <ul style="list-style-type: none"> -implemented the required PPE in a timely manner when the Resident was diagnosed with Methicillin-resistant Staphylococcus aureus (MRSA: strain of gram-positive bacteria resistant to several antibiotics, making it difficult to treat, which spreads through contact with infected individuals) in the urine and Contact Precautions were indicated. <p>Findings include:</p> <p>Review of the facility policy titled Transmission-Based (Isolation Precautions) dated 2023, indicated the following:</p> <ul style="list-style-type: none"> -It was the facility's policy to take appropriate precautions to prevent transmission of pathogens, based on the pathogens' modes of transmission. -Transmission-Based Precautions (TBP) refer to actions implemented in addition to Standard Precautions that are based upon the means of transmission in order to prevent or control infections. -Contact Precautions- refer to measures that are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or residents' environment. -The facility will use standard approaches, as defined by the CDC (Centers for Disease Control and Prevention) for transmission-based precautions. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Sunny Acres Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 254 Billerica Road Chelmsford, MA 01824	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-An order for Transmission-Based Precautions will be obtained for residents who are known or suspected to be infected or colonized with infectious agents that require additional controls to prevent transmission effectively.</p> <p>-Signage that includes instructions for use of specific PPE will be placed in a conspicuous location outside the resident's room .</p> <p>-Healthcare personnel caring for residents on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment.</p> <p>-Recommendations for Clostridium difficile (C. diff) - hand hygiene with soap and water.</p> <p>1) Resident #49 was admitted to the facility in May 2024, with diagnoses including C. diff, colostomy (a surgical procedure that creates an opening for the colon through the abdominal wall) status and adult failure to thrive (a syndrome of global decline in older adults as a worsening of physical frailty that is frequently compounded by cognitive impairment).</p> <p>Review of the CDC Guidelines for the Prevention of C. diff, dated 3/6/24, indicated that washing your hands with soap and water is the best way to prevent the spread of the infection.</p> <p>Review of Resident #49's care plan for C. diff infection, initiated on 5/31/24, indicated the following interventions:</p> <ul style="list-style-type: none"> -I need good handwashing. -I need to use soap and water to wash my hands. -I cannot use anti-bacterial gels to clean my hands. -maintain Contact Precautions. <p>On 6/26/24 at 8:57 A.M., the surveyor observed CNA (Certified Nurses Aide) #1 enter Resident #49's room which had a Contact Precautions sign posted outside of the room. The Contact Precautions sign indicated to put on (don) a gown and gloves and to perform hand hygiene (with alcohol-based hand rub) before entering the room and to take off (doff) the gown and gloves and perform hand hygiene (the sign did not specify soap and water for C. diff as required) after exiting the Resident's room. The surveyor observed CNA #1 enter the room without donning PPE, take the Resident's eaten breakfast tray from their bedside table, exit the room and place the tray on a cart. The surveyor observed that CNA #1 did not wash her hands after exiting the Resident's room. During an interview at the time, CNA #1 said that she did not understand how it was possible for her to pick up the Resident's dirty tray and also hand wash after she left the Resident's room.</p> <p>During an interview on 6/26/24 at 9:02 A.M., Unit Manager #1 said that staff should wear the PPE documented on the sign outside of Resident #49's room and should hand wash after exiting the room as well.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Sunny Acres Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 254 Billerica Road Chelmsford, MA 01824	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/26/24 at 11:58 A.M., the surveyor observed CNA #1 enter Resident #49's room with the appropriate PPE donned. CNA #1 then took off the PPE and exited the room, performed hand hygiene with alcohol-based hand rub and did not handwash with soap and water. During an interview at the time, CNA #1 said that she was unaware of what communicable disease the facility was trying to prevent the spread of.</p> <p>During an interview on 6/26/24 at 12:04 P.M., CNA #2 said that the nursing staff at the facility inform the CNA's what to do for hand hygiene. CNA #2 said the CNA's were told that it was okay to use alcohol-based hand hygiene to enter and exit Resident #49's room.</p> <p>On 6/26/24 at 12:05 P.M., the surveyor observed CNA #3 enter Resident #49's room with the appropriate PPE donned. The surveyor observed CNA #3 enter the Resident's bathroom, handle the Resident's linens and place them in the bathroom. CNA #3 was observed to then pick up a drinking cup and medication cup which she then discarded in the trash. CNA #3 removed her PPE in the room and exited the room to perform hand hygiene using alcohol-based hand rub. CNA #3 did not wash her hands with soap and water after exiting the room.</p> <p>During an interview on 6/26/24 at 12:10 P.M., CNA #3 said that there has never been a time where nursing staff have informed the CNA's to use soap and water instead of the alcohol-based hand rub.</p> <p>During an interview on 6/26/24 at 2:51 P.M., the Infection Preventionist (IP) said that the staff should have worn the appropriate PPE when entering Resident #49's room and washed their hands with soap and water after exiting the room.</p> <p>42761</p> <p>2) Review of the Center for Disease Control and Prevention's (CDC) guidelines titled, Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs: germ that is resistant to many antibiotics), dated 4/2/24, indicated the following relative to Contact Precautions:</p> <ul style="list-style-type: none"> -Use Contact Precautions for all residents infected or colonized with a MDRO in any of the following situations with excretions that are unable to be contained. -Post clear signage on the door or wall outside of the resident room indicating the type of precautions and required PPE (e.g., gown and gloves). <p>Review of CDC guidelines titled, Preventing Methicillin-resistant Staphylococcus aureus (MRSA: an MDRO), dated 4/12/24, indicated:</p> <ul style="list-style-type: none"> -MRSA can survive on some surfaces for hours, days or even weeks. -MRSA can spread to people who touch a contaminated surface (a place where the germ lives or is present). -MRSA prevention efforts can reduce infections. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Sunny Acres Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 254 Billerica Road Chelmsford, MA 01824	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #58 was admitted to the facility in June 2024, with a diagnosis of Urinary Tract Infection (UTI: bacterial infection in any part of the urinary system).</p> <p>Review of Resident #58's Urine Culture Results, reported to the facility on [DATE], indicated the Resident was positive for a MRSA infection in his/her urine.</p> <p>Review of Resident #58's June 2024 Certified Nurses Aide Flow Sheets indicated the Resident was incontinent of urine and was dependent on facility staff for toilet hygiene on 6/23/24 and 6/24/24.</p> <p>Review of Resident #58's clinical record indicated no evidence that an order for Contact Precautions had been obtained.</p> <p>On 6/24/24 at 9:50 A.M., the surveyor observed Resident #58 lying in bed in his/her room. The surveyor observed that no signage was posted on the Resident's door or wall outside the room to indicate the need for use of Contact Precautions.</p> <p>On 6/24/24 at 9:54 A.M., the surveyor observed two staff members adjust the position of Resident #58's bed then assisted Resident #58 to reposition in bed by handling the Resident's body and the Resident's bed linens. The surveyor then observed one of the staff members handle items on the Resident's night stand and bedside table, then assisted the Resident to consume liquids. Neither staff member wore a gown or gloves while assisting the Resident with personal care.</p> <p>On 6/25/24 between 9:13 A.M. and 11:00 A.M., the surveyor observed the following:</p> <ul style="list-style-type: none"> -Resident #58 was lying in bed. -Staff members entered and exited the room each time the call light was activated and handled items in the Resident's room. -No staff were observed to wear a gown or gloves when they entered the Resident's room. -No signage was observed to be posted on the Resident's door or wall outside the room to indicate the need for use of Contact Precautions. <p>On 6/26/24 at 9:24 A.M., the surveyor observed that a Contact Precautions sign posted outside of Resident #58's room door. The surveyor observed Nurse #3 put on a gown and gloves when she entered the room.</p> <p>During an interview on 6/26/24 at 9:50 A.M., Nurse #3 said that Resident #58 had been placed under Contact Precautions that morning for a MRSA infection in his/her urine.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Sunny Acres Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 254 Billerica Road Chelmsford, MA 01824	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/26/24 at 2:51 P.M., the Infection Preventionist (IP) said if she was not in the facility and an infection or MDRO that required implementation of Contact Precautions was identified, the Nurse was required to implement those precautions. The IP said she was not in the facility on 6/23/24 when Resident #58's urine culture results were faxed to the facility, identifying that the Resident was positive for a MRSA infection. The IP said the Nurse that received the fax should have implemented Contact Precautions for the Resident on 6/23/24, when the fax was received, but this was not done. The IP then said Contact Precautions for Resident #58 were not implemented until the morning of 6/26/24 because that was when she was alerted that the Resident was positive for a MRSA infection in his/her urine, but the Contact Precautions should have been implemented on 6/23/24.</p>		