

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 05/06/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to provide appropriate treatment and services relative to an indwelling urinary catheter (a thin, flexible tube inserted into the bladder to drain urine outside the body) for one Resident (#32) out of a total sample of 18 residents.</p> <p>Specifically, for Resident #32, the facility staff failed to follow the Physician order's relative to the foley (type of indwelling urinary catheter) catheter size, increasing the Resident's risk for indwelling urinary catheter complications.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Catheter Care, Changing Foley Catheter, revised May 2020, indicated the following:</p> <ul style="list-style-type: none"> -the Foley catheter will be changed only when needed, unless otherwise specified by the Physician, Nurse Practitioner (NP) or Physician Assistant (PA). -Foley catheters should be changed when: <ul style="list-style-type: none"> &lt;urinary tract infection is suspected &lt;clogged or unable to irrigate &lt;displaced (balloon [retention balloon- a tiny balloon at the end of the indwelling urinary catheter that is inflated with water to prevent the indwelling urinary catheter from sliding out of the body] suspected to be in urethra) &lt;resident discomfort &lt;MD (Medical Doctor/Physician) order <p>Resident #32 was admitted to the facility in May 2023 with diagnoses including urinary retention and obstructive and reflux uropathy.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated that Resident #32:</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-was cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 3 out of 15.</p> <p>-has an indwelling urinary catheter</p> <p>-was dependent on staff for activities of daily living (ADL's- basic skills such as bathing, dressing, eating, etc.).</p> <p>Review of Resident #32's Nursing Notes indicated:</p> <p>-4/1/25: the urinary catheter was found out, balloon was uninflated with 200 ml (milliliters) urine in the closed drainage bag. Urinary catheter reinserted without complications, draining dark yellow urine with another 200 ml out.</p> <p>-4/2/25: change 14 Fr (French scale or system used to size catheters) foley catheter as needed for obstruction. As needed administration was effective.</p> <p>-4/9/25: may flush catheter with 60 cc (cubic centimeters/milliliters) every shift as needed every 8 hours to prevent blockages. Unable to irrigate, new foley [catheter] inserted.</p> <p>Review of Resident #32's May 2025 Physician's orders indicated the following:</p> <p>-Change 14 Fr foley catheter as needed for obstruction or signs and symptoms of infection daily, and as needed daily, start date 11/15/23.</p> <p>-Change 14 Fr foley catheter every month on the 8th of each month every night shift starting on the 8th and ending on the 8th every month with a start date of 4/20/25</p> <p>-may flush catheter with 60 cc every shift as needed, every 8 hours as needed, to prevent blockages, start date of 8/23/24</p> <p>Review of Resident #32's Care Plan for Urinary Catheter, last revised 4/14/25, indicated:</p> <p>-has an indwelling urinary catheter related to urinary retention, neurogenic bladder due to CVA, obstructive and reflux uropathy, BPH with lower urinary tract symptoms.</p> <p>-the Resident will remain free from catheter-related trauma through review date.</p> <p>-change continuous drainage bag once weekly for infection prevention.</p> <p>-change indwelling urinary catheter 14 Fr monthly, and once monthly as needed for blockage or leakage.</p> <p>During an interview on 5/4/25 at 9:03 A.M., Resident #32 said that he/she has experienced pain with his/her indwelling urinary catheter.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/5/25 at 10:02 A.M., the surveyor and Unit Manager (UM) #1 observed Resident #32's urinary catheter size to be 16 Fr/ 5 ml. During an interview at the time, UM #1 said that Resident #32's urinary catheter size should be 14 Fr according to the Physician's orders but it was not.</p> <p>During an interview on 5/5/25 at 10:23 A.M., the Director of Nursing (DON) said that the Physician's orders relative to Resident #32's urinary catheter size were not followed and the orders should have been followed. The DON also said that there should have been a Physician's order for a balloon size, so that the nursing staff knew what [volume] to inflate the catheter balloon to, but there was no Physician's order for a balloon size.</p> <p>Further review of the medical record failed to indicate documented evidence that the Physician and/or Physician Assistant (PA) had been notified or consulted with to allow for a different sized foley catheter other than the 14 Fr as ordered by the Physician. The medical record also failed to indicate orders for the specific balloon size/volume to be utilized with the foley catheter changes.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, and interview, the facility failed to ensure that medications were stored in a safe and secure manner for one unit (Unit 1) out of a total of two units.</p> <p>Specifically, the facility failed to ensure that six over-the-counter medications were not stored in an unlocked drawer at the nurses station where the medications were readily accessible to unauthorized individuals and were at risk for improper temperature, humidity, and light controls.</p> <p>Findings include:</p> <p>Review of the undated facility policy titled Medication Labeling and Storage indicated the following:</p> <ul style="list-style-type: none"> -The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. -Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing medications and biologicals are locked when not in use . <p>On 5/6/25 at 8:37 A.M., the surveyor observed Unit Manager (UM) #1 open an unlocked drawer at the nurses station on Unit 1 where the following medications were observed to be stored in the drawer:</p> <ul style="list-style-type: none"> -one bottle of 8-hour Arthritis Pain (Acetaminophen extended release pain medication) tablets -one bottle of Calcium 600 mg tablets -two bottles of Aspirin 81 mg tablets -one bottle of Beano (anti-gas medication) extra strength tablets -one bottle of GenTeal tears eye drops <p>During an interview on 5/6/25 at 8:38 A.M., UM #1 said that the medications should not have been stored in an unlocked drawer at the nurses station desk because anyone could get into them [access].</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record reviews, the facility failed to administer Pneumococcal Vaccinations for one Resident (#44) of five applicable residents, out of a total sample of 18 residents.</p> <p>Specifically, for Resident #44, the facility failed to administer Pneumococcal Vaccines when the Resident was eligible to receive, and consented to, the Pneumococcal immunization, putting the Resident at risk of acquiring pneumococcal illnesses.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Resident Pneumococcal Vaccine, undated, indicated the following:</p> <ul style="list-style-type: none"> -Prior to or upon admission, residents are assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, are offered the vaccine series within thirty days of admission to the facility unless medically contraindicated or the resident has already been vaccinated. -Pneumococcal vaccines are administered to residents (unless medically contraindicated, already given, or refused) per our facility's physician approved pneumococcal vaccination protocol. -Administration of the pneumococcal vaccines are made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination. <p>Review of the CDC guidance titled Pneumococcal Vaccine Recommendations, dated 10/26/24, indicated the following for individuals [AGE] years of age and older:</p> <ul style="list-style-type: none"> -Administer PCV (Pneumococcal Conjugate Vaccine) 15 (Pneumococcal immunization that protects against 15 types of Pneumococcal disease), PCV20 (Pneumococcal immunization that protects against 20 types of Pneumococcal disease), or PCV21 (Pneumococcal immunization that protects against 21 types of Pneumococcal disease), for all adults 50 years or older: -Who have never received any Pneumococcal Conjugate Vaccine. -Whose previous vaccination history is unknown. -Give one dose of PCV20 or PCV21 at least 1 year after PCV13. <p>1. Resident #44 was admitted to the facility in February 2022 with diagnoses including Diabetes Mellitus (DM) and acute pyelonephritis.</p> <p>Review of Resident #44's Immunization Record indicated the Resident received a dose of Prevnar 13 Vaccine (PCV13) on 5/17/19 (prior to facility admission).</p> <p>Review of Resident #44's clinical record indicated:</p> <ul style="list-style-type: none"> -The Resident was greater than [AGE] years of age. <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-No evidence the Resident had received any Pneumococcal Vaccinations since the dose of Prevar 13 on 5/17/19.</p> <p>-Consent for administration of Pneumococcal Vaccine signed by the Resident on 2/8/22.</p> <p>Review of the CDC PneumoRecs VaxAdvisor online calculator indicated the following recommendation for Resident #44:</p> <p>-Give one dose of PCV20 or PCV21 at least 1 year after PCV13.</p> <p>During an interview on 5/5/25 at 1:10 P.M., the Director of Nursing (DON) said that Resident #44 should have received the Pneumococcal Vaccine, but he/she had not. The DON also said that the Resident had signed a consent for the Pneumococcal Vaccine in 2022 after he/she was admitted to the facility.</p>		