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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>225499 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>10/31/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>West Roxbury Health & Rehabilitation Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5060 Washington Street<br>West Roxbury, MA 02132 |  |

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| <p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>44095</p> <p>Based on observation, interview, and record review, the facility failed to ensure that one Resident (#52) did not self-administer medications out of a total sample of 17 residents.</p> <p>Specifically, Resident #52 was not assessed to be able to safely self-administer medication and was observed self-administering medication.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Self Administration of Medications/ Treatments, dated as reviewed 12/21/22, indicated that residents who wish to self-administer medications/treatments will be assessed for ability and allowed to self-administer if deemed capable.</p> <ol style="list-style-type: none"> <li>1. Upon admission, residents will be informed of their right to self-administer medications.</li> <li>2. If a resident wishes to participate in self-administration, the interdisciplinary team will assess the competence of the resident to participate, by completing a Self-Administration of Medication Evaluation.</li> <li>3. The nurse will interview the resident to determine their ability to identify, prepare and administer medications/treatments.</li> <li>4. Based on the interdisciplinary team assessment, a decision is made as to whether or not the resident is a candidate for self-administration. This will be documented in the medical record.</li> <li>5. The nurse will obtain a physician's order for each resident conducting self-administration of medications/treatments.</li> <li>6. The nurse will evaluate accuracy and compliance of self-administration by periodic observation and counting doses.</li> <li>7. Assessment of compliance and safety will be documented on a weekly basis in the resident's medical record.</li> <li>8. Storage of self-administered medications/treatments will comply with state/federal requirements for medication storage.</li> </ol> <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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Resident #52 was admitted to the facility in April 2023 with diagnoses including hypothyroidism.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 10/21/24, indicated that Resident #52 had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 10 out of 15.</p> <p>On 10/29/24 at 8:31 A.M., the surveyor observed Resident #52 in bed and asleep. The surveyor observed a small white round pill in a medication cup with L 15 written on it. Resident #52 awoke and said to the surveyor that the medication was his/her morning thyroid pill and the nurse who usually works leaves it for me to take on my own. Resident #52 then swallowed the medication.</p> <p>Review of Resident #52's physician's order, dated 11/27/23, indicated:</p> <ul style="list-style-type: none"> <li>- Levothyroxine Sodium Oral Tablet 50 micrograms (mcg) (Levothyroxine Sodium), give 1 tablet by mouth one time a day for hypothyroidism. Further review of the order indicated the medication was ordered as administer by clinician and was scheduled daily at 6:30 A.M.</li> </ul> <p>Review of Resident #52's form titled, new admission self-administration of medications, dated as 4/13/24, indicated:</p> <ul style="list-style-type: none"> <li>- administration by nursing staff.</li> </ul> <p>Review of Resident #52's plan of care in the electronic health record, dated 10/31/24, failed to indicate nursing staff assessed Resident #52 for self-administering medications.</p> <p>On 10/31/24 at 10:15 A.M., the surveyor and Nurse #7 reviewed Resident #52's medication supply and noted Resident #52 is prescribed levothyroxine a small white pill with L 15 written on it.</p> <p>During an interview on 10/30/24 at 4:13 P.M., Nurse #4 said that Resident #52 takes a thyroid pill in the morning at 6:00. A.M. Nurse #4 said she should stay with the Resident until he/she takes the medication. Further Review of Resident #52's Medication Administration Record dated 10/29/24 indicated Nurse #4 administered the thyroid medication to Resident #52.</p> <p>During an interview on 10/31/24 at 11:22 A.M., the Director of Nursing (DON) said nursing staff should stay with Resident #52 when he/she takes his/her medications.</p> |   |  |

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| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44095</b></p> <p>Based on record review and interview, the facility failed to ensure a Minimum Data Set (MDS) assessment was accurately completed to reflect the status of one Resident (#25) out of a total sample of 17 residents.</p> <p>Specifically, for Resident #25 the facility failed to code the correct pressure ulcer stage, when there was documentation of granulation.</p> <p>Findings include:</p> <p>Review of the Resident Assessment Instrument (RAI) Manual, dated October 2023, indicated the following:</p> <p>Coding Instructions for M0300B</p> <p>Coding Tips: Stage 2 pressure ulcers by definition have partial thickness loss of the dermis. Granulation tissue, slough, and eschar are not present in Stage 2 pressure ulcers.</p> <p>Resident #25 was admitted to the facility in May 2024 with diagnoses including diabetes and nutritional anemia.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 5/28/24, indicated that Resident #25 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of 15. This MDS indicated Resident #25 had one stage 2 (M0300B1) pressure ulcer that was present on admission (M0300B2).</p> <p>Review of Resident #25's hospital discharge summary, dated 5/23/24, indicated:</p> <ul style="list-style-type: none"> <li>- Pressure Injury to the Coccyx, dated 5/21/24.</li> </ul> <p>Review of Resident #25's assessment titled [NAME]-Admission/ Readmission Nursing Assessment (Premier) dated 5/23/24 indicated:</p> <ul style="list-style-type: none"> <li>- Section C 10. Coccyx, Pressure.</li> </ul> <p>Review of Resident #25's clinical nursing note, dated 5/23/24, indicated:</p> <ul style="list-style-type: none"> <li>- Note Text: pressure ulcer to coccyx.</li> </ul> <p>Review of Resident #25's nurses note, dated 5/24/24, indicated:</p> <ul style="list-style-type: none"> <li>- Sacral area with superficial open area from admission measuring 2.5 cm (centimeters) x 2 cm granulation to wound bed.</li> </ul> <p>(continued on next page)</p> |   |  |

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| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an interview on 10/30/24 at 1:22 P.M., Nurse #2 reviewed admission assessment, and said Resident #25 was admitted with a pressure ulcer.</p> <p>During an interview on 10/30/24 at 1:37 P.M., the Director of Nursing said he assessed Resident #25 the day after his/her admission, and he/she had a pressure wound with granulation.</p> <p>During an interview on 10/30/24 at 2:38 P.M., MDS Nurse #2 said a stage 2 pressure ulcer should not be coded when there is presence of granulation. MDS Nurse #2 said the MDS was not completed accurately.</p> <p>During a follow up interview on 10/31/24 11:20 A.M., the Director of Nursing (DON) said that the MDS Nurse should use the RAI manual to ensure accurate coding is complete.</p> |   |  |

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| <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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44095</b></p> <p>Based on observation, record review, and interviews, for two Residents (#217 and #62) of 17 sampled residents, the facility failed to ensure nursing provided services in accordance with the comprehensive care plan that met professional standards of quality.</p> <p>Specifically,</p> <p>1.) For Resident #217, the facility failed to ensure nursing implemented a physician's ordered urinary catheter drainage bag change as ordered by the physician.</p> <p>2.) For Resident #62, the facility failed to follow physician's orders to apply offloading booties to bilateral heels while in bed.</p> <p>Findings include:</p> <p>Review of [NAME], Manual of Nursing Practice 11th edition, dated 2018, indicated the following:</p> <p>- The professional nurse's scope of practice is defined and outlined by the State Board of Nursing that governs practice.</p> <p>Review of the Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice, dated as revised April 11, 2018, indicated the following:</p> <p>- Nurse's Responsibility and Accountability: Licensed nurses accept, verify, transcribe, and implement orders from duly authorized prescriber that are received by a variety of methods (i.e., written, verbal/telephone, standing orders/protocols, pre-printed order sets, electronic) in emergent and non-emergent situations. Licensed nurses in a management role must ensure an infrastructure is in place, consistent with current standards of care, to minimize error.</p> <p>1.) Review of the facility policy titled, Foley Catheter Care, dated May 1, 2022, indicated, it is the policy of this facility to maintain physician's (MD) orders for the care and maintenance of a Foley catheter. The MD orders will include:</p> <p>7. MD order will indicate when to change the collection bag. Note: there is no specific timeframe for changing the collection bag.</p> <p>Resident #217 was admitted to the facility in October 2017 with diagnoses including urinary retention and benign prostatic hyperplasia with lower urinary symptoms.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 10/14/24, indicated that Resident #217 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of 15. This MDS indicated Resident #217 required an indwelling catheter.</p> <p>On 10/28/24 at 8:08 A.M., the surveyor observed Resident #217 in his/her bed. He/she had a urinary catheter bag that was dated 10/20/24.</p> <p>(continued on next page)</p> |   |  |

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| <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 #217's plan of care related to urinary retention, dated 10/8/24, indicated:</p> <ul style="list-style-type: none"> <li>- Please change my catheter drainage (CD) bag weekly.</li> </ul> <p>Review of Resident #217's physician's order, dated 10/8/24, indicated:</p> <ul style="list-style-type: none"> <li>- Change catheter bag weekly Monday and Thursdays 11:00 P.M. to 7:00 A.M., every night shift. Further review of the physician's order indicated nursing only scheduled the order to completed on Thursdays.</li> </ul> <p>Review of Resident #217's TAR, dated October 2024, indicated nursing (Nurse #5) implemented the physician's order on 10/24/24. However, based on the surveyor's observation on 10/29/24, nursing completed the catheter drainage bag on 10/20/24.</p> <p>During an interview on 10/31/24 at 7:07 A.M., Nurse #5 said she couldn't recall changing Resident #217's urinary catheter drainage bag on 10/24/24. She said she would verify the physician's order for the bag changes and write her initials and date the bag on the day she changed it.</p> <p>During an interview on 10/31/24 11:24 A.M., the Director of Nursing said nursing should implement the physician's order and change the urinary catheter drainage bag as ordered by the physician.</p> <p>46339</p> <p>2.) Resident #62 was admitted to the facility in October 2024 with diagnoses including right femur fracture, pressure ulcer and local infection of the skin and subcutaneous tissues.</p> <p>Review of Resident #62's Minimum Data Set (MDS) assessment dated [DATE], indicated the Resident scored a 13 out of possible 15 on the Brief Interview for Mental Status indicating he/she was cognitively intact. The MDS further indicated that the Resident had pressure and surgical ulcers. The MDS did not indicate behaviors of refusal of care.</p> <p>Review of the Resident's current physician orders indicated the following:</p> <ul style="list-style-type: none"> <li>-Boots to bilateral feet at all times every shift. Dated 10/3/24.</li> </ul> <p>On 10/29/24 at 8:05 A.M., the surveyor observed Resident #62 lying in bed with his/her heels directly on the mattress. The blue offloading boots were at the foot of the bed.</p> <p>On 10/29/24 at 1:34 P.M., the surveyor observed Resident #62 lying in bed with his/her heels directly on the mattress.</p> <p>On 10/30/24 at 6:59 A.M., the surveyor observed Resident #62 lying in bed with his/her heels directly on the mattress. The blue offloading boots were on the Resident's bedside table.</p> <p>Review of Resident #62's Treatment Administration Record (TAR) indicated the Resident had been wearing the boots during the times of the observations, and only three episodes of documented refusals.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 10/30/24 at 9:42 A.M., Nurse #1 said per the physician orders the Resident should always have the boots on. She further said that the Resident does refuse the boots and it is their responsibility to ensure the Resident has the boot on. Nurse #1 said the nurses are to document refusal in the medical records.</p> <p>During an interview on 10/31/24 at 11:15 A.M., the Director of Nursing said the Resident doesn't like the boots, he/she will kick them off. Nurses are responsible to make sure they are on.</p> |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>44095</p> <p>Based on observations, record review, and interview the facility failed to provide respiratory care services in accordance with professional standards of practice for one Residents (#61) out of a total sample of 17 residents.</p> <p>Specifically, for Resident #61, the facility failed to ensure nursing consistently implemented his/her physician's ordered continuous positive airway pressure machine (CPAP, a machine that uses mild pressure to keep the breathing airways open during sleep, used to treat obstructive sleep apnea).</p> <p>Findings include:</p> <p>Review of the facility policy, CPAP (continuous positive airway pressure machines) and BiPAP (Bilevel positive airway pressure machines), dated as May 1, 2022, indicated it is the policy of this facility to provide respiratory support through the use of a CPAP and BiPAP machine when ordered by the resident's physician.</p> <p>CPAP and BiPAP machines require humidification. The water in the chamber should be kept filled to the indicator line using distilled water.</p> <p>MD orders will be obtained and include the following:</p> <ul style="list-style-type: none"> <li>- When the CPAP/BiPAP machine is to be used.</li> <li>- Pressure settings for the CPAP/BiPAP</li> <li>- Supplemental oxygen (if used)</li> <li>- Orders for cleaning the machine.</li> <li>- CPAP/BiPAP machine should be wiped down weekly with a damp cloth. Warm soapy water may be used if there is visible debris on the machine.</li> <li>- The water chamber should be washed weekly with 1/2 strength Vinegar and Water and replaced if there are signs of wear or loss of integrity.</li> <li>- Orders for cleaning the mask and replacement of the hoses.</li> <li>- The CPAP/ BiPAP mask should be washed with warm soapy water once a week or whenever it is soiled.</li> <li>- The CPAP/BiPAP mask should be discarded if it is soiled to the point that it cannot be easily cleaned, or it has lost its integrity.</li> <li>- The hoses of the machine should be cleaned weekly with warm soapy water and replaced if there are signs of wear or debris that cannot be easily dislodged.</li> </ul> <p>(continued on next page)</p> |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Resident #61 was admitted to the facility in October 2024 with diagnoses including obstructive sleep apnea, heart failure, and shortness of breath.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 10/7/24, indicated that Resident #61 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of 15. This MDS indicated Resident #14 required non-invasive mechanical ventilator.</p> <p>During an interview on 10/29/24 at 7:34 A.M., Resident #61 said that staff do not offer of apply his/her CPAP at bedtime. The CPAP was observed on the nightstand wrapped in a plastic bag. The water chamber was dry.</p> <p>On 10/30/24 at 6:43 A.M., Resident #61 was observed sleeping in his/her bed not wearing the CPAP. The CPAP was wrapped in plastic bag on the nightstand. The water chamber was dry.</p> <p>During an interview on 10/30/24 at 12:27 P.M., Resident #61 said that nursing did not apply his/her CPAP last night. Resident #61 said when his/her family member comes in he/she would ask them to move it onto his/her bedside table so that nursing would remember to put it on him/her at night.</p> <p>On 10/31/24 at 6:20 A.M., Resident #61 was observed sleeping in his/her bed not wearing the CPAP. The CPAP was wrapped in a plastic bag on the bedside table.</p> <p>Review of Resident #61's physician's order, dated 10/4/24, indicated:</p> <p>- CPAP to be used at nighttime setting 5.5, at bedtime. Scheduled daily at 9:00 P.M.</p> <p>Further review of the physician's orders failed to include a removal schedule or cleaning schedule.</p> <p>Review of Resident #61's plan of care, dated 10/30/24, failed to include the use of CPAP.</p> <p>Review of Resident #61's Treatment Administration Record (TAR), dated October 2024, indicated nursing implemented the CPAP on 10/28/24, 10/29/24, and 10/30/24. However, based on observations and interviews the application was not documented accurately by nursing staff.</p> <p>During an interview on 10/31/24 at 6:34 A.M., Certified Nurse Assistant #2 (who was working the overnight shift) said Resident #61 doesn't wear a CPAP at night.</p> <p>During an interview on 10/31/24 at 6:31 A.M., Nurse #6 said she was the overnight nurse, and she said Resident #61 did not wear a CPAP during the night. Nurse #6 said that Resident #61 doesn't have an order to wear or to monitor for the CPAP during the night shift.</p> <p>During an interview on 10/31/24 at 11:19 A.M., the Director of Nursing (DON) said nursing should follow the physician's orders and apply Resident #61's CPAP. The DON said that Resident #61 knows when to put the CPAP on and take it off, and he/she aware of his/her needs. The DON said Resident #61's CPAP requires cleaning orders and a care plan.</p> |   |  |

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| <p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care or services that was trauma informed and/or culturally competent.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 15016</p> <p>Based on record review and interview, the facility failed to develop plans of care for their diagnoses of post-traumatic stress disorder for two Residents (#17 and #29) out of a total sample of 17 residents.</p> <p>Findings include:</p> <p>1. Resident #17 was admitted to the facility in August 2020, and had diagnoses which included post-traumatic stress disorder (PTSD).</p> <p>Review of Resident #17's quarterly behavioral assessment dated [DATE] indicated a diagnosis of PTSD.</p> <p>Review of Resident #17's Minimum Data Set (MDS) assessment dated [DATE] indicated an active diagnosis of PTSD.</p> <p>Review of Resident #17's electronic medical record and paper chart indicated a PTSD care plan had not been developed.</p> <p>During an interview with the MDS Nurse on 10/30/24 at 2:28 P.M., she said that if the MDS assessment indicated a diagnosis of PTSD then a PTSD care plan should be developed. The MDS Nurse and the surveyor reviewed Resident #17's medical record and determined he/she had an active diagnosis of PTSD and that a nursing care plan for PTSD had not been developed.</p> <p>46339</p> <p>2. Resident #29 was admitted to the facility In November 2023 with diagnoses including Post-Traumatic Stress Disorder (PTSD).</p> <p>Review of Resident #29's Minimum Data Set (MDS) dated [DATE], indicated he/she scored a 15 out of a possible 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident was cognitively intact.</p> <p>Review of Resident #29's behavior assessment dated [DATE] indicated the Resident had a diagnosis of PTSD.</p> <p>Review of the Resident's plan of care failed to indicate a personalized PTSD care plan identifying any triggers.</p> <p>During an interview on 10/31/24 at 11:27 A.M., the Director of Nursing said the Resident's PTSD care plan was integrated with his/her psychotropics plan of care. He further said the PTSD care plan should identify triggers which may exacerbate his/her symptoms.</p> |

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| <p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>44095</p> <p>Based on observation, record review and interview the facility failed to ensure that bed rails were implemented in accordance with the bed rail assessment and physician's order, for one Resident (#28) out of a total sample of 17 residents.</p> <p>Findings include:</p> <p>Review of the facility policy, Use of Side Rails, undated, indicated the following the purposes of these guidelines are to ensure the safe use of side rails as resident mobility aids and to prohibit the use of side rails as restraints.</p> <ol style="list-style-type: none"> <li>1. Side rails are considered a restraint when they are used to limit the resident's freedom of movement (prevent the resident from leaving his/her bed). (Note: The side rails may have the effect of restraining one individual but not another, depending on the individual resident's condition and circumstances.)</li> <li>2. Side rails are only permissible if they are used to treat a resident's medical symptoms or to assist with mobility and transfer of residents.</li> <li>3. An assessment will be made to determine the resident's symptoms or reason for using side rails. When used for mobility or transfer, an assessment will include a review of the resident's:             <ol style="list-style-type: none"> <li>a. Bed mobility; and</li> <li>b. Ability to change positions, transfer to and from bed or chair, and to stand and toilet.</li> </ol> </li> <li>4. The use of side rails as an assistive device will be addressed in the resident care plan.</li> <li>5. Consent for using restrictive devices will be obtained from the resident or legal representative per facility protocol.</li> <li>9. Consent for side rail use will be obtained from the resident or legal representative, after presenting potential benefits and risks. (Note: Federal regulations do not require written consent for using restraints.</li> </ol> <p>Signed consent forms do not relieve the facility from meeting the requirements for restraint use, including proper assessment and care planning. While the resident or family (representative) may request a restraint, the facility is responsible for evaluating the appropriateness of that request.)</p> <ol style="list-style-type: none"> <li>10. The resident will be checked periodically for safety relative to side rail use.</li> </ol> <p>Resident #28 was admitted to the facility in June 2024 with diagnoses including hemiplegia, diabetes, brain disorder and encephalopathy.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 9/24/24, indicated that Resident #28 had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 12 out of 15. This MDS indicated Resident #28 required assistance with bed mobility and he/she did not utilize physical restraints.</p> <p>On 10/29/24 at 8:19 A.M., 10/29/24 at 11:20 A.M., 10/30/24 at 6:42 A.M., 10/30/24 at 11:44 A.M., 10/30/24 at 4:19 P.M., and on 10/31/24 at 9:14 A.M, 10/31/24 at 9:53 A.M, and on 10/31/24 at 10:00 A.M, the surveyor observed Resident #28 in his/her bed. Resident #28 had bilateral side rails that measured 25 inches long each, these side rails were positioned in the middle of the bed and there was a gap that measured 30 inches from the top of the bed to the side rail, and there was 27.5 inches from the bottom of the side rail to foot board on both sides.</p> <p>Review of Resident #28's physician's order, dated 6/19/24, indicated:</p> <p>- (2) 1/4 bedrails up when in bed for mobility and transfers.</p> <p>Review of Resident #28's, bed rail assessment and consent form, dated 6/19/24, indicated the following.</p> <p>- 1/4 partial rails, left side upper and right side upper. Further review of the assessment failed to include the use of 1/2 partial rails.</p> <p>Review of Resident #28's, assessment titled, BEAR -- 00) UDA PACKET, dated 9/22/24, indicated the following:</p> <p>A. Please specify device, coded as 1) Side Rails (used in and/or out of bed)</p> <p>A1. SPECIFY, coded as a) 1/4 side rails.</p> <p>A1-a1. 1/4 SIDE RAIL, coded as a) 2 side rails UPPER ONLY</p> <p>Review of Resident #28's plan of care related to activities of daily living, dated as revised on 7/24/24, indicated:</p> <p>- Please utilize side rails as assessed and ordered if I choose, initiated 6/19/24.</p> <p>- I am dependent on staff to get me dressed and undressed, grooming, and bathing needs, initiated 6/19/24.</p> <p>During an interview and observation on 10/30/24 at 12:33 P.M., Certified Nurse Assistant (CNA) #1 said that Resident #28's side rails are always in the same position, positioned in middle of the bed.</p> <p>During an interview and observation on 10/30/24 12:34 P.M., Nurse #3 said that Resident #28's side rails are always in the same position, positioned in middle of the bed.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an interview, observation, and demonstration on 10/31/24 at 9:14 A.M., Director of Nursing (DON) observed the side rails on Resident #28's bed, the DON said that Resident #28 is utilizing 1/4 rails. The DON said even in the down position the side rails are still quarter rails. The DON moved Resident #28's bed rails into a 1/4 rail position and the rails were no longer in the middle of the bed and the rails were now in the upper 1/4 of Resident #28's bed.</p> <p>During an interview on 10/31/24 at 9:53 A.M., the Director of Operations said Resident #28's bed rails are quarter rails in the up position but when they are down in the other position, as they are on Resident #28's bed they are no longer quarter rails.</p> |   |  |

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| <p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>44095</p> <p>Based on record review and interview, the facility failed to ensure recommendations from the Monthly Medication Reviews (MMRs) conducted by the consultant pharmacist were addressed by the facility in a timely manner for one Resident (#28) out of a total sample of 17 Residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Documentation and Communication of Consultant Pharmacist Recommendations, dated as January 1, 2021, indicated the consultant pharmacist works with the facility to establish a system whereby the consultant pharmacist observations and recommendations regarding residents' medication therapies are communicated to those with authority and/or responsibility to implement the recommendations and are responded to in an appropriate and timely fashion.</p> <p>C. Recommendations are acted upon and documented by the facility staff and/or the prescriber. If the prescriber does not respond to recommendation directed to him/her [within 30 days], the Director of Nursing and/or the consultant pharmacist may contact the Medical Director.</p> <p>Resident #28 was admitted to the facility in June 2024 with diagnoses including hemiplegia, diabetes, brain disorder and encephalopathy.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 9/24/24, indicated that Resident #28 had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 12 out of 15.</p> <p>Review of Resident #28's pharmacist notes, dated 9/21/24 and 10/21/24 indicated the following:</p> <ul style="list-style-type: none"> <li>-Nursing recommendation to clarify two Tylenol as needed (prn) pain orders.</li> </ul> <p>Review of Resident #28's form titled summary of pharmacy recommendations for Director of Nursing (DNS)/Medical Director, dated 9/22/24 and 10/22/24, indicated:</p> <ul style="list-style-type: none"> <li>- This resident has two orders for as needed (PRN) Tylenol. One order is for 1 gram (gm) three times daily as needed for pain and the other order is for 650 mg every 6 hour as needed for pain.</li> <li>- Please clarify which order should remain active and discontinue the other order. Thank you for helping avoid a medication error.</li> </ul> <p>Review of Resident #28's physician's order, dated 8/21/24, indicated:</p> <ul style="list-style-type: none"> <li>- Acetaminophen Tablet 325 milligrams (mg), give 2 tablets by mouth every 6 hours as needed for pain.</li> </ul> <p>(continued on next page)</p> |   |  |

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| <p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Review of Resident #28's Medication Administration Record (MAR), dated September and October 2024, indicated nursing administered Resident #28's as needed acetaminophen (325 mg), give 2 tablets) on 9/26/24, 10/1/24, and twice on 10/4/24, 10/22/24, and 10/30/24.</p> <p>Review of Resident #28's physician's order, dated 8/21/24, indicated:</p> <p>Tylenol Extra Strength Oral Tablet 500 milligrams (mg) (Acetaminophen), give 2 tablets by mouth as needed for pain, give 3 x daily as needed.</p> <p>Review of Resident #28's Medication Administration Record (MAR), dated September 2024, indicated nursing administered Resident #28's as needed acetaminophen (500 mg give 2 tablets) on 9/24/24.</p> <p>During an interview on 10/31/24 at 11:24 A.M., the Director of Nursing (DON) said the pharmacy recommendations should be reviewed and acted upon. The DON said the recommendation from 9/22/24 was repeated on 10/22/24 and was not acted upon but should have been.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44095</p> <p>Based on observations and interviews, the facility failed to ensure all medications used in the facility were stored in accordance with accepted professional principles of practice.</p> <p>Specifically, the facility failed to ensure nursing properly stored medications on one of two nursing units observed ([NAME] Unit).</p> <p>Findings include:</p> <p>Review of the facility policy titled, Storage of Medications, dated January 1, 2021, indicated medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.</p> <p>B. Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications (such as medication aides) permitted to access medications. Medication rooms, carts, and medication supplies are locked when not attended by persons with authorized access.</p> <p>On 10/30/24 at 9:09 A.M., 10/30/24 at 1:01 P.M., 10/30/24 at 3:57 P.M., 10/31/24 at 6:41 A.M., and on 10/31/24 at 7:58 A.M., the surveyor observed at the [NAME] Unit nurses station a plastic container that was unlocked and unattended by nursing staff, that contained vials of ampicillin sulbactam (intravenous (IV) antibiotic medication).</p> <p>During an interview on 10/30/24 at 1:01 P.M., Nurse #1 said that the medications in the plastic container at the nurse's station is Resident #62's IV antibiotics.</p> <p>During an interview on 10/31/24 at 6:40 A.M., Nurse #6 said that nursing staff is storing Resident #62's IV medications at the [NAME] Unit nursing station.</p> <p>On 10/31/24 at 8:02 A.M., the surveyor and nursing staff counted the contents of the plastic container. There were 30 vials of ampicillin sulbactam that were currently inside the plastic container and that were left unlocked and unattended at the [NAME] Unit.</p> <p>During an interview on 10/31/24 at 8:03 A.M., the Director of Nursing said that Resident #62's IV antibiotics should not have been unlocked and unattended.</p> |   |  |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 15016</p> <p>Based on observation and interview, the facility failed to date refrigerated foods and dispose of expired refrigerated food as required.</p> <p>Findings include:</p> <p>Review of the facility policy titled Food Receiving and Storage (undated) indicated:</p> <ul style="list-style-type: none"> <li>- All foods stored in the refrigerator or freezer will be covered, labeled, and dated (use by date).</li> </ul> <p>On [DATE] at 7:25 A.M., the surveyor toured the kitchen with the Food Service Director (FSD). The surveyor observed in the refrigerator:</p> <ul style="list-style-type: none"> <li>- Three undated plastic containers covered in plastic wrap: one labeled pasta sauce, one unlabeled and containing a reddish-brown liquid, and one unlabeled and containing an opaque liquid.</li> <li>- One pan labeled caramel sauce, dated as expired [DATE].</li> </ul> <p>During an interview with the FSD on [DATE] at 7:30 A.M., she said all refrigerated foods must have a written expiration date and that foods past the expiration date must be removed and discarded.</p> |   |  |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 15016</p> <p>Based on record review, interview, and observation for two Residents (#47 and #25), the facility failed to ensure they maintained complete and accurate documentation in the medical record. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> <li>1.) For Resident #47, the facility failed to accurately document a treatment for steri strips.</li> <li>2.) For Resident #25 the facility failed to ensure nursing completed a wound description on an admission assessment and weekly skin check.</li> </ol> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1.) Resident #47 was admitted to the facility in July 2024 and had diagnoses which included psychosis and dementia.</li> </ol> <p>Review of Resident #47 Minimum Data Set assessment dated [DATE] indicated a Brief Interview for Mental Status score of 6, signifying severe cognitive impairment.</p> <p>Review of Resident #47's physician orders dated 10/15/24 indicated:</p> <ul style="list-style-type: none"> <li>- Monitor right forearm steri strips. Secure every shift.</li> </ul> <p>Steri strips are adhesive bandages used to pull together the edges of small wounds.</p> <p>Review of Resident #47's Treatment Administration Record dated 10/31/24, 7:00 A.M. to 3:00 P.M. shift, indicated Nurse #8 signed off as having completed the right forearm steri strip treatment.</p> <p>On 10/31/24 at 11:42 A.M., the surveyor observed Resident #47's exposed right forearm. There were no steri strips present. A small, scabbed wound, approximately 1 centimeter (CM) x 0.5 CM, was located on the right forearm.</p> <p>During an interview with Nurse #8 on 10/31/24 at 11:45 A.M., he said Resident #47's right forearm wound had healed and no longer required steri strips. Nurse #8 said he was unaware he had signed that he provided the treatment this morning.</p> <p>44095</p> <ol style="list-style-type: none"> <li>2.) Review of the facility policy, Skin Body Audit, dated as reviewed 5/9/22, indicated to identify changes in skin integrity through weekly skin audits (head to toe) on all residents.</li> </ol> <ul style="list-style-type: none"> <li>- Licensed nurses will perform skin body audits on a weekly basis, preferably on shower days.</li> </ul> <ol style="list-style-type: none"> <li>1. The Licensed Nurse performs a weekly head to toe check of the resident's skin, paying particular attention to:</li> </ol> <p>(continued on next page)</p> |   |  |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <ul style="list-style-type: none"> <li>- The surfaces of the skin that come in contact with the bed and chair,</li> <li>- Bony prominences (heels, tailbone, shoulder blades, elbows, back of the head, etc.),</li> <li>- The surfaces of the skin that come in contact with any orthotic device, tube, brace or positioning device,</li> <li>- Skin folds.</li> </ul> <p>Review of the facility policy, Pressure Ulcer Prevention, dated as revised 12/22/22, indicated the facility will identify residents at risk for pressure ulcer development upon admission and throughout their stay. The facility will implement interventions to minimize and/or eliminate contributing factors for pressure ulcer development on patients/residents at risk.</p> <p>1. Residents will be evaluated by the nurse for risk of skin breakdown using the Norton Scale or other approved skin assessment tool on admission, upon a significant change in condition, and quarterly.</p> <p>5. A weekly body audit will be completed on residents.</p> <p>6. Wounds will have weekly assessment and documentation on each area until healed.</p> <p>9. The facility will provide education for treatment and prevention of pressure ulcers to caregivers. Additional education will be provided to residents and family as applicable.</p> <p>Resident #25 was admitted to the facility in May 2024 with diagnoses including diabetes and nutritional anemia.</p> <p>Review of Minimum Data Set (MDS) assessment, dated 5/28/24, indicated that Resident #25 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of 15. This MDS indicated Resident #25 had one stage 2 (M0300B1) pressure ulcer that was present on admission (M0300B2).</p> <p>Review of Resident #25's hospital discharge summary, dated 5/23/24, indicated the following:</p> <ul style="list-style-type: none"> <li>- Pressure Injury to the Coccyx, dated 5/21/24.</li> </ul> <p>Review of Resident #25's hospital RN shift note, dated 5/23/24, indicated:</p> <ul style="list-style-type: none"> <li>- Assessment: DTI (deep tissue injury) to coccyx, discolored purple area. Mepilex (absorbent wound dressing) changed overnight.</li> </ul> <p>Review of Resident #25's assessment titled [NAME]-Admission/ Readmission Nursing Assessment (Premier) dated 5/23/24 indicated:</p> <ul style="list-style-type: none"> <li>- Section C 10. Coccyx, Pressure. Further review of the assessment failed to include a description of the pressure ulcer.</li> </ul> <p>(continued on next page)</p> |   |  |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>225499   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>10/31/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>West Roxbury Health & Rehabilitation Center  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5060 Washington Street<br>West Roxbury, MA 02132 |  |
| 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<br>(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>Review of Resident #25's clinical nursing note, dated 5/23/24, indicated:</p> <p>- Note Text: pressure ulcer to coccyx. Further review of the note failed to include a description of the pressure ulcer.</p> <p>Review of Resident #25's assessment titled SECTION Cust. [NAME]-Weekly Skin Checks (Premier - Triggered), dated 5/27/24, indicated:</p> <ol style="list-style-type: none"> <li>1. Does the resident have any open areas or marks on skin?</li> <li>2. If yes, list all marks on body and open areas with sizes and descriptions</li> </ol> <p>Site: 53) Sacrum, Description: pressure ulcer. Further review of the assessment failed to include a description of the wound.</p> <p>During an interview on 10/30/24 at 1:22 P.M., Nurse #2 reviewed admission assessment, and she said Resident #25 was admitted with a pressure ulcer. Nurse #2 said based on the admission assessment she was unable to determine a description of the wound.</p> <p>During an interview on 10/30/24 at 1:24 P.M., Nurse #1 said she completed the admission assessment and skin check on 5/27/24. Nurse #1 said she did not document the appearance of the pressure ulcer but should have. Nurse #1 said it was really hard to remember what Resident #25's wound looked like because it has been months since she admitted Resident #25.</p> <p>During an interview on 10/30/24 at 2:38 P.M., MDS Nurse #2 that skin assessments are not always accurately completed and should be so she can review the documentation for MDS completion.</p> <p>During an interview on 10/31/24 at 11:21 A.M., the Director of Nursing (DON) said nursing should complete the description section in skin assessments including descriptions of wounds.</p> |   |  |