STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225505	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royal Wood Mill Center	800 Essex Street Lawrence, MA 01841

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36876 Based on observation and interview, the facility failed to ensure staff respected resident room privacy for one Resident (#15) out of a total of 16 sampled residents. Findings include: Resident #15 was admitted to the facility in February 2021 with diagnoses including chronic obstructive pulmonary disease, toxic encephalopathy, and unspecified psychosis. Review of the Minimum Data Set Assessment (MDS) dated [DATE] indicated Resident #15 scored 5 out of a possible 15 on the Brief Interview for Mental Status Exam indicating he/she is severely cognitively impaired. On 4/19/24 at 6:50 A.M., a Certified Nursing Assistant (CNA) was observed standing in Resident #15's room in front of the shared closet space while Resident #15 slept in bed. The door to the closet was open and the CNA was putting on his/her jacket. Upon seeing the surveyor, the CNA left the room and walked down the hallway. The surveyor then observed a green purse, a phone plugged into the wall and charging, a plastic shopping bag and a food container on top of the bureau. At 7:03 A.M., the surveyor observed the same CNA enter Resident #15's room and then promptly exit the room holding a green purse and went through the stairwell. At 7:04 A.M., the surveyor observed that the phone and charger, plastic bag and food container were no longer in the room. During an interview on 4/19/24 at 9:39 A.M., Unit Manager #2 said that there is an area on the unit where staff are expected to leave their personal belongings. Unit Manager #2 said that staff should not be storing their personal belongings in resident rooms.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0582 Level of Harm - Potential for minimal harm Residents Affected - Some	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 36876 Based on record review and interview the facility staff failed to inform two out of three residents reviewed, or their representatives with potential liability for payment for non-covered services including estimated cost of services. Findings include: The Advanced Beneficiary Notice (SNFABN) is a form which provides information to Residents and/or their beneficiaries so that they can decide if they wish to continue receiving the skilled services they are receiving at the facility that may not be paid for by Medicare and assume financial responsibility for these services. Review of the facilities' SNFABN form failed to include the cost of rehab services for two of three applicable residents. During an interview on 4/22/24 at 11:10 A.M., the Director of Nursing said the cost indicated on the form was for room and board and did not include skilled services, such as rehab.

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36431 Based on observation, record review and interview the facility failed for one Resident (#58), out of a total sample of 16 residents, to remain free from a potential restraint. Specifically, the facility failed to identify and assess the use of a specialized low chair used by Resident #58 as a potential restraint. Findings include: Review of the facility's policy, titled 'Use of Restraint', dated November 2023 indicated the following: Restraints shall only be used for the safety and well-being of the resident(s) and only after other alternatives have been tried unsuccessfully. Restraints shall only be used to treat the resident's medical symptom(s) and never for discipline or staff convenience, or for the prevention of falls. When the use of restraints is indicated, the least restrictive alternative will be used for the least amount of time necessary and the ongoing reevaluation for the need for restraints will be documented. Policy Interpretation and Implementation: 1 physical restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. 2. The definition of a restraint is based on the functional status of the resident and not the device. If the resident cannot remove a device in the same manner in which the staff applied it given that resident's physical condition; (i.e. side rails are put back down, rather than climbed over), and this restricts his/her typical ability to change position or place, that device is considered a restraint. 3. Examples of devices that are/may be considered physical restraints including leg restraints, arm restraints, hand mitts, soft ties or vest, wheelchair safety bars, geri-chairs, and lap cushions and trays that the resident cannot remove. 4. Practices that inappropriately utilize equipment to prevent resident mobility are considered restraints and are not permitted, including: c. Placing a resident in a chair that prevents the resident from rising. (continued on next page)

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5. Restraints may only be used if/when the resident has a specific medical symptom that cannot be addressed by another less restrictive interventions and a restrain (sic) is required to: a. treat a medical condition b. Protect the resident's safety; and c. help the resident attain the highest level of his/her physical or psychological well-being. 6. Prior to placing a resident in restraints, there shall be a restraint assessment and review to determine the need for restraints the assessment shall be used to determine possible underlying causes of the problematic medical symptom to determine if there are less restrictive interventions (programs, devices, referrals, etc.) that may improve symptoms. 9. Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative (sponsor). The order shall include the following: a. the specific reason for the restraint (as it relates to the resident's medical symptom); b. How the restraint will be used to benefit the resident's medical symptom; and c. they type of restraint, and period of time for the use of the restraint. 17. Care plans for residents and restraints will reflect interventions that address not only the immediate medical symptoms, but the underlying problems that may be causing the symptom(s). 18. Care Plans shall also include the measures taken to systematically reduce or eliminate the need for restraint use. Resident #58 was admitted to the facility in December 2023 and has diagnoses including repeated falls, and unspecified dementia. Review of the Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #58 scored a 0 out of 15 on the Brief Interview for Mental Status exam, which indicates Resident #58 has severe cognitive impairment, used a manual wheelchair for mobility and was dependent on staff to sit to stand and required substantial maximum assistance with transfers. On 4/18/24 at 10:20 A.M., Resident #58 was observed in the dining/sitting room, seated in a chair that was lower than a standard chair height. The chair was equipped with wheels and was not consistent with a manual wheelchair and observed to be a specialized geri-chair. Resident #58 was alert and responded to the surveyor's greeting but was unable to participate in an interview. On 4/18/24 at 1:52 P.M., Resident #58 was observed in the sitting room, seated in a low chair. On 4/22/24 at 8:50 A.M., Resident #58 was observed seated in a low chair, at a table located in the sitting room. On 4/22/24 at 9:12 A.M., Resident #58 was observed seated in a low chair, which was slightly reclined. Resident #58 was observed sitting up and had both his/her feet on the floor. Review of Resident #58's medical record indicated the following: The active physician's orders failed to indicate an order for the use of the low chair. (continued on next page)

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A care plan dated 3/13/24 with the focus of self- care performance deficit r/t (related to) difficulty initiating, sequencing, and completing tasks d/t (due to) dementia, indicated the interventions of a wheelchair. The Kardex (a document used by staff to guide daily care activities) failed to indicate the use of a low chair and indicated the use of a wheelchair. Further, Review of Resident #58's medical record failed to indicate an evaluation for the use of a physical restraint was completed. During an interview on 4/18/24 at 1:59 P.M., Nurse #1 said Resident #58 has resided at the facility for a few months. Nurse #1 said the Resident has confusion, had behaviors of exit seeking, used a wheelchair, and he/she can stand up but does not have good balance and needs to be assisted. During an interview on 4/22/24 at 8:58 A.M., CNA #1 said Resident #58 is a fall risk, has had some falls and has a bed and chair alarm. CNA #1 said Resident #58 can bear weight and can transfer with one or two staff. CNA #1 said Resident #58 was using a wheelchair but was leaning and was given the recliner chair about a month or so ago. CNA #1 said Resident #58 can use his/her feet to move the chair and that she has not seen Resident #58 try to get up from the low chair. During a subsequent interview on 4/22/24 at 9:08 A.M., CNA #1 said that she went to PT (physical therapy) downstairs and got the chair to give to Resident #58. CNA #1 said PT looked at Resident #58 in the chair. On 4/22/24 at 9:16 A.M., the surveyor observed CNA #1 assist Resident #58 to stand from the low chair. Resident #58 required assistance to stand from the chair and then sat back down. CNA #1 said Resident #58 is not as alert today and some days he/she will try to get up. During an interview on 4/22/24 at 9:56 A.M., The Director of Rehabilitation (DOR) said Resident #58 is on occupational therapy with the goal for Resident #58 to be more stable in his/her core. The DOR said Resident #58 has had multiple falls, is very impulsive, falls laterally (leaning to one side). The DOR said Resident #58 was using a regular manual wheelchair for mobility. The DOR said he did not know where the current low chair that Resident #58's is using came from and that he did not provide the low chair. The DOR said the low chair is more of a positioning seating system. The DOR said Resident #58's hips are not in a neutral position in the low chair, making it lower than a standard height chair which would make it more difficult to stand up from the chair. The DOR said Resident #58 can sit to stand from the wheelchair, using the parallel bar. The DOR said he did not know how long Resident #58 has been using the low chair, he did not assess the chair and it was not favorable as it was too low. During an interview on 4/22/24 at 10:57 A.M., the Director of Nursing said the low chair Resident #58 observed to using has not been assessed as a possible restraint and should be.

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. 44095 Based on observations, record review, policy review, and interview, the facility failed to provide care and maintenance of a peripherally inserted central catheter (PICC), consistent with professional standards of practice for one Resident (#41), out of a total sample of 16 residents. Specifically, for Resident #41 the facility failed ensure nursing completed a PICC line dressing change as ordered by the physician on 4/18/24 and nursing failed to ensure the PICC line dressing allowed nursing to observe the insertion site (insertion site was covered by a 2x2 gauze pad). Findings include: Review of the facility policy, Central Venous Catheter Care and Maintenance, dated September 2023, indicated to provide a general procedure regarding central venous catheters. *Site Care and Observation Observe the insertion site every shift for signs and symptoms or intravenous (IV) related complications including but not limited to pain, redness/hematoma, swelling/edema/infiltration, and DVT (Deep Vein Thrombosis). -Monitor and assess insertion site and surrounding area every shift for signs and symptoms or IV related complications. *Dressing Change -Change PICC line catheter transparent dressing every 7 days. Resident #41 was admitted to the facility in October 2018 with diagnoses including paraplegia, diabetes, neuromuscular dysfunction of the bladder and osteomyelitis. Review of the Minimum Data Set (MDS) assessment, dated 4/10/24, indicated Resident #41 had a Brief Interview for Mental Status (BIMS) score of 14 out of a possible 15 which indicated he/she was cognitively intact. The MDS indicated he/she received an antibiotic and received intravenous medications. Review of the plan of care related to osteomyelitis indicated, dated as revised 3/14/24, indicated: - Monitor intravenous (IV) site to right upper extremity for signs/symptoms of IV related complications. Review of the plan of care related to intravenous medications, dated as revised 3/14/24, indicated the following interventions: - Monitor dressing at IV site daily. Change as ordered. See treatment administration record (TAR). (continued on next page)

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Monitor/document/report to physician signs or symptoms (s/sx) of infiltration at the site: edema at the insertion site, taut or stretched skin, blanching or coolness of the skin, slowing or stopping of the infusion, and/or leaking of IV fluid out of the insertion site. - Monitor/document/report to physician s/sx of infection at the right upper extremity (RUE) PICC site: drainage, inflammation, swelling, redness and/or warmth Review of the physician's order, dated 3/14/24, indicated: - PICC line to right upper extremity, every 7 day dressing change: change transparent dressing, change all needleless connectors and change all lumen caps (prime new needless connectors with saline prior to connecting). On 4/18/24 at 8:34 A.M., 4/19/24 at 8:46 A.M., and 4/22/24 at 8:54 A.M., the surveyor observed Resident #41's PICC line dressing. The dressing was dated 4/16/24 and the insertion site was covered by a 2x2 gauze and therefore staff were unable to assess the insertion site. Review of the Treatment Administration Record (TAR), dated April 2024, indicated nursing changed the transparent dressing on 4/18/24. However, based on observations on 4/18/24, 4/19/24, and 4/22/24 the dressing was dated 4/16/24. During an interview on 4/22/24 at 8:59 A.M., Nurse #2 said she last changed Resident #41's PICC line dressing on 4/16/24. Nurse #2 said she did not know she should not have placed gauze over the insertion site during the dressing change. During an interview on 4/22/24 at 8:44 A.M., the Director of Nursing (DON) said Resident #41's PICC line dressing should be changed according to the physician's order. The DON said that nursing should not have placed gauze under the transparent dressing and nursing could not assess the insertion site.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15016 Based on interview, record and policy review and observation for one Resident (#21) of 16 sampled residents, the facility failed to clean the oxygen concentrator filters resulting in a thick layer of dust. Findings include: Review of the facility's Oxygen Administration Via Nasal Cannula, Mask, CPAP, BIPAP policy dated May 2023, indicated, but was not limited to: - Oxygen concentrators will be checked frequently, and filter cleaned no less than weekly. Resident #21 was admitted to the facility in September 2015, and had diagnoses which included chronic obstructive pulmonary disease (an inflammatory lung disease that causes obstructed airflow from the lungs), asthma and congestive heart failure (inability to maintain adequate blood circulation, symptoms include shortness of breath). Resident #21's minimum data set assessment dated [DATE] indicated he/she has shortness of breath while sitting at rest and lying down. Resident #21's care plan dated 12/9/21, indicated he/she was at risk for ineffective breathing pattern due to chronic obstructive pulmonary disease (COPD). Interventions included: - Administer oxygen therapy as ordered by MD. - Resident requires oxygen therapy related to COPD and chronic heart failure. - May have oxygen two to four liters via nasal cannula to maintain blood oxygen saturation greater than 90% as ordered. See treatment administration record (TAR). Review of Resident #21's physician orders indicated: - Wash oxygen filter weekly with warm water, every night shift every Wednesday for oxygen, dated 6/13/2018. Review of Resident #21's TAR dated 4/17/24, indicated nursing staff cleaned the oxygen concentrator filter on this date. On 4/18/24 at 12:47 P.M. and 4/19/24 at 11:00 A.M., the surveyor observed Resident #21 lying awake in bed. An oxygen concentrator was running, and the Resident wore a nasal cannula. The surveyor observed the two oxygen concentrator air filters, and both were covered in a thick layer of white dust. The surface of the filter was completely obscured. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with Unit Manager #1 on 4/19/24 at 11:05 A.M., she said oxygen concentrator filters are required to be cleaned every week. The surveyor told Unit Manager #1 that on 4/18/24 and again this morning, surveyors observed that Resident #21's oxygen concentrator filters were covered in a thick layer of dust. Unit Manager #1 accompanied the surveyor to Resident #21's bedroom and together observed the oxygen concentrator filters. Unit Manager #1 said the filters were covered in dust and it appeared nursing staff had not cleaned them on Wednesday 4/17/24, contrary to the documentation on the Resident's TAR. Review of Resident #21's nursing progress notes dated March 2024 and April 2024, did not reference oxygen concentrator filters.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 36876 Based on observation, policy review, and interview, the facility failed to ensure 1) medication rooms on two of two units were locked and secured while not in use and 2) medications were opened and dated on 2 of 3 sampled medication carts. Findings include: Review of the facility policy, Storage of Medications, dated May 2023, indicated the facility stores all drugs and biologicals in a safe, secure, and orderly manner. 5. Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed. 8. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals are locked when not in use. 11. Medications requiring refrigeration are stored in a refrigerator located in the drug room at the nurses' station or other secured location. Medications are stored separately from food and are labeled accordingly. 1) Medication rooms on two of two units were unlocked and not in a secured location while not in use. a. On 4/18/24 at 8:15 A.M., the surveyor observed the Arlington Unit medication room unlocked and unattended. There were residents and non-licensed staff members in the hallway. On 4/18/24 at 8:24 A.M., the surveyor entered the medication room without facility staff. The surveyor observed insulins, eye drops, intravenous medications, and over the counter medications. On 4/18/24 at 8:36 A.M., Nurse #1 arrived at the Arlington Unit medication room. Nurse #1 said the medication room door should be locked when unattended. The Arlington Unit medication room was observed unlocked and unattended for a total of 21 minutes. b. On 4/19/24 at 6:58 A.M., the surveyor observed the door to the medication room on the Pacific Unit was unlocked and ajar. There were no staff in the area to monitor the medication room. Nurse #3 arrived at 7:00 A.M. to begin his shift. Nurse #3 said that the door to the medication room should be locked and secured when not in use by the nurse. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/22/24 at 8:45 A.M., the Director of Nursing said medication rooms should be locked when unattended. 44095 2) Medications were opened and undated on two of three sampled medication carts. a. On 4/22/24 at 9:50 A.M., the surveyor observed on the Arlington Unit high side medication cart the following: - One vial humulin 70/30 insulin, opened and undated. - One vial lispro insulin, opened and undated. - One lantus solostar insulin pen, opened and undated. During an interview on 4/22/24 at 9:55 A.M., Nurse #2 said medications should be dated when opened. b. On 4/22/24 at 10:00 A.M., the surveyor observed on the Arlington Unit low side medication cart the following: - One basaglar insulin kwik pen, opened and undated. - One novolog insulin flex pen, opened and undated. During an interview on 4/22/24 at 10:02 A.M., Nurse #1 said medications should be dated when opened. During an interview on 4/22/24 at 10:04 A.M., the Director of Nursing said insulins should be dated when opened.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 36431 Based on observation, record review and interview the facility failed to ensure food was stored and the kitchen was maintained, in accordance with professional standards for food service safety to prevent possible foodborne illness. Findings include: Review of the Food and Drug Administration document titled Storage Basics, dated as current 1/18/23 indicated the following: *Keep your appliances at the proper temperatures. Keep the refrigerator temperature at or below 40 (Fahrenheit) (4 C). The freezer temperature should be 0 (degrees) F (-18 C). Check temperatures periodically. Appliance thermometers are the best way of knowing these temperatures and are generally inexpensive. Review of the facility's policy, titled 'Preventing Foodborne Illness-Food Handling', dated May 2023, indicated the following: Food will be stored, prepared, handled and served so that the risk of foodborne illness is minimized. 4. Functioning of the refrigeration and food temperatures will be monitored at designated intervals throughout the day and documented according to state-specific requirements. Federal standards require that refrigerated food be stored below 41 degrees F (Fahrenheit), and that freezers keep frozen food solid. 8. All food service equipment and utensils will be sanitized according to current guidelines, and manufacturer's recommendations. During a tour of the kitchen on 4/18/24 at 7:04 A.M., with the Food Service Director (FSD), the following observations were made in the three-door reach-in freezer: - three individual containers of ice cream, that were soft and not frozen solid to touch. - one box of frozen uncooked cookies, that was open, and the internal plastic wrap was left open leaving the cookies exposed and not secured. - one box of precooked French toast, that was open and not secure, with the French toast exposed. The precooked French toast was soft and not frozen solid to touch. During the observation with the FSD, Cook #1 placed a box of frozen precooked pancakes into the freezer, left unwrapped with the pancakes exposed. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the document titled 'Freezer Temperature Log', with the month and year blank, hanging on the door of the three-door reach-in freezer, indicated the following instructions corrective action of temperature greater than 0 degrees F. Further review of the Freezer Temperature Log, indicated the following temperatures, recorded by staff of the freezer including: - 17 out of the last 18 days (of April) recorded temperatures ranging between 4.1 degrees F and 16 degrees F, all of which were above 0 degrees F. in the A.M., and; - 15 out of last 18 days (of April) recorded temperatures ranged between 3.1 degrees F and 30 degrees F in the P.M. Further review of the document failed to have any written entries of correction actions for the recorded temperatures greater than 0 degrees F. During a return observation on 4/18/24 at 7:28 A.M., revealed the internal thermometer of the three-door reach-in freezer as 38.0 degrees F. During an interview on 4/18/24 at 7:35 A.M., the FSD said food stored in the freezer should be covered and secured and should not be left open to air, which could dry out the food. The FSD said that frozen food should be frozen solid. During an interview on 4/18/24 at 7:36 A.M., Cook #1 said the French toast removed from the freezer was soft and not solid and said the ice cream is not always frozen solid. Additionally, during the tour of the kitchen with the FSD on 4/18/24 at 7:17 A.M., the following was observed in the reach in refrigerator: -one package of plastic wrapped tortillas, not labeled or dated. -one cut tomato wrapped in plastic, not labeled, or dated. -one cut onion wrapped in plastic, not labeled, or dated. -eight small bowls of covered fruit, not labeled, or dated. The FSD said all items stored in the refrigerator are to be labeled and dated. In a second reach-in freezer, the surveyor observed: -one box of beef patties which was open, not wrapped, and exposed. During the tour the surveyor and FSD observed the ice machine and made the following observation: -the ice scoop holder hung on the wall next to the ice machine, had a small amount of standing water and black debris particles on the bottom. The FSD said it needs to be cleaned. During a follow-up observation on 4/18/24 at 2:15 P.M., of the three-door reach-in freezer the outside thermometer read 6 degrees F, and the internal thermometer read as 9 degrees. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225505	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royal Wood Mill Center	800 Essex Street Lawrence, MA 01841

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-An individual ice cream cover was touched; the cover could be pushed in indicating the ice cream was not frozen solid. During an interview on 4/18/24 at 2:18 P.M., the FSD said she checked the freezer four times during the day and did not record any temperatures below five degrees Fahrenheit. The FSD said not all items in the freezer were frozen solid and that the vendor who services the freezer has been called to come out and look at the freezer.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225505	A. Building B. Wing	04/22/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15016 Based on interview, record and policy review and observation for one Resident (#21) of 16 sampled residents, the facility failed to accurately document cleaning of the oxygen concentrator filters. Findings include: Review of the facility's Oxygen Administration Via Nasal Cannula, Mask, CPAP, BIPAP policy dated May 2023, indicated, but was not limited to: - Oxygen concentrators will be checked frequently, and filter cleaned no less than weekly. Resident #21 was admitted to the facility in September 2015, and had diagnoses which included chronic obstructive pulmonary disease (an inflammatory lung disease that causes obstructed airflow from the lungs), asthma and congestive heart failure (inability to maintain adequate blood circulation, symptoms include shortness of breath). Resident #21's minimum data set assessment dated [DATE], indicated he/she has shortness of breath while sitting at rest and lying down. Resident #21's care plan dated 12/9/21, indicated he/she was at risk for ineffective breathing pattern due to chronic obstructive pulmonary disease (COPD). Interventions included: - May have oxygen two to four liters via nasal cannula to maintain blood oxygen saturation greater than 90% as ordered. See treatment administration record (TAR). Review of Resident #21's physician orders indicated: - Wash oxygen filter weekly with warm water, every night shift every Wednesday for oxygen, dated 6/13/2018. Review of Resident #21's TAR dated 4/17/24, indicated nursing staff cleaned the oxygen concentrator filter on this date. On 4/18/24 at 12:47 P.M. and 4/19/24 at 11:00 A.M., the surveyor observed Resident #21 lying awake in bed. An oxygen concentrator was running, and the Resident wore a nasal cannula. The surveyor observed the two oxygen concentrator air filters, and both were covered in a thick layer of white dust. The surface of the filter was completely obscured. (continued on next page)

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	225505	A. Building B. Wing	04/22/2024

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Royal Wood Mill Center	800 Essex Street Lawrence, MA 01841

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with Unit Manager #1 on 4/19/24 at 11:05 A.M., she said oxygen concentrator filters are required to be cleaned every week. The surveyor told Unit Manager #1 that on 4/18/24 and again this morning, surveyors observed that Resident #21's oxygen concentrator filters were covered in a thick layer of dust. Unit Manager #1 accompanied the surveyor to Resident #21's bedroom and together observed the oxygen concentrator filters. Unit Manager #1 said the filters were covered in dust and it appeared nursing staff had not cleaned them on Wednesday 4/17/24. Unit Manager #1 reviewed Resident #21's April TAR and said that contrary to the documentation signed by nursing staff, his/her filters were not cleaned on 4/17/24.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. 36431 Based on observations, record review and interview the facility failed to ensure a reach in freezer containing food for preperation in the facility's main kitchen, was in a safe operable condition, ensuring that frozen food was frozen solid. Findings include: Review of the Food and Drug Administration document titled Storage Basics, dated as current 1/18/23 indicated the following: *Keep your appliances at the proper temperatures. Keep the refrigerator temperature at or below 40 (Fahrenheit) (4 C). The freezer temperature should be 0 (degrees) F (-18 C). Check temperatures periodically. Appliance thermometers are the best way of knowing these temperatures and are generally inexpensive. Review of the facility's policy, not dated, titled 'Refrigerator/Freezer Maintenance and Operation' indicated the following: *Refrigerators and freezers are closely monitored for proper operation and temperature. *Temperatures are recorded and units cleaned to ensure proper operation. *If any refrigerators/freezer is discovered to not maintain proper temperatures, the Maintenance Supervisor will check, assess and if needed, contact the service vendor to service the unit as quickly as possible. *Items that cannot be maintained in the affected unit will be stored properly in a functioning unit. If alternate storage is not available, then affected items will be discarded. Review of the facility's policy, titled 'Preventing Foodborne Illness-Food Handling', dated May 2023, indicated the following: Food will be stored, prepared, handled, and served so that the risk of foodborne illness is minimized. 4. Functioning of the refrigeration and food temperatures will be monitored at designated intervals throughout the day and documented according to state-specific requirements. Federal standards require that refrigerated food be stored below 41 degrees F (Fahrenheit), and that freezers keep frozen food solid. During a tour of the kitchen on 4/18/24 at 7:04 A.M., with the Food Service Director (FSD), the following observations were made in the three-door reach-in freezer: - three individual containers of ice cream were soft and not frozen solid to touch. - one box of precooked french toast was soft and not frozen solid to touch. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the document titled 'Freezer Temperature Log', with the month and year blank, hanging on the door of the three-door reach-in freezer, indicated the following instructions corrective action of temperature greater than 0 degrees F. Further review of the Freezer Temperature Log, indicated the following temperatures, recorded by staff of the freezer including: - 17 out of the last 18 days (of April) recorded temperatures ranging between 4.1 degrees F and 16 degrees F, all of which were above 0 degrees F. in the A.M., and; - 15 out of last 18 days (of April) recorded temperatures ranging between 3.1 degrees F and 30 degrees F in the P.M. Further review of the document failed to have any written entries of correction actions for the recorded temperatures greater than 0 degrees F. During a return observation on 4/18/24 at 7:28 A.M., revealed the internal appliance thermometer of the three-door reach in freezer as 38.0 degrees F. During an interview on 4/18/24 at 7:35 A.M., the FSD director said that frozen food should be frozen solid. During an interview on 4/18/24 at 7:36 A.M., Cook #1 said the French toast removed from the freezer was soft and not solid and said the ice cream is not always frozen solid. During a follow-up observation on 4/18/24 at 2:15 P.M., of the three-door reach in freezer, the outside thermometer was 6 degrees F, and the internal thermometer was observed as 9 degrees. Food was stored in the freezer. An individual ice cream container's cover was touched and the cover could be pushed in indicating the ice cream was not frozen solid. During an interview on 4/18/24 at 2:18 P.M., the FSD said she checked the freezer four times during the day. The FSD said not all items in the freezer were frozen solid and that the vendor who services the freezer has been called to come out and look at the freezer.