| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 225510 | A. Building<br>B. Wing | 11/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Prescott House | 140 Prescott Street<br>North Andover, MA 01845 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>(continued on next page) |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| | | |

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| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Based on records reviewed and interviews, for one of three sampled residents (Resident #1), whose Physician's Orders included the administration of an anxiolytic, and an ear drop medication, the Facility failed to ensure Resident #1 was administered the medications, consistent with physicians' orders.Findings include:The Facility Policy titled, Administering Medications, dated revised April 2019, indicated medications are administered in accordance with prescriber orders, including any required time frame. The Policy indicated whether a medication is withheld, refused, or given at a time other than the schedule time, the individual administering the medication shall initial and circle the Medication Administration Record (MAR) space provided for that drug and dose.The Facility's Policy titled, Change in a Resident's Condition or Status, dated revised February 2022, indicated the Nurse will notify the resident's attending Physician or Physician On-Call when there has been a refusal of treatment or medications two (2) or more consecutive times. Resident #1 was admitted to the Facility in January 2025, diagnoses included Influenza (flu), Diabetes (too much sugar that stays in the blood), Hypertension (high blood pressure), Hyperlipidemia (high levels of fat in the blood), Heart Block status post Pacemaker (pacemaker placement to manage signals in the heart that are delayed or blocked), Chronic Kidney Disease-stage III (kidneys are moderately to severely damaged and not working as well as they should), Spinal Stenosis (spaces inside the bone of the spine get too small), Epilepsy (disorder in which nerve cell activity in the brain is disturbed, causing seizures) and muscle weakness.Review of Resident #1's Physician's Orders for January 2025, indicated they included an order for (but was not limited to) the following:-Debrox Otic Solution 6.5% (Carbamide Peroxide (Otic), Instill 8 drop in left ear two times a day for impacted cerumen (earwax) for 4 days, Nursing: irrigate with normal saline when Debrox course completed, initiated, 01/09/25.-Diazepam Oral Tablet 5 milligrams (mg), give 5mg by mouth at bedtime for anxiety, initiated, 01/07/2025.Review of Resident #1's Medication Administration Record (MAR), indicated Resident #1 did not receive the ordered Debrox Otic Solution 6.5% (Carbamide Peroxide (Otic), 8 drop in left ear two times a day for impacted cerumen and the Nurse documented code 9 (other, see nursing note) for the following dates and times:-01/09/25: 6:00 P.M.,-01/11/25: 6:00 P.M.Review of Resident #1's Nurse Progress Notes indicated the following:-01/09/25: 6:00 P.M., No reason given as to why the medication was not given or what steps Nursing took after they were unable to administer the medication. -01/11/25: 6:00 P.M., No reason given as to why the medication was not given or what steps Nursing took after they were unable to administer the medication. Further review of Resident #1's MAR, indicated Resident #1 did not receive the ordered Diazepam Oral Tablet 5 mg by mouth at bedtime for anxiety and the Nurse documented code 9 (other, see nursing note) for the following dates and times:-01/07/25: 8:00 P.M., -01/08/25: 8:00 P.M.,-01/09/25: 8:00 P.M.Review of Resident #1's Nurse Progress Notes indicated the following:-01/07/25: 8:00 P.M., No reason given as to why the medication was not given or what steps Nursing took after they were unable to administer the medication.-01/08/25: 8:00 P.M., No reason given as to why the medication was not given or what steps Nursing took after they were unable to administer the medication.-01/09/25: 8:00 P.M. No reason given as to why the medication was not given or what steps Nursing took after they were unable to administer the medication.During an interview on 09/23/25 at 3:07 P. M. (which included a review of Resident #1's MAR) Nurse #1 said if a Resident was not given a medication, she would document in the Residents MAR (located in the Point Click Care, EMR-Electronic Medical Record) and would not document in the Residents' Nurses Progress Note. Nurse #1 said if a Resident was not given his/her medication two (2) or three (3) times in a row, the Physician would need to be notified. Nurse #1 said she was assigned to Resident #1 on 01/07/25, 01/08/25, 01/09/25 and 01/11/25, and had administered Resident #1's medications to him/her. Nurse #1 said she had documented code 9, indicates she would have needed to document in Resident #1's Nurses Progress Note the reason why it had not been given.This Surveyor reviewed Resident #1's MAR with Nurse #1, which indicated Resident #1 had not received the ordered Debrox Otic Solution 6.5% (Carbamide Peroxide (Otic), on 01/09/25 and 01/11/25 at 6:00 P.M., and for the Diazepam Oral Tablet 5 mg by mouth at bedtime, on 01/07/25, 01/08/25 and 01/09/25 at 8:00 P.M., all of which were documented as code 9 (other see nursing note).However, review of Resident #1's Nurses Progress Notes, indicated there was no documentation to support why Resident #1 did not receive the medication or what steps Nursing took after they were unable to administer the medication, on these dates. Nurse #1 said she could not recall why Resident #1's medications were not given and why she had not documented in Resident #1's Nurses Progress Note. During an interview on 09/23/25 at 4:20 P.M., the |

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| F 0770<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide timely, quality laboratory services/tests to meet the needs of residents.<br><br>(continued on next page) |

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| F 0770<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Based on records reviewed and interviews for one of three sampled residents (Resident #1), who had a new Physicians Order on 01/07/2025, for Blood Laboratory work to be conducted on 01/09/25, the Facility failed to ensure Resident #1 was provided with Laboratory Services consistent with his/her Physician Orders, when the laboratory tests were not ordered or obtained, as ordered.Findings include:The Facility Policy titled, Lab and Diagnostic Test Results - Clinical Protocol, dated revised November 2018, indicated the following: the Physician will identify and order diagnostic and laboratory testing based on the Resident's diagnostic and monitoring needs, the staff will process test requisitions and arrange for tests and the laboratory, diagnostic radiology provider, or other testing source will report test results to the facility.The Policy indicated the following: a Nurse will try to determine whether the test was done, as a routine screen or a follow up and if the reason for performing the test cannot be identified, the Nurse should proceed as though the tests were ordered to assess a condition change or recent onset of signs and symptoms.Resident #1 was admitted to the Facility in January 2025, diagnoses included Influenza (flu), Diabetes (too much sugar that stays in the blood), Hypertension (high blood pressure), Hyperlipidemia (high levels of fat in the blood), Heart Block status post Pacemaker (pacemaker placement to manage signals in the heart that are delayed or blocked), Chronic Kidney Disease-stage III (kidneys are moderately to severely damaged and not working as well as they should), Spinal Stenosis (spaces inside the bone of the spine get too small), Epilepsy (disorder in which nerve cell activity in the brain is disturbed, causing seizures) and muscle weakness.Review of Resident #1's Physician Orders, dated 01/07/25, indicated Resident #1's CBC (Complete Blood Count - blood test that analyzes the size and quality of different blood cells) and a BMP (Basic Metabolic Panel - a group of blood tests that measure blood glucose (sugar), electrolytes (like sodium, potassium, and calcium), and kidney function indicators (like blood urea nitrogen (BUN) and creatinine), were to be drawn on 01/09/25.Review of Resident #1's Medication Administration Record (MAR), dated 01/07/2025 through 01/12/2025, indicated there was no documentation to support Resident #1's CBC and BMP had been obtained and completed as ordered by Resident #1's Physician on 01/07/2025.There was no documentation to support Nursing followed up on Resident #1's CBC and BMP, and no documentation to support Nursing Staff informed the Physician/Nurse Practitioner that the laboratory work had not been obtained.Review of the Nurse Practitioner Progress Note, dated 01/09/2025, indicated Resident #1's laboratory results were pending on 01/09/2025. During an interview on 09/23/2025 at 10:25 A.M., the Nurse Practitioner (NP) (which included a review of Resident #1's admission Physician Orders, dated 01/07/2025, the NP said Resident #1's Physicians Orders indicated a CBC and BMP were to be drawn on 01/09/2025.The Nurse Practitioner said on 01/09/2025, she assessed Resident #1, and had documented in her Progress Note, (written on 01/09/2025), that Resident #1's laboratory results were pending on 01/09/2025. The Nurse Practitioner said the laboratory results were not available when she had reviewed Resident #1's Medical Record.The Nurse Practitioner said she was not informed Resident #1's CBC and BMP were not drawn on 01/09/2025, was not informed of the reason why they were not completed and said Resident #1's next laboratory draw had been scheduled for 01/11/2025. During an interview on 09/23/2025 at 2:28 P.M., (which included a review of Resident #1's admission Physician Orders) Nurse #3 said on 01/07/2025 she assisted with Resident #1's admission Orders. Nurse #3 said when a Resident is admitted to the Facility, her focus is to enter the Residents' Medications Ordered by the Physician and the oncoming Shift Nurse will review the Resident's admission Orders to ensure medications and laboratory tests are ordered correctly. Nurse #3 said the Residents' medications and laboratory orders are populated on his/her Medication admission Record after the Nurse enters the Physicians Orders into the computer system.Nurse #3 said on 01/07/25, she does not know why Resident #1's orders for CBC and BMP were not ordered for 1/09/25.During a telephone interview on 09/24/2025 at 1:29 P.M., the Unit Manager said when a new Resident is admitted to the Facility, Nursing will enter the Resident's medication and laboratory orders. The Unit Manager said her practice would be to review the Physicians Orders to ensure they were entered correctly and completely.The Unit Manager said she does the best she can to ensure she checks all new admission Physicians Orders. The Unit Manager said as far as she knew, the Clinical Staff and the Director of Nurses (DON) would check the Physicians' Orders when she was not at the Facility to ensure they were completed.During an interview on 09/23/2025 at 4:20 P.M., the Director of Nurses (DON) said her expectations of staff are when a Physician Orders laboratory tests for a Resident, that Nursing will order the laboratory tests, ensure the laboratory tests are drawn, and if the |