STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225515	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
D'Youville Senior Care	981 Varnum Avenue Lowell, MA 01854

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 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. Based on records reviewed and interviews for two of three sampled residents (Resident #1 and Resident #2), who were at risk for developing Diabetes-related foot complications, the Facility failed to ensure they received proper care and treatment to maintain good foot health.Findings include:Review of the Facility's policy, titled Diabetic Foot Care, dated 04/2016, indicated the following:Policy: It is the policy of the facility to provide appropriate foot care to all diabetic residents/patients.Procedure:-wash bilateral feet with warm soapy water-rinse with clean water-dry feet thoroughly-apply house lotion-record the treatment and chart all pertinent observations1) Resident #1 was admitted to the Facility in June 2021, diagnoses included Type 2 Diabetes Mellitus with diabetic neuropathy and dementia.Review of Resident #1's Treatment Administration Record (TAR) for the month of November 2025, indicated he/she had an order to be administered Diabetic foot care every evening and for nursing to document all abnormal findings and interventions in a progress note.Further review of Resident #1's TAR indicated the following:-On 11/03/25, 11/04/25, and 11/05/25, Nurse #1 entered code 9 (indicating to see the nursing progress notes).Review of Resident #1's Nursing Progress Notes, from 11/03/25 through 11/05/25, indicated there were no progress notes entered relative to Resident #1's diabetic foot care.-On 11/06/25, Nurse #2 signed off on that Resident #1's diabetic foot care was completed as ordered.During an interview on 12/04/25 at 3:23 P.M., Nurse #1 said she was on duty the 3:00 P.M. through 11:00 P.M. (evening) shift on 11/03/25, 11/04/25, and 11/05/25 and Resident #1 was on her assignment. Nurse #1 said she entered code 9 on Resident #1's TAR because she did not have time to provide his/her diabetic foot care.Nurse #1 said she should have entered progress notes in Resident #1's medical record to indicate that his/her diabetic foot care was not administered as ordered on 11/03/25, 11/04/25 and 11/05/25.During an interview on 12/04/25 at 3:14 P.M., Nurse #2 said she was on duty for the evening shift on 11/06/25 and Resident #1 was on her assignment. Nurse #2 said that although she signed off that she provided Resident #1 with diabetic foot care, she said she had not provided it. Nurse #2 said she had directed Certified Nurse Aide (CNA) #2 to put lotion on all of the residents' feet, including Resident #1. During an interview on 12/04/25 at 3:36 P.M., Certified Nurse Aide (CNA) #2 said that she was on duty for the evening shift on 11/06/25 and was asked by nursing to apply lotion to the residents' feet, including Resident #1. CNA #2 said she applied lotion to Resident #1's feet and legs.2) Resident #2 was admitted to the Facility in September 2025, diagnoses included Type 2 Diabetes Mellitus and Alzheimer's Disease. Review of Resident #2's medical record indicated there was no documentation to support that the nursing staff obtained a physician's order to administer diabetic foot care to him/her nightly.During an interview on 12/04/25 at 3:57 P.M., the Director of Nurses (DON) said diabetic foot care consisted of cleaning, inspecting and moisturizing the resident's feet, that the treatments and any findings should be properly documented and communicated. The DON said she thought the treatment could be delegated to a Certified Nurse Aide but expected nursing to oversee. The DON said Resident #2 should have had a physician's order for diabetic foot care upon admission to the facility.

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