

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225515	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  D'Youville Senior Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50338</p> <p>Based on record review and interview, the facility failed to notify the physician of the unavailability of a treatment supply for daily wound care for one Resident (#9), in a total sample of 36 residents. Specifically, for Resident #9, nursing failed to notify the physician when his/her physician's ordered flagyl (medication used for wound odor) was unavailable for two days and the santyl (medicated ointment for wounds) was unavailable for four days.</p> <p>Findings include:</p> <p>Review of policy titled 'Resident/Patient Change in Condition', dated as reviewed March 2024, indicated:</p> <ul style="list-style-type: none"> <li>- The physician/nurse practitioner, resident/patient and/or legal representative will be promptly notified by the licensed nurse of the need to alter or discontinue treatment due to adverse consequences or to commence a new form of treatment.</li> </ul> <p>Resident #9 was admitted to the facility in May 2017 with diagnoses including dementia with behaviors, depression, and pressure ulcer of sacral region.</p> <p>Review of Resident #9's most recent Minimum Data Set (MDS), dated [DATE], indicated the Resident had a Brief Interview for Mental Status (BIMS) score of 99 which indicates unable to respond to interview questions and the staff assessed him/her to have severe cognitive impairment. The MDS also indicated that the Resident was dependent for all care and mobility.</p> <p>Review of the physician progress note, dated 5/13/24, indicated Resident #9 had a pressure ulcer of sacral region and the plan was to continue flagyl (antibiotic, medication crushed and sprinkled in wound to decrease odor) and santyl (used to remove damaged tissue from ulcers) and that he/she was followed closely by hospice for this.</p> <p>Review of Resident #9's physician's orders, dated 5/8/24, indicated:</p> <ul style="list-style-type: none"> <li>- Santyl apply to coccyx every day, mix with crushed flagyl.</li> <li>- Flagyl 500 milligrams (mg) apply to coccyx wound topically for coccyx wound.</li> </ul> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Wash coccyx wound with wound cleanser, mix flagyl with santyl, apply to coccyx wound bed, cover with calcium alginate followed by 4 x 4 border foam dressing every day for coccyx wound.</p> <p>Review of Medication Administration Record (MAR), dated May 2024, indicated the santyl ointment was signed off with a chart code of 9 on 5/19/24, 5/20/24, 5/21/24, and 5/22/24 which indicated to see the nurse's notes.</p> <p>Review of MAR, dated May 2024, indicated the flagyl was signed off with chart code of 9 on 5/19/24 and 5/20/24 indicating to see nurse's notes.</p> <p>Review of Resident #9's nurse's notes regarding orders-administration, dated 5/19/24 at 2:02 P.M., indicated:</p> <p>- santyl unavailable</p> <p>- flagyl unavailable</p> <p>Review of Resident #9's nurse's notes regarding orders-administration, dated 5/20/24 at 3:26 P.M., indicated:</p> <p>- santyl was unavailable.</p> <p>Review of Resident #9's nurse's notes regarding orders-administration, dated 5/20/24 at 3:27 P.M., indicated:</p> <p>- flagyl was unavailable.</p> <p>Review of Resident #9's nurse's notes regarding orders-administration, dated 5/21/24 at 2:06 P.M., indicated:</p> <p>- santyl was unavailable.</p> <p>Review of Resident #9's nurse's notes regarding orders-administration, dated 5/22/24 at 3:07 P.M., indicated:</p> <p>- santyl was unavailable.</p> <p>Review of Treatment Administration Record (TAR), dated May 2024, indicated in a separate physician's order that the coccyx wound treatment of santyl and flagyl was signed off as completed, as ordered on 5/19/24, 5/20/24, 5/21/24, and 5/22/24, however the nurse's notes regarding orders-administration on 5/19/24, 5/20/24, 5/21/24, and 5/22/24, indicated the flagyl was unavailable on 5/19/24 and 5/20/24 and the santyl was unavailable on 5/19/24, 5/20/24, 5/21/24 and 5/22/24.</p> <p>During an interview on 5/30/24 at 12:35 P.M. Nurse # 2 said that she did not have the santyl and flagyl as ordered by the physician (Nurse #2 worked 5/20/24, 5/21/24, and 5/22/24). Nurse #2 said she reached out to the pharmacy and the santyl was on backorder. Nurse #2 said she did not reach out to the physician to notify him of the unavailable medication. Nurse #2 said she should have reached out to the physician for and alternate treatment order.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/31/24 at 3:54 P.M., the surveyor attempted to interview Nurse #13 and he declined to be interviewed.</p> <p>During an interview on 5/30/24 at 1:00 P.M., with Hospice Nurse #1 she said she was unaware that santyl was not available. Hospice Nurse #1 said she would have expected to be notified if a treatment that was ordered was not available but was not.</p> <p>Review of Resident #9's medical record failed to indicate the physician was notified of the unavailability of the flagyl and santyl and there was no documentation to support that Resident #9's treatment plan was altered as a result of the medications being unavailable.</p> <p>During an interview on 5/30/24 at 1:37 P.M., the Director of Nursing (DON) said that when a medication or treatment is unavailable, nursing should notify the physician to alter the treatment plan. The DON said she was not made aware that Resident #9's santyl and flagyl were unavailable but should have been.</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41019</p> <p>Based on record review and interview, the facility failed to investigate an allegation of potential sexual abuse for one Resident (#121) out of a total sample of 36 residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled 'Prevention, Identification, Investigation and Reporting of Abuse, Neglect, Mistreatment or Exploitation of a Resident or Misappropriation of Resident Property', dated 4/2023, indicated the following:</p> <ul style="list-style-type: none"> <li>- The facility will monitor and assess specific events, occurrences, patterns and trends that may constitute abuse, neglect, mistreatment or exploitation of a resident or the misappropriation of resident property. All Nursing Home Staff must immediately report to his/her supervisor any suspected abuse, neglect, mistreatment, or exploitation of a resident.</li> <li>- Sexual abuse is the non-consensual contact of any type with a resident that includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.</li> <li>- Investigation: the facility will investigate all allegations and types of incidents as listed above in accordance with facility procedure for investigation/reporting/response as described below. The facility will take all reasonable steps to protect resident's from harm during the entire investigation.</li> </ul> <p>Resident #121 was admitted in June 2023 with diagnoses including anxiety and dementia.</p> <p>Review of the Minimum Data Set Assessment (MDS), dated [DATE], indicated the Resident scored a 14 out of 15 on the Brief Interview for Mental Status (BIMS), indicating intact cognition.</p> <p>Review of the progress note, dated 2/8/24, indicated the following: Resident voiced concern to this writer that he/she was unhappy with being on this floor, and unhappy with roommate. He's/she's a klepto (kleptomaniac) and he's/she's always kissing on me. He/she stated that he/she wanted more activities, exercise. I told him/her that I would pass it on to Social Services.</p> <p>During an interview on 5/31/24 at 7:51 A.M., the Director of Nursing said that she was not notified of that allegation and said that if she was then she would have completed a full investigation.</p> <p>During an interview on 5/31/24 at 8:20 A.M., Social Worker #1 said that when she was notified of Resident #121's complaint of his/her roommate, the always kissing me statement was never brought to her attention. She said that when she spoke to Resident #121, the Resident did not mention that part.</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 observations, interview, record review, and policy review, the facility failed to follow professional standards of practice for three Residents (#109, #117, and #43), out of a total sample of 36 residents. Specifically:</p> <ol style="list-style-type: none"> <li>1.) For Resident #109, the facility failed to ensure nursing changed an indwelling urinary catheter drainage bag as ordered by the physician.</li> <li>2.) For Resident #117, the facility failed to ensure nursing implemented a physician's ordered wander guard.</li> <li>3.) For Resident #43, the facility failed to provided nursing services or care that adhere to accepted standards of quality regarding administration of injectable medications.</li> </ol> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1.) Review of the facility policy titled 'Indwelling Urinary Catheter, Insertion, Care, Removal', dated April 2023, indicated the intent of the policy is to not only give guidance for urinary catheter maintenance techniques, but also to assist in the prevention of catheter associated urinary tract infections.</li> </ol> <p>C. Maintenance. 6. Urinary drainage bags should be changed when visibly soiled, leaking, or there is contamination of the closed system.</p> <p>Resident #109 was admitted to the facility in March 2024 with diagnoses including urine retention, anxiety, and peripheral vascular disease.</p> <p>Review of the Minimum Data Set Assessment (MDS), dated [DATE], indicated he/she required indwelling urinary catheter.</p> <p>On 5/29/24 at 8:07 A.M., the surveyor observed Resident #109 in his/her bed. His/her urinary drainage bag was dated 5/17/24.</p> <p>Review of the physician's order, dated 4/25/24, indicated:</p> <p>- Change catheter drainage bag, every day shift every Friday.</p> <p>Review of the Treatment Administration Record (TAR), dated May 2024, indicated nursing implemented the physician's order and changed Resident #109's catheter drainage bag on 5/24/24.</p> <p>During an interview on 5/31/24 at 10:36 A.M., Nurse #8 said he was Resident #109's nurse on 5/24/24. Nurse #8 said that he could not recall changing Resident #109's indwelling urinary drainage bag. Nurse #8 said that if he had to change Resident #109's indwelling urinary drainage bag he would have dated the bag and would have discarded the old bag.</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 5/30/24 at 2:24 P.M., Nurse #7 said she changed Resident #109's urinary drainage bag on 5/29/24 because the bag was compromised. Nurse #7 said she did not document the drainage bag change in the record but should have.</p> <p>During an interview on 5/30/24 at 10:23 A.M., Unit Manager #2 said that that nursing should have changed Resident #109's catheter bag as ordered by the physician. Unit Manager #2 said nursing should document changes of urinary catheter bags.</p> <p>During an interview on 5/30/24 at 1:53 P.M., the Director of Nursing said indwelling urinary catheter drainage bags should be changed according to the physician's order.</p> <p>2.) Resident #117 was admitted to the facility in September 2023 with diagnoses including major depression, borderline personality disorder, anxiety, and vascular dementia.</p> <p>Review of the Minimum Data Set Assessment (MDS), dated [DATE], indicated Resident #117 had a Brief Interview for Mental Status (BIMS) score of 14 out of a possible 15 which indicated he/she was cognitively intact.</p> <p>Review of Resident #117's physician's orders, dated 9/1/23, indicated:</p> <ul style="list-style-type: none"> <li>- Apply Secure Care Wander Guard to: Right Lower Extremity (RLE) Serial Number: A20270934 Expiration Date: 8/31/24</li> <li>- Secure Care Wander Guard: Check Function, every night shift.</li> <li>- Secure Care Wander Guard: Monitor Placement, every shift.</li> </ul> <p>Review of the nursing notes dated 9/1/23, 9/2/23, and 9/6/23, indicated the wander guard was in place.</p> <p>Review of the Resident #117's plan of care on 5/31/24, failed to include the use of the wander guard.</p> <p>On 5/29/24 at 7:44 A.M., 5/30/24 at 8:13 A.M., and on 5/31/24 at 8:53 A.M., the surveyor observed Resident #117 in his/her room without a wander guard. There was no wander guard on his/her extremities, wheelchair, or walker.</p> <p>During an interview on 5/31/24 at 6:55 A.M., Nurse #3 said Resident #117 doesn't have a wander guard. Nurse #3 said she doesn't know a mechanism to check the wander guard function.</p> <p>Review of the Treatment Administration Record (TAR), dated May 2024, indicated Nurse #3 checked the function of Resident #117's wander guard 12 times during the month of May 2024.</p> <p>On 5/31/24 at 8:53 A.M., the surveyor and Nurse #7 were unable to observe the physician's ordered wander guard. Nurse #7 said Resident #117 does not have a wander guard and has not used one in while.</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 the Treatment Administration Record (TAR), dated May 2024, indicated Nurse #7 checked for Resident #117's wander guard 18 times during the month of May 2024.</p> <p>During an interview on 5/31/24 at 8:58 A.M., Unit Manager #2 said that Resident #117 does not have a wander guard. Unit Manager #2 said the machine to check the wander guard function is located on the A Unit and there was not a wander guard function checker on the B Unit. Unit Manager #2 said that nursing should ensure there was a wander guard for Resident #117 before implementing the order.</p> <p>During an interview on 5/31/24 at 10:40 A.M., the Director of Nursing said that nursing should implement the physician's order for the wander guard.</p> <p>48671</p> <p>3.) Resident #43 was admitted to the facility in August 2023 with diagnoses including type 2 diabetes.</p> <p>Review of the Minimum Data Set Assessment (MDS), dated [DATE], indicated Resident #43 had a Brief Interview for Mental Status (BIMS) score of 13 out of a possible 15 which indicated he/she was cognitively intact.</p> <p>Review of the Insulin Glargine Solution instructions indicated:</p> <ul style="list-style-type: none"> <li>- Subcutaneous injection (uses a short needle to inject a medication into the fatty tissue layer between your skin and muscle). Do not administer into the muscle (intramuscular).</li> </ul> <p>On 5/31/24 at 8:54 A.M., the surveyor observed Nurse #8 prepare and administer medications for Resident #43 including:</p> <ul style="list-style-type: none"> <li>- Insulin Glargine Solution 100 UNIT/ML. Inject 50 unit(s) subcutaneously one time a day for diabetes. Nurse #8 used a 100 unit /1.0 mL insulin syringe to draw up the required dose. (100unit/ 1.0mL insulin syringe with an orange cap, needle length is 1/2 inch (12.7 mm).</li> </ul> <p>The surveyor observed Nurse #8 walked into Resident #43's room and lifted the Residents shirt up exposing the Resident #43's right arm. Nurse #8 then explained to Resident #43 that he was going to administer the insulin injection into his/her right deltoid (which is a muscle in the upper arm) and began to mark the area on the right deltoid by placing his left middle and left index finger in the shape of a V on the right deltoid muscle (this is a nursing technique to outline the deltoid muscle for intramuscular injections). Nurse #8 said I am going to administer the medication into the right deltoid muscle and used an alcohol swab to cleanse the right deltoid muscle. The Nurse then positioned the needle at a 90-degree angle and pressed his hand into the muscle to prepare to inject the needle. The surveyor intervened to prevent Nurse #8 from injecting the insulin into the exposed and prepped deltoid muscle, thus making it an intramuscular injection. The surveyor asked Nurse #8 if the order is for an intramuscular injection and Nurse #8 said yes. The surveyor then asked Nurse #8 to review the physician order prior to administering the injection. Nurse #8 reviewed the order and said the medication is a subcutaneous injection and he should not have prepared to administer the injection into the right deltoid as insulin is not an intramuscular injection. Nurse #8 then obtained another alcohol pad and proceeded to cleanse a different location on Resident #43's right arm and injected the subcutaneous injection appropriately as ordered by the physician.</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 the Physician's Order dated 3/6/24, indicated:</p> <p>- Insulin Glargine Solution 100 UNIT/ML. Inject 50 unit(s) subcutaneously one time a day for diabetes. Start Date 3/06/2024, at 9:00 A.M.</p> <p>During an interview on 5/31/24 at 9:06 A.M., Nurse #8 said insulin is not to be administered intramuscularly and that he should not have prepped the skin to inject the insulin into the right deltoid. Nurse #8 said he knows the insulin is a subcutaneous injection and that he was nervous.</p> <p>During an interview on 5/31/24, at 9:13 A.M., Unit Manager #2 said physician orders should be followed and said the nurse should not have attempted to administer the insulin into the deltoid muscle as insulin must be injected subcutaneously.</p> <p>During an interview on 5/31/24 at 10:21 A.M., The Director of Nursing (DON) said the nurse should have known that insulin does not get injected into the muscle and she expects the nurse to know the difference between an intramuscular injection and a subcutaneous injection.</p>

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48671</b></p> <p>Based on observations, records reviewed and interviews, the facility failed provide necessary services to ensure one Resident (#36) out of a total sample of 36 Residents, was able to effectively communicate his/her needs.</p> <p>Findings include:</p> <p>Resident #36 was admitted to the facility in January 2023 with diagnoses including dementia, anxiety and neurocognitive disorder.</p> <p>Review of the most recent Minimum Data Set Assessment (MDS), dated [DATE], indicated that Resident #36 was severely cognitively impaired and was unable to complete a Brief Interview for Mental Status (BIMS) score. Review of the MDS indicated Resident #36 had moderate difficulty using a hearing aid and he/she could sometimes make self understood and he/she can sometimes understand others.</p> <p>Review of Resident #36's active physician's orders, indicated:</p> <ul style="list-style-type: none"> <li>- Bilateral hearing aids - ensure placement in the morning and remove at bedtime. Every day and evening shift, dated 1/31/23.</li> </ul> <p>Review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR), dated May 2024, indicated:</p> <ul style="list-style-type: none"> <li>- On 5/28/24, Resident #36 was provided his/her hearing aids on the day shift</li> <li>- On 5/28/24, Resident #36 bilateral hearing aids were removed at bedtime.</li> <li>- On 5/29/24, Resident #36 was provided his/her hearing aids on the day shift.</li> <li>- On 5/29/24, Resident #36 Code 9 = See other /see Nurses Notes Still Missing.</li> </ul> <p>Further review of the MAR and TAR indicated Resident #36 had missing hearing aids twenty-two days during the Month of May 2024.</p> <p>Review of Resident #36's communication plan of care indicated the following:</p> <ul style="list-style-type: none"> <li>- Ensure my hearing aids are in when awake, place in medication room when taken out, initiated 1/30/2023.</li> </ul> <p>Review of the Grievance binder dated 2024 did not include any documentation of Resident #36's missing hearing aids.</p> <p>During an observation on 5/29/24 at 8:53 A.M., Resident #36 was sitting in the dining room eating breakfast. The Resident had one hearing aid in his/her left ear.</p> <p>(continued on next page)</p>

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/30/24 at 7:01 A.M., Resident #36 was sitting in a wheelchair across from the nurse's station. The surveyor attempted to speak with Resident #36 but he/she said I can't hear you they lost my hearing aids. This one and Resident #36 pointed to his/her right ear. Resident #36 did not have a hearing aid in his/her right ear. Resident #36 had a hearing aid in the left ear.</p> <p>During an observation on 5/30/24 at 11:42 A.M., Resident #36 was observed sitting in the dining room. The Resident had one hearing aid in the left ear. The surveyor observed staff attempting to communicate with Resident #36, however it was unclear if Resident #36 heard them as he/she did not respond.</p> <p>During an interview on 5/30/24 at 7:10 A.M., Nurse #9 said Resident #36 wears bilateral hearing aids and resident information can be found on the care card located in the staff break room. Nurse #9 said staff use this information to know specifics for each resident.</p> <p>Review of the care card printout located in the break room did not indicate that Resident #36 used bilateral hearing aids.</p> <p>During an interview on 5/30/24 at 11:38 A.M., Certified Nurse Assistant (CNA) #2 said Resident #36 should have bilateral hearing aids but he/she lost the right one a couple weeks ago and only has one.</p> <p>During an interview on 5/30/23 at 11:46 P.M., Nurse #10 said Resident #36 should wear bilateral hearing aids because he/she had difficulty hearing.</p> <p>During an interview on 5/30/23 at 9:31 A.M., the Director of Nursing (DON) said a grievance form should have been completed for the missing hearing aid and measures should have been implemented to assist with communication. The DON said staff should not be documenting administration or removal of both hearing aids if one is missing. The DON was unable to provide a grievance form during the time of the survey.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225515	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  D'Youville Senior Care		STREET ADDRESS, CITY, STATE, ZIP CODE  981 Varnum Avenue Lowell, MA 01854	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46339</p> <p>Based on observations, record review and interviews, the facility failed to provide care and maintenance of a peripherally inserted central catheter (PICC) consistent with professional standards of practice for one Resident (#95), out of a total sample of 36 residents. Specifically, for Resident #95, the facility failed to ensure nursing completed a PICC line dressing change as ordered by the physician.</p> <p>Findings include:</p> <p>Review of facility policy titled 'Central Line Dressing Change', dated June 2016, indicated, but was not limited to, the following:</p> <ul style="list-style-type: none"> <li>- The transparent dressing will be used over the insertion site and it will be changed every 7 days or immediately if the dressing is loose or soiled.</li> <li>- If there is drainage or bleeding from insertion site, sterile gauze with transparent dressing will be used.</li> <li>- Needles connectors will be attached to every lumen of the catheter and will be changed every 7 days, after lab draws or as needed.</li> <li>- During dressing change observe the site for signs and symptoms of complications and measure the external length of the central line catheter.</li> </ul> <p>Resident #95 was admitted to the facility in May 2024 with diagnoses including osteomyelitis of vertebra of lumbar region.</p> <p>Review of the most recent Minimum Data Set Assessment (MDS), dated [DATE], indicated that Resident #95 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15. The MDS further indicated that the Resident was receiving intravenous medication.</p> <p>Review of the plan of care related to PICC line for IV (intravenous) medication administration, dated 5/15/24, indicated the following interventions:</p> <ul style="list-style-type: none"> <li>- Change my PICC line dressing per facility policies and procedures and my MD (doctor of medicine)/NP (nurse practitioner) orders, Notify my MD/NP of any abnormalities. Change the infusion caps and flush my PICC per my MD/NP orders. Monitor my PICC line site every shift including but not limited to redness, swelling, line migration, bleeding. Report abnormalities to my MD/NP.</li> </ul> <p>Review of the physician's order, dated 5/9/24, indicated the following:</p> <ul style="list-style-type: none"> <li>- PICC catheter dressing change as needed for compromised dressing. Change needless connection device with each dressing. PICC catheter dressing change every day shift every Friday change needless connection device with each dressing change.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/29/24 at 8:47 A.M., the surveyor observed Resident #95's PICC line dressing on his/her left upper arm. The dressing was peeling off, undated and insertion site with bloody drainage. The Resident said someone was supposed to change the dressing but never went back to change it.</p> <p>On 5/30/24 at 1:09 P.M., the surveyor observed Resident #95's PICC line dressing on his/her left upper arm. The dressing was peeling off, undated and insertion site with bloody drainage.</p> <p>Review of Medication Administration Record (MAR), dated May 2024, failed to indicate that nursing staff changed the PICC line dressing on 5/17/24 and 5/24/24; the MAR was not signed off.</p> <p>Review of Resident #95's progress note, dated 5/20/24, indicated Pick [sic] line dressing changed today.</p> <p>Further review of Resident #95's MAR failed to indicate that on 5/20/24 an as needed order for PICC dressing change had occurred.</p> <p>During an interview on 5/30/24 at 1:18 P.M., Nurse #1 said the PICC line dressing are changed 24 hours after admission or insertion and then weekly. She said Resident #95's dressing change should have occurred every Friday and as needed and would be documented in the MAR.</p> <p>During an interview on 5/30/24 at 1:21 P.M., Unit Manager #1 said the PICC line dressing for Resident #95 should have been changed every Friday. She further said dressing should be dated, initialed and time stamped.</p> <p>During an interview on 5/30/24 at 1:54 P.M., the Director of Nursing said the expectation is that PICC line dressing should be completed weekly, as needed and should be dated.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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> 50338</p> <p>Based on observations, interviews and policy review the facility failed to ensure staff stored medications and biologicals in accordance with State and Federal laws.</p> <p>Specifically, the facility failed to:</p> <ol style="list-style-type: none"> <li>1.) Ensure medications with shortened expiration dates were dated once opened in 5 of 6 medication carts observed, and</li> <li>2.) Ensure medication carts were locked when unattended.</li> </ol> <p>Findings include:</p> <p>Review of the facility policy, titled 'Medication Storage in the Facility', dated 2/2019, indicated the following but not limited to:</p> <ul style="list-style-type: none"> <li>- Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier.</li> <li>- The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medication.</li> <li>- When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated.</li> <li>- The nurse shall place a date opened sticker on the medication and enter the date opened and the new date of expiration. The expiration date of the vial or container will be 30 days unless the manufacturer recommends another date or regulations/guidelines require different dating.</li> </ul> <p>1.) On 5/31/24 at 6:59 A.M., on the Belvidere Lane Unit, the surveyor and Nurse #3 observed the following in the medication cart: one bottle of Prostat (liquid protein) opened and undated. Review of the manufacturer's guidelines indicated discard three months after opening.</p> <p>During an interview on 5/31/24 at 7:05 A.M., Nurse #3 said Prostat should be dated when opened.</p> <p>On 5/31/23 at 7:09 A.M., on the [NAME] Lane Unit, the surveyor and Nurse #4 observed the following in the medication cart: Trelegy ellipta (an inhaler to treat asthma) inhaler, opened and undated. Review of the manufacturer's guidelines indicated discard six weeks once opened.</p> <p>During an interview on 5/31/24 at 7:13 A.M., Nurse #4 said inhalers should be dated when opened.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/31/24 at 7:16 A.M., on the [NAME] Lane Unit, the surveyor and Nurse #2 observed the following in the medication cart: one bottle of Prostat, opened and undated.</p> <p>During an interview on 5/31/24 at 7:20 A.M., Nurse #2 said Prostat should be dated when opened.</p> <p>On 5/31/24 at 7:24 A.M., on the [NAME] Lane Unit, the surveyor and Nurse #5 observed the following in the medication cart:</p> <ul style="list-style-type: none"> <li>- two bottles of latanoprost (eye drops to treat glaucoma) 0.005% eye drops, opened and undated.</li> <li>- two bottles of dorzolamide (medication to treat glaucoma) 2%, opened and undated.</li> <li>- one bottle of brimonidine (medication to treat glaucoma) tartrate 0.1%, opened and undated.</li> <li>- one bottle of timolol (medication used to treat glaucoma) 0.5%, opened and updated.</li> </ul> <p>- fluticasone propionate (an inhaler used to treat asthma) and salmeterol 500/50 inhaler, opened and undated.</p> <p>During an interview on 5/31/24 at 7:33 A.M., Nurse #5 said inhalers and eye drops should be dated when opened.</p> <p>On 5/31/24 at 7:42 A.M., on the [NAME] Lane Unit, the surveyor and Nurse #6 observed the following in the medication cart:</p> <ul style="list-style-type: none"> <li>- one bottle of dorzolamide 2%, opened and undated.</li> <li>- two bottles of latanoprost 0.005%, opened and undated.</li> </ul> <p>During an interview on 5/31/24 at 7:50 A.M., Nurse # 6 said the eye drops should be dated when opened.</p> <p>During an interview on 5/31/24 at 10:22A.M., the Director of Nursing (DON) said she would expect inhalers and eye drops to be dated when they are opened and expiry date and for medications with shortened expiration date after opening would be opened and dated following pharmacy/manufacturer's directions for expiration.</p> <p>48671</p> <p>2.) On 5/31/24 at 7:29 A.M., the surveyor observed a medication cart on the Belvidere Lane Unit, unlocked, with one drawer open and pulled out. The surveyor observed a Resident sitting directly in front of the unlocked medication cart. The surveyor was able to access the medication cart, open all of the drawers, have full access to the medications in the cart. There were no staff present in the area of the unlocked medication cart.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/31/24, at 7:40 A.M., Nurse #8 saw the surveyor standing next to the unlocked medication cart, and saw a Resident sitting directly in front of the unlocked medication cart. Nurse #8 said that he was down the hall and should have locked the medication cart before walking away. Nurse #8 said that the medication cart should be locked at all times.</p> <p>During an interview on 5/31/24, at 9:13 A.M., Unit Manager #2 said unlocked medication carts should not be left unattended and must be locked when not in use.</p> <p>During an interview on 5/31/24 at 10:21 A.M., The Director of Nursing (DON) said medication carts must be locked and not left open or accessible by residents.</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48671</p> <p>Based on observation, record review and interview, the facility failed to provide a therapeutic diet as ordered for two Resident's (#179 and #142) out of a total sample of 36 residents.</p> <p>Findings include:</p> <p>1.) Resident #179 was admitted in July 2023 with diagnoses including dementia and Parkinson's disease with dyskinesia (involuntary muscle movements).</p> <p>Review of the most recent Minimum Data Set Assessment (MDS), dated [DATE], indicated that Resident #179 was severely impaired cognitively as evidenced by a Brief Interview for Mental Status (BIMS) score of 7 out of 15. Review of MDS indicated that Resident #179 requires supervision or touching assistance with meals.</p> <p>Review of the physician's orders for Resident #179 indicated the following:</p> <ul style="list-style-type: none"> <li>- Diet: House, thin liquids, ground texture large portions. (Initiated 7/2023).</li> </ul> <p>Review of the nutritional care plan indicated the following:</p> <ul style="list-style-type: none"> <li>- Super cereal with breakfast. (Initiated 11/2023).</li> <li>- Super mashed potato with lunch meals. (Initiated 10/2023).</li> </ul> <p>Review of the dietary progress noted, dated 2/24/24, indicated the following recommendations:</p> <ul style="list-style-type: none"> <li>- Continue on supplements and fortified foods.</li> </ul> <p>Review of Resident #179's the lunch diet slip dated 5/30/24 indicated:</p> <ul style="list-style-type: none"> <li>- Half cup - Super Mashed Potato.</li> </ul> <p>During an observation on 5/29/24 at 8:59 A.M., Resident #179 was not served super cereal during the breakfast meal. Resident #179 was eating a muffin and scrambled eggs.</p> <p>During an observation on 5/30/24 at 8:51 A.M., Resident #179 was not served super cereal during the breakfast meal. Resident #179 was eating french toast and scrambled eggs.</p> <p>During an observation on 5/30/24 at 12:23 P.M., Resident #179 did not have super mashed potatoes during the lunch meal. Resident #179 was eating soup from a bowl, meat sauce, parmesan cheese and polenta from a lip plate.</p> <p>(continued on next page)</p>

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/30/24 at 12:43 P.M., Certified Nursing Assistant (CNA) #2 said Resident #179 has super mashed during lunch meals and pointed to the plate containing the meat sauce, parmesan cheese and polenta.</p> <p>During an interview and observation on 5/30/24 at 12:46 P.M., Nurse #9 said Resident #179 was not eating super mashed with the lunch meal as the polenta and super mashed have a different color.</p> <p>During an interview on 5/31/24 at 7:16 A.M., the Director of Nurses (DON) said Resident #179 should have been given fortified foods during breakfast and lunch.</p> <p>During an interview on 5/31/24 at 11:04 A.M. the Dietician said Resident #179 should be given super cereal and super mashed during meals.</p> <p>2.) Resident #142 was admitted in July 2023 with diagnoses including dementia and dysphagia.</p> <p>Review of the most recent Minimum Data Set Assessment (MDS), dated [DATE], indicated that Resident #142 is severely cognitively impaired and was unable to complete a Brief Interview for Mental Status (BIMS) score. Additional review of the MDS indicated that Resident #142 is dependent for all Activities of Daily Living (ADL) care needs.</p> <p>Review of the physician's orders for Resident #142 indicated the following:</p> <ul style="list-style-type: none"> <li>- Diet: Pureed, moist, house, thin liquids. Double portions. (Initiated 7/2023.)</li> </ul> <p>Review of Resident #142's nutritional care plan indicated the following:</p> <ul style="list-style-type: none"> <li>- Super cereal with breakfast and Super mashed potato with lunch and dinner. (Last revised 11/2023).</li> </ul> <p>Review of Resident #142's lunch diet slip dated 5/30/24 indicated:</p> <ul style="list-style-type: none"> <li>- Half cup - Super Mashed Potato.</li> </ul> <p>During an observation on 5/29/24 at 8:47 A.M., Resident #142 was eating ground house muffin, eggs, and oatmeal. Resident #142 did not have super cereal during the breakfast meal.</p> <p>During an observation on 5/30/24 at 9:17 A.M., Resident #142 did not have super cereal during the breakfast meal.</p> <p>During an observation on 5/30/24 at 12:30 P.M., Resident #142 did not have super mashed potatoes during the lunch meal.</p> <p>During an interview on 5/30/24 at 12:33 P.M., Certified Nursing Assistant (CNA) #1 said Resident #142 can't eat too much food so we don't give it.</p> <p>During an interview on 5/31/24 at 7:16 A.M. the Director of Nurses (DON) said resident #142 should have been given fortified foods during breakfast and lunch.</p> <p>(continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/31/24 at 11:04 A.M. the Dietician said Resident #142 should be given super cereal and super mashed potatoes during meals and said staff should not decide to not give the fortified foods without discussing it with the team.</p>

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48671</p> <p>Based on observation, record review and interview, the facility failed to provide the correct adaptive equipment for one Resident (#179) out of a total sample of 36 residents.</p> <p>Findings include:</p> <p>Resident #179 was admitted in July 2023 with diagnoses including dementia and Parkinson's disease with dyskinesia (involuntary muscle movements).</p> <p>Review of the most recent Minimum Data Set Assessment (MDS), dated [DATE], indicated that Resident #179 is severely cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 7 out of 15. Review of the MDS indicated that Resident #179 requires supervision or touching assistance with meals.</p> <p>Review of Resident #179's active physician's orders, dated 1/5/24, indicated that Resident #179 requires a nosey cup (an adaptive drinking cup with a U-shape carved into the lid of one side) at meals.</p> <p>Review of the nutritional care plan indicated the following:</p> <ul style="list-style-type: none"> <li>- Lip plate and nosey cup with meals, dated 10/13/23.</li> </ul> <p>Review of Resident #179's diet slip, dated 5/30/24, indicated:</p> <ul style="list-style-type: none"> <li>- Nosey cup.</li> </ul> <p>During an observation on 5/29/24 at 8:59 A.M., Resident #179 was observed drinking orange juice from a regular cup and a second cup of milk was delivered in a regular cup. A nosey cup was not used or provided during the breakfast meal.</p> <p>During an observation on 5/30/24 at 8:51 A.M., staff placed one cup of juice and one cup of milk for Resident #179. The juice and milk were delivered in regular cups. A nosey cup was not used or provided during the breakfast meal.</p> <p>During an observation on 5/30/24 at 12:23 P.M., Resident #179 was observed drinking juice from a regular cup and a second cup of milk was delivered in a regular cup. A nosey cup was not used or provided during the lunch meal.</p> <p>During an interview on 5/30/24 at 12:46 A.M., Certified Nursing Assistant (CNA) #2 said Resident #179 should use a nosey cup but they don't have any available to use.</p> <p>During an interview on 5/31/24 07:16 A.M., The Director of Nursing said Resident #179 should be using a nosey cup for beverages and she expects staff to follow physician orders.</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48671</p> <p>Based on observations and interview, the facility failed to implement practices for the prevention of potential infection on 1 out of 5 resident units. Specifically:</p> <p>1.) Nursing staff failed to properly disinfect equipment used for multiple residents during the medication pass.</p> <p>2.) Nursing staff failed to appropriately perform hand hygiene after doffing contaminated gloves.</p> <p>Findings include:</p> <p>Review of the facility policy titled 'Glucose, Blood-Monitoring', revised January 2014, indicated the following:</p> <ul style="list-style-type: none"> <li>- Wipe down glucometer with bleach wipes after each use.</li> </ul> <p>Review of the facility policy titled 'Determining Precaution Type Policy', dated 4/26/24, indicated the following:</p> <ul style="list-style-type: none"> <li>- Resident-Care Equipment: If use of common items is unavoidable, then adequately clean and disinfect them before use for another resident.</li> </ul> <p>Review of the facility policy titled 'Infection Prevention and Control Plan Oversight', dated 2024, indicated the following:</p> <ul style="list-style-type: none"> <li>- Implementation of appropriate infection prevention and control measures.</li> <li>- Staff competency of infection prevention and control processes including managing equipment and devices.</li> </ul> <p>1.) On 5/31/24 at 7:43 A.M., Nurse #8 was observed exiting a resident's room carrying a glucometer and placing it into a case on top of the medication cart, without cleaning it, and began documenting on the computer.</p> <p>On 5/31/24 at 8:18 A.M., Nurse #8 was observed entering a resident's room during a medication pass to check a residents blood sugar. Nurse #8 was then observed wiping down the glucometer (machine used for checking blood sugar levels) with an alcohol wipe before checking the residents blood sugar.</p> <p>During an interview on 5/31/24 at 9:02 A.M., Nurse #8 said he uses alcohol wipes to disinfect the glucometers and said he did not know if he was supposed to use any other disinfectant.</p> <p>During an interview on 5/31/24, at 9:13 A.M., Unit Manager #2 said alcohol wipes should not be used to clean and disinfect glucometer devices. Unit Manager #2 said approved bleach wipes must be used.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225515	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  D'Youville Senior Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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.

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/31/24 at 10:21 A.M., the Director of Nursing (DON) said glucometers must be disinfected with approved bleach wipes and not alcohol pads. The DON said cleaning must be done after each use and stored appropriately.</p> <p>2.) On 5/31/24 at 7:43 A.M., Nurse #8 was observed exiting a resident's room carrying a glucometer with gloved hands and placing it into a case on top of the medication cart. The nurse then removed his gloves, touched the contaminated side of the glove with his bare hand, did not perform hand hygiene, and began documenting on the computer.</p> <p>On 5/31/24 at 8:20 A.M., Certified Nursing Assistant (CNA) #3 was observed exiting the bathroom with a resident and used her gloved hands to touch the bathroom door handle and bedroom door handle to open the door wider. CNA #3 was observed removing her gloves touching the contaminated surface with her bare hands and did not perform hand hygiene after removal of the gloves.</p> <p>During an interview on 5/31/24, at 9:13 A.M., Unit Manager #2 said staff should not touch surfaces with contaminated gloves and staff are expected to remove gloves correctly and not touch the dirty side of gloves with bare hands. The Unit Manager #2 said hand hygiene should be performed before and after wearing gloves.</p> <p>During an interview on 5/31/24 at 10:21 A.M., The Director of Nursing (DON) said staff should not be touching door handles with contaminated gloves and she expects staff to follow infection control practices when removing gloves.</p>