

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225522	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Regalcare at Quincy		STREET ADDRESS, CITY, STATE, ZIP CODE 211 Franklin Street Quincy, MA 02169	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42742</p> <p>Based on observation, interview, document review, and policy review, the facility failed to ensure staff properly labeled all drugs and biologicals used in the facility in accordance with currently accepted principles. Specifically, the facility failed to ensure staff properly labeled all medications stored in one of three medication carts reviewed once opened.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Medication Storage in the Facility, revised [DATE], indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -Certain medications or package types, such as intravenous solutions, multiple dose injectable vials, once opened, require an expiration date shorter than the manufacturer's expiration date to ensure medication purity and potency. -Drugs dispensed in the manufacturer's original container will carry the manufacturer's expiration date. Once opened, these will be good to use until the manufacturer's expiration date is reached unless the medication is a multi-dose injectable vial or an item for which the manufacturer has specified a usable life after opening. -When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated, if applicable, for medications requiring a shortened expiration date. -The nurse shall place a date opened sticker on the medication and enter the date opened and the new date of expiration, if applicable. Examples of medications with shortened expiration dates include insulins and inhalers (Note: the best stickers to affix contain both a date opened and expiration notation line). <p>Review of a facility document titled Insulin Stability Chart, undated, indicated but was not limited to the following:</p> <p>Long Acting:</p> <ul style="list-style-type: none"> -Lantus (glargine), opened stability, room temperature, 28 days after opening <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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 9:22 A.M., the surveyor reviewed the 3rd floor unit main side medication cart with Nurse #1 and observed the following:</p> <p>-One opened (seal broken) multiple dose injection vial of Lantus (insulin glargine) 100 units/milliliter (ml) stored inside the packaging box in the top drawer of the medication cart, packaging box and multiple dose vial not labeled with the date when opened or the expiration date.</p> <p>During an interview on [DATE] at 9:22 A.M., Nurse #1 said, once opened, the insulin packaging box and vial should have been labeled with the open date and expiration date. She said the insulin had a shortened expiration date and was only good for 28 days.</p> <p>During an interview on [DATE] at 12:39 P.M., the Director of Nurses (DON) said as soon as staff opens medications including insulin, they must label both the packaging container and the vial stored inside with the date when opened and the expiration date to remind people to remove them from the cart and get a new one once expired. The DON said multidose vials of insulin have shortened expiration dates to make sure they are still effective.</p>		

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<p>F 0777</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain x-rays/tests when ordered and promptly tell the ordering practitioner of the results.</p> <p>41106</p> <p>Based on record review and interviews, the facility failed to notify the physician (MD) and/or nurse practitioner (NP) of an abnormal chest X-ray for one Resident (#41), out of one of three closed records reviewed.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Labs and Diagnostics, dated 4/2022, indicated but was not limited to the following:</p> <p>Assessment and Recognition</p> <ul style="list-style-type: none"> -The physician will identify and order diagnostics and lab testing based on diagnostic and monitoring needs. -The staff will process test requisitions and arrange for tests. -The laboratory, diagnostic radiology provider, or other testing source will report test results to the facility. <p>Review by Nursing staff</p> <ul style="list-style-type: none"> -If the staff who first receive or view lab or diagnostic test results cannot follow the remainder of this procedure for reporting and documenting the results and their implications another nurse in the facility (supervisor, charge nurse, etc.) should follow or coordinate the procedure. <p>Deciding how urgently to contact the physician.</p> <ul style="list-style-type: none"> -A nurse will identify the urgency of communicating with Attending Physician based on physician request, the seriousness of any abnormality, and the individual's current condition. <p>Identifying Situations that Warrant Immediate Notification</p> <ul style="list-style-type: none"> -Nursing staff will consider the following factors to help identify situations requiring prompt physician Notifications Concerning Lab or Diagnostic Test Results: -The physician has requested to be notified as soon as the result is received. -The result is something that should be conveyed to a physician regardless of other circumstances (that is the abnormal result is problematic regardless of any other factors). -Resident's clinical status is unclear or worsening. <p>Options for Physician Notification.</p> <p>(continued on next page)</p>		

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<p>F 0777</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-A physician can be notified by phone fax, voicemail, e-mail, mail, pager, or a telephone message to another person acting as the physician's agent.</p> <p>-Facility staff should document information about when, how, and to whom the information was provided and the response. This should be done in the Progress Notes section of the medical record and not on the lab result report, because test results should be correlated with other relevant information such as individual's overall situation, current symptoms, advanced directives, prognosis, etc.</p> <p>-Direct voice communication with the physician is preferred means for presenting any results requiring immediate notification, especially when the resident's clinical status is unstable or current treatment needs review or clarification.</p> <p>Resident #41 was admitted to the facility in March 2024 with the following diagnoses: Newly diagnosed metastatic squamous cell carcinoma of the larynx (superior glottis), primary lung cancer on immunotherapy, pneumonia, chronic obstructive pulmonary disease (COPD), acute hypoxic (low oxygen in body tissue) respiratory failure, pleural effusion requiring drain placements.</p> <p>Review of Resident #41's Hospital Discharge Summary, dated 3/1/24, indicated but was not limited to the following:</p> <p>-Patient presented to local hospital with several weeks of dyspnea (shortness of breath) on exertion and acute worsening of shortness of breath. The patient was transferred to a Boston Hospital, specifically due to concerns for airway obstruction in the setting of invasive squamous cell cancer.</p> <p>-Patient was treated for COPD exacerbation as well as pneumonia.</p> <p>-Eyes, nose, and throat specialist evaluated airway and did not see any airway obstruction.</p> <p>-Pulmonologist (Specializes in lung conditions) did a bronchoscopy that showed airway collapse on both sides; you had stents placed in the airways in both sides of your lungs.</p> <p>-You were treated for pneumonia with antibiotics.</p> <p>-You received five sessions of radiation therapy directed at the cancer in your lungs.</p> <p>-You had a clot in your right arm vein associated with your peripherally inserted central catheter (PICC) line (catheter inserted into the vein for delivery of medication).</p> <p>-You had some continued trouble breathing after receiving radiation, and you were found to have fluid around your left lung that was drained by the interventional Pulmonologist team.</p> <p>-You were given an infusion of pembrolizumab, which is a medication that is being used to treat your cancer.</p> <p>-Unfortunately, while you were admitted you had several episodes of diarrhea and were given treatment for a suspected infection called C diff.</p> <p>(continued on next page)</p>		

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<p>F 0777</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Ultimately your breathing was stable, and you were ready to be discharged to rehab to help you regain your strength.</p> <p>Review of the facility's Physician's Orders indicated but were not limited to the following:</p> <p>-Stat chest x-ray, initiated 3/9/24.</p> <p>-Oxygen at 2 liters per minute via nasal cannula continuous to maintain oxygen saturation rate at 92%, initiated 3/8/24.</p> <p>-Orders may transfer to ER for evaluation 3/11/24</p> <p>Review of the Medication Administration Record (MAR) indicated the stat chest x-ray was completed on 3/9/24.</p> <p>Review of the radiology report, dated 3/9/24, indicated the following:</p> <p>-Examination date:3/9/24 at 6:45 P.M., Reported date 3/9/24 at 10:20 P.M.</p> <p>-Reason for study acute respiratory failure unspecified whether with hypoxia or hypercapnia (high levels of carbon dioxide in your blood).</p> <p>-Conclusion: Near complete all opacification (becoming opaque- not transparent) of the left lung suggested of left pleural effusion (a buildup of fluid between the tissues that line the lungs and the chest) and possible atelectasis (collapse of the whole lung or part of the lung) with cardio mediastinal shift to the left (an abnormal movement which may include the heart, trachea, esophagus, and major vessels, to one side of the chest cavity). An underlying abnormality cannot be excluded. If these are not known entities contrast-enhanced chest CT scan is recommended.</p> <p>-Reviewed by Director of Nursing (DON) on 3/14/24 at 4:04 PM.</p> <p>Review of nursing progress notes indicated but were not limited to the following:</p> <p>-On 3/9/24 at 7:33 A.M., Patient complained of shortness of breath (SOB), oxygen (O2) desaturated 87% on 2 liters (L) nasal canula (NC), increased to 3 liters (L), rechecked O2 to 89%. Patient given as needed DuoNeb (medication administered through nebulizer machine) treatment, O2 increased to 4.5 L NC. Patient O2 went to 91% on 4.5 L. On call Nurse Practitioner (NP) #1 notified. NP order to closely monitor patient and notify if patient needs to be sent out.</p> <p>-3/9/24 at 3:02 P.M., continues on supplemental O2, neb (nebulizer) treatment ineffective, O2 at 90 %. Resident denies SOB at this time. Heart rate (HR) and O2 saturation reported to on-call physician, new order obtained, 1. STAT chest X-Ray.</p> <p>-3/9/24 at 8:58 P.M., patient had stat x-ray.</p> <p>-3/10/24 at 6:42 A.M., patient had a good night, O2 saturation 95%, continue to monitor.</p> <p>(continued on next page)</p>		

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<p>F 0777</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-3/10/24 at 2:40 P.M., patient verbalized pain upon assessment, as needed Tylenol administered. Continue to monitor.</p> <p>-3/10/24 at 7:45 P.M., O2 at 96% via NC. given Dilaudid for pain and effective.</p> <p>-3/11/24 at 6:06 A.M., O2 saturation 96%.</p> <p>-3/11/24 at 11:25 A.M., Resident noted to have respiratory discomfort and reported to MD with no new orders. Staff offered resident transport to hospital; resident declined at this time.</p> <p>-3/11/24 at 1:08 P.M., Interdisciplinary Team (IDT) Discharge and recapitulation summary. Resident was transferred to the hospital. The reason for transfer is the safety of the individual in the facility would be endangered. Congestive heart failure and other psychiatric problems. At the time of transfer, the Resident was alert oriented and followed instructions.</p> <p>-3/11/24 at 4:00 P.M., Resident condition is deteriorating, using accessory muscles, severe SOB at rest despite 5 liters of O2. O2 saturation fluctuating from 92 to 94 %. MD notified, new orders to send patient to emergency room (ER). Patient continues to decline offer, but resident's boyfriend visited at this time and encouraged patient to go an acute care facility due to respiratory distress and a heart rate of 137. Nebulizer treatment administered and remained on O2 at 5 liters with poor effect. Resident left via 911 at 1:30 P.M.</p> <p>Further review of nursing progress notes did not indicate the x-ray results from 3/9/24 were communicated with MD or NP.</p> <p>Review of the nursing notes titled, RC Skilled Note- V3, on the following dates 3/9/24 at 8:58 P.M., 3/10/24 at 6:42 A.M., 3/10/24 at 2:40 P.M., and 3/10/24 at 7:45 P.M., indicated but was not limited to the following:</p> <p>-Indicated recent diagnostics conducted: None (Box available to check for radiology (x-ray) studies).</p> <p>During an interview on 5/14/24 at 2:00 P.M., Nurse #2 said the labs are printed at the start of the shift, she takes a picture and uses the facility's secure electronic system to send via cell phone to the covering MD or NP. She said the MD or NP calls or texts back any new orders and then she enters the information into her nursing progress note.</p> <p>During an interview on 5/14/24 at 2:13 P.M., the DON said she did review the x-ray report on 3/14/24 at 4:04 P.M. The DON reviewed the medical records and could not find documentation the MD or NP were notified of the abnormal x-ray results, dated 3/9/24, in the electronic medical record. The DON said there should be documentation through the electronic system the facility uses to communicate with the MDs or NPs. She retrieved the electronic system on her cell phone and could only view text conversations with the MDs or NPs going back to May 9, 2024 (text prior to that date are automatically deleted). The DON said the nurses, after texting through the secure electronic platform to the MDs or NPs, should document in the medical record the results of the x-ray, the physician notification, and any new orders.</p> <p>(continued on next page)</p>		

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<p>F 0777</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/14/24 at 2:13 P.M., Nurse #3 said she was working on 3/9/24 and ordered the x-rays for Resident #41 but had left for the day and the next nurse was supposed to follow up with the x-ray results. She said the process would be to notify the MD or NP about the results and then write a nursing progress note with the doctor's response.</p> <p>During an interview on 5/14/24 at 2:24 P.M., NP #2 said he was on vacation when the x-ray results were reported to the facility. NP #2 reviewed his cell phone electronic medical records and said there was no documentation of the physician or NP receiving the x-ray results from the facility. NP #2 said the communications on the texting platform are automatically deleted after a period of time. He said the normal process was for the nurse to call or use the electronic secure texting platform to inform the MDs of the abnormal lab results, and the MD or NP would verbally or text back any new orders. NP #2 said they depend on the nurse to put new orders into the computer and or to write a note that the abnormal x-ray results were communicated with the MD and any new orders were recorded.</p> <p>During an interview on 5/15/24 at 12:56 P.M., the DON reviewed the RC Skilled Note- V 3 notes and said the notes should have indicated Resident #41 had x-rays and indicated the results and communication with the physician. The DON said she spoke to the nurse who was on the 3:00 P.M. 11:00 P.M. shift on 3/9/24 and was told the results had not been received in the facility before that nurse left for the evening. The DON said the Nurse that worked the 11:00 P.M. to 7:00 A.M. on 3/9/24 into 3/10/24 is no longer employed by the facility.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>41106</p> <p>Based on observation and interview, the facility failed to maintain two of two resident nourishment kitchenettes in a clean and sanitary condition.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Unit Kitchenettes, dated 8/15/23, indicated but was not limited to the following:</p> <p>-It is the policy of the Facility that unit kitchenettes be used for resident nourishments and snacks. These areas are to be maintained in a sanitary manner. Fridges, cabinets, counters, floors, and microwaves, where applicable, should be checked for cleanliness at a minimum when they are being stocked. Additionally, housekeeping will do a deep clean of refrigerators and microwaves weekly. The floors and rubbish removal will follow the same schedule as the unit where kitchenette is contained.</p> <p>On 5/10/24 at 10:35 A.M., the surveyor observed the resident kitchenette on the Third-floor and made the following observations:</p> <p>-The cabinet under the sink was a metal pest trap. Around the pest trap opening there were mice droppings and dried liquid stains. In the back right corner of the cabinet were dried liquid stains and additional mouse droppings.</p> <p>-The bottom cabinet, lower shelf had a clear plastic container with a red top and there were visible food remnants inside. The floor of the cabinet was stained with dried brownish liquid in multiple areas.</p> <p>-The bottom cabinet, top shelf had a cardboard box, unwrapped napkins, plastic cup on its side and dried liquid stains.</p> <p>-The drawer contained an Adidas labeled lunch bag with food contents inside.</p> <p>-The floor in front of the refrigerator had a dried liquid stain that was sticky to the touch.</p> <p>On 5/10/24 at 10:40 A.M., the surveyor observed the Second-floor resident kitchenette and made the following observations:</p> <p>-The microwave had food remnants on the sides and the top. In addition, there were four layers of paper towels on the glass plate, which were stained with food.</p> <p>-The floor of the kitchenette was observed to be tacky when walking on the floor and had visible food remnants on the floor.</p> <p>-There was a large food stain on the wall and floor to the left of the radiator.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/14/24 at 9:51 A.M., the surveyor observed the Second-floor kitchenette and made the following observations:</p> <ul style="list-style-type: none"> -There was a caution wet floor sign posted outside the kitchenette. -The microwave had three paper towels on the glass plate, which were heavily soiled with food stains. The inside walls and the top had food remnants. -The floor of the kitchenette was audible tacky with every step. There continued to be food remnants visible on the floor. -The large food stain on the wall and floor to the left of the radiator was still present. <p>During an interview on 5/14/24 at 9:53 A.M., Housekeeper #1 said she just finished cleaning the kitchenette on the Second-floor. She said she wipes down the countertops and the microwave and washes the floor. The surveyor and Housekeeper #1 entered the kitchenette and there was an audible tackiness to the floor. The food particles stuck to the floor were reviewed, the inside of the microwave including the dirty paper towels on the glass tray and the food stains on the inside walls and top of the microwave, and the food stains on the wall and floor to the left of the radiator. Housekeeper #1 said she just wipes down the outside of the microwave, and probably should clean the inside. She noticed the food stains on the wall and should have cleaned them and said she could have done a better job washing the floor.</p> <p>On 5/14/24 at 10:13 A.M., the surveyor observed the Third-floor kitchenette and made the following observations:</p> <ul style="list-style-type: none"> -The cabinet under the sink had the same mouse droppings and dried liquid stains that were present in front of the pest trap and the back right corner. -In front of the refrigerator was the same sticky area. <p>During an interview on 5/14/24 at 10:00 A.M., with the Administrator and the Corporate Consultant present, the surveyor reviewed the observations of both kitchenettes on 5/10/24 and 5/14/24. The Corporate Consultant said housekeeping should be cleaning inside the cabinets and the microwaves and making sure the floor is clean and free from food.</p>		