

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2025
NAME OF PROVIDER OR SUPPLIER Regalcare at Glen Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Murray Street Medford, MA 02155	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), the Facility failed to ensure they developed and implemented a baseline plan of care within 48 hours of his/her admission. Findings include: The Facility's Policy, titled, Baseline Care Plan, dated as revised 04/2022, indicated a baseline plan of care to meet the resident's immediate needs would be developed for each resident within 48 hours of admission. The Facility's Policy, titled Elopement Risk Scale, undated, indicated newly admitted residents would be evaluated by nursing to determine elopement risk, and indicated an interdisciplinary plan of care would be developed for residents assessed at risk for elopement. Resident #1 was admitted to the Facility in May 2025, diagnoses included diabetes, vascular dementia, chronic kidney disease, and dysphagia. Review of Resident #1's admission Elopement Risk Evaluation, dated 05/30/25 and timed 01:01 P.M., indicated he/she was exit seeking, wandering without purpose, wanted to leave the unit, was watching others go through the doors, was only oriented to person, and was assessed at risk for elopement by nursing. However, the section of the Elopement Risk Evaluation which indicated to check boxes for nursing to include interventions and develop a plan of care were left blank. Review of Resident #1's Nurse Progress Note, dated 06/01/25, timed 05:30 P.M., indicated Resident #1 eloped from the Facility. Review of Resident #1's Care Plan Report indicated there were no identified areas or interventions for care developed before 06/02/25. Further review of Resident #1's Medical Record indicated there was no documentation to support that a Baseline Plan of Care was developed within 48 hours of his/her admission. During an interview on 07/15/25 at 08:17 A.M., the Director of Nurses (DON) said nursing should have developed an elopement plan of care for Resident #1 upon the assessment that he/she was at risk for elopement, but did not, and said a baseline plan of care should be developed within 48 hours of admission for all residents.</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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