

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Andover Forest Post Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 Turnpike Street 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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>44095</p> <p>Based on record review and interview, the facility failed to complete a Minimum Data Set (MDS) assessment that accurately reflected the status of one Resident (#59), out of a total sample of 29 residents. Specifically, for Resident #59, the MDS Nurse coded a pressure ulcer that was resolved.</p> <p>Findings include:</p> <p>Review of the most recent Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual, indicated:</p> <p>Coding Instructions, Code based on the presence of any pressure ulcer/injury (regardless of stage) in the past 7 days.</p> <p>- Code 0, no: if the resident did not have a pressure ulcer/injury in the 7-day look-back period.</p> <p>- Code 1, yes: if the resident had any pressure ulcer/injury (Stage 1, 2, 3, 4, or unstageable) in the 7-day look-back period. Proceed to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage.</p> <p>M0210: Unhealed Pressure Ulcers/Injuries (cont.)</p> <ol style="list-style-type: none"> 1. Review the medical record, including skin care flow sheets or other skin tracking forms. 2. Speak with direct care staff and the treatment nurse to confirm conclusions from the medical record review. <p>M0300B: Stage 2 Pressure Ulcers</p> <p>Steps for Assessment</p> <ol style="list-style-type: none"> 1. Perform head-to-toe assessment. Conduct a full body skin assessment focusing on bony prominences and pressure-bearing areas (sacrum, buttocks, heels, ankles, etc.). <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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. For the purposes of coding, determine that the lesion being assessed is primarily related to pressure and that other conditions have been ruled out. If pressure is not the primary cause, do not code here.</p> <p>Resident #59 was admitted to the facility in May 2019 with diagnoses including diabetes, adult failure to thrive, and dysphagia.</p> <p>Review of the MDS assessment, dated 2/28/24, indicated Resident #59 had one stage two pressure ulcer.</p> <p>Review of the plan of care related to actual skin breakdown, dated as revised 11/16/23, indicated stage 2 pressure ulcer on left heel with the following interventions:</p> <ul style="list-style-type: none"> - Have protective boots at all time. - New treatment: Clean with normal saline, Apply Xerofoam and cover with optifoam gentle on his/her left heel. <p>Review of the physician's order, dated as initiated on 11/16/23 and discontinued on 12/6/23, indicated: clean with normal saline, apply Xerofoam and cover with optifoam gentle on his/her left heel every day shift for DT1 [deep tissue injury].</p> <p>Review of the hospice wound record report, dated 12/6/23, indicated the lateral heel, right pressure ulcer stage two was resolved.</p> <p>On 4/11/24 at 7:30 A.M., the surveyor observed two Certified Nurse Assistants providing direct care to Resident #59. Resident #59 did not have any pressure ulcers.</p> <p>During an interview on 4/11/24 at 1:24 P.M., Nurse #4 said Resident #59 had a pressure ulcer a few months back, but the wound had been healed for a while now.</p> <p>During an interview on 4/12/24 at 8:46 A.M., Unit Manager #1 reviewed the clinical record with the surveyor. Unit Manager #1 said that Resident #59's pressure ulcer was healed back in December 2023.</p> <p>During an interview on 4/12/24 at 11:47 A.M., the MDS Nurse said she coded the pressure ulcer based on a report from December 2023. The surveyor and the MDS Nurse reviewed the Resident Assessment Instrument (RAI) manual together and said she did not interview any direct care staff regarding Resident #59's pressure ulcer and she herself did not assess the wound and did not interview staff about the wound. The MDS nurse said the medical record had weekly skin checks that indicated Resident #59 had a pressure ulcer, but the skin check did not have a stage.</p> <p>During an interview on 4/12/24 at 12:20 P.M., the Director of Nursing (DON) said the MDS Nurse should review (RAI) Manual for completing MDS assessments.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45343</p> <p>Based on policy review, observations, interviews, and record review, the facility failed to ensure the plan of care was developed and implemented for two Residents (#10, and #102) out of a total sample of 29 residents. Specifically: 1.) For Resident #10, the facility failed to provide assistance with Activities of Daily Living (ADLs) including continual supervision with meals. 2.) For Resident #102 the facility failed to develop and implement a care plan after newly identified assaultive behavior toward staff and loss of smoking privileges with staff occurred.</p> <p>Findings Include:</p> <p>1.) Review of the facility policy titled Activities of Daily Living, undated, indicated the following:</p> <p>*Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADL's).</p> <p>*Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal hygiene.</p> <p>Policy Interpretation and Implementation:</p> <p>*2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with:</p> <p>a. hygiene (bathing, dressing, grooming, and oral care)</p> <p>d. dining (meals and snacks)</p> <p>Resident #10 was admitted to the facility in October 2022 with diagnoses including Alzheimer's Disease with late onset, Type 2 diabetes mellitus, gastroesophageal reflux without esophagitis, and chronic kidney disease Stage 3A.</p> <p>Review of Resident #10's most recent Minimum Data Set (MDS) assessment dated [DATE] indicated the Resident had Brief Interview for Mental Status score of 2 out of a possible 15 indicating that he/she has severe cognitive impairment. Further review of the MDS indicated that Resident #10 requires supervision and touching assistance of one person for eating.</p> <p>On 4/10/24 at 9:22 A.M. and 9:38 A.M., 4/11/24 at 8:48 A.M., 8:51 A.M., 8:56 A.M. and 9:22 A.M., and 4/12/24 at 8:27 A.M., 8:34 A.M., and 8:40 A.M., Resident #10 was observed eating in his/her room. There were no staff present to provide continual supervision or assistance.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review on 4/11/24 at 7:25 A.M., Resident #10's care plan last updated on 10/16/23 indicated the following: Eating: Resident #10 is continuous supervision with eating. Further review of Resident #27's Kardex (a form indicating level of assistance a resident requires) indicated the following: Eating: Resident #10 is continuous supervision with eating.</p> <p>During an interview on 4/12/24 at 8:49 A.M., Certified Nursing Assistant (CNA) #5 said Resident #10 does require help sometimes but most of the time we set up his/her tray and he/she can eat on his/her own.</p> <p>During an interview on 4/12/24 at 8:52 A.M., Unit Manager #2 said Resident #10 refuses assistance and can eat on his/her own when he/she is hungry.</p> <p>During an interview on 4/12/24 at 9:07 A.M., the Director of Nursing said a resident should be within eye shot if he/she requires continual supervision with all meals.</p> <p>49873</p> <p>2.) Resident #102 was admitted to the facility in February 2023 with diagnoses including restlessness and agitation, and adjustment disorder with depressed mood.</p> <p>Review of Resident #102's most recent Minimum Data Set (MDS) dated [DATE], indicated he/she scored a 13 out of a possible score of 15 on the Brief Interview for Mental Status (BIMS) which indicated he/she was cognitively intact. Further review of the MDS indicated tobacco use.</p> <p>Review of Resident #102's care plan, dated 11/9/23, indicated Resident #102 is a smoker. Goal: Resident #102 will comply with smoking policies of this facility through the review date. Interventions: Educate on smoking times as needed. Resident educated that smoking times are two times daily at 1:00 PM and 7:00 PM, smoking material is held at desk, there is no smoking inside the facility. Resident #102 requires SUPERVISION while smoking. Cigarettes (or other smoking materials) and lighter are required to be stored in the smoking cart. Education: Discuss with Resident #102 of the facilities smoking policy, smoking risks and hazards, smoking cessation aids that are available. Advise of facility smoking: locations, times, safety concerns. Advise that there are to be no O2 use/O2 tanks in the smoking area prohibited. Notify nursing managers immediately if it is suspected resident has violated facility smoking policy. Observe clothing and skin for signs of cigarette burns. Notify nursing immediately if present.</p> <p>During an interview on 4/10/24 at 8:50 A.M., Resident #102 said he/she is upset that his/her smoking privileges were taken away a few months ago.</p> <p>During an interview on 4/10/24 at 4:35 P.M., the Administrator said that staff no longer feel safe taking Resident #102 out to smoke after an incident in January 2024 where Resident #102 assaulted the staff member assisting with smoking. The Administrator said that family may take Resident #102 out to smoke.</p> <p>During an interview on 4/11/24 at 11:30 A.M., Nurse #1 said Resident #102's smoking privileges were taken away in January 2024, after an incident where Resident #102 assaulted the staff member assisting with smoking and staff no longer felt safe taking Resident #102 out to smoke. Nurse #1 said he was unaware if family takes Resident #102 out to smoke.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #102's medical record, including Resident #102's care plan, dated 4/10/24, failed to indicate any assaultive behavior toward staff or any plan for Resident #102 to smoke with family only.</p> <p>During an interview on 4/11/24 at 4:23 P.M., the Director of Nursing said she would expect Resident #102's care plan to be updated after the incident in January 2024 to reflect Resident #102's assaultive behavior toward staff around smoking and the change in the plan of care for Resident #102 to smoke with family only.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>44095</p> <p>Based on record review and interviews, the facility failed to ensure care plans were reviewed with the interdisciplinary team (IDT) as required for one Resident (#59), out of a total sample of 29 residents. Specifically, the facility failed to review and revise Resident #59's skin care plan with the IDT after each Minimum Data Set (MDS) assessment.</p> <p>Findings include:</p> <p>1. Resident #59 was admitted to the facility in May 2019 with diagnoses including diabetes, adult failure to thrive, and dysphagia.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 2/28/24, indicated Resident #59 had one stage two pressure ulcer.</p> <p>Review of the physician's, order, dated as initiated on 11/14/23 and discontinued on 11/16/23, indicated: heel protective boots at all times every shift, for pressure relief.</p> <p>Review of the physician's order, dated as initiated on 11/16/23 and discontinued on 12/6/23, indicated: clean with normal saline, apply Xerofoam and cover with optifoam gentle on his/her left heel everyday shift for deep tissue injury (DTI).</p> <p>Review of the plan of care related to actual skin breakdown, dated as revised 11/16/23, indicated stage 2 pressure ulcer on left heel with the following interventions:</p> <ul style="list-style-type: none"> - Have protective boots at all time. - New treatment: Clean with normal saline, Apply Xerofoam and cover with optifoam gentle on his/her left heel. <p>Review of the hospice wound record report, dated 12/6/23, indicated the lateral heel, right pressure ulcer stage two was resolved.</p> <p>On 4/11/24 at 7:30 A.M., the surveyor observed two Certified Nurse Assistants providing direct care to Resident #59. Resident #59 did not have any pressure ulcers. There were no protective boots and there was no treatment on his/her left heel.</p> <p>During an interview on 4/12/24 at 6:37 A.M., Certified Nurse Assistant #4 said Resident #59 has not worn booties in a long time.</p> <p>During an interview on 4/12/24 at 6:39 A.M., Nurse #3 said Resident #59 has not worn booties in a long time.</p> <p>During an interview on 4/11/24 at 1:24 P.M., Nurse #4 said Resident #59 had a pressure ulcer a few months back, but the wound has been healed for a while now.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/12/24 at 8:46 A.M., Unit Manager #1 reviewed the clinical record with the surveyor. Unit Manager #1 said that Resident #59's pressure ulcer was healed back in December 2023. Unit Manager #1 said the care plan for boots and Xerofoam dressings should have been reviewed and revised during the quarterly care plan review but was not.</p> <p>During an interview on 4/12/24 at 12:21 P.M., the Director of Nursing (DON) said the care plan should be revised with current interventions after the MDS is completed.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36431</p> <p>Based on observation, record review and interview the facility failed for one Resident (#87) out of a total sample of 29 residents, to provide activities of daily living (ADL). Specifically, for Resident #87, who is incontinent of bladder and bowel, incontinence care was not provided timely.</p> <p>Findings include:</p> <p>Review of the facility's policy entitled, 'Activities of Daily Living', undated, indicated the following: Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.</p> <p>Review of the facility's policy, entitled, Bowel and Bladder Assessment and Retraining, updated January 12, 2022, indicated the following:</p> <p>Check and Change 1. If a resident does not respond and does not try to toilet, or for those with severe cognitive impairment that they cannot either point to an object or say their own name, staff will use a check and change strategy. 2. A check and change strategy involves checking the resident's continence status at regular intervals and using incontinence devices or garments. The primary goals are to maintain dignity and comfort and to protect the skin.</p> <p>Resident #87 was admitted to the facility in May 2021 and has diagnoses that include Alzheimer's disease, full incontinence of feces and unspecified urinary incontinence.</p> <p>Review of Resident #87's most recent Minimum Data Set assessment dated [DATE] indicated the staff assessment of Resident #87's mental status as severely impaired cognitive skills, is dependent on staff for toileting, is always incontinent of bowel and bladder and is at risk for developing pressure ulcers.</p> <p>Review of Resident #87's Visual/Bedside Kardex, (a document which is used by staff to guide daily care) indicated toileting: *monitor output for odor, color, consistency, and amount, *provide resident with total assist of 2 for toileting, and *use absorbent products as needed.</p> <p>Review of Resident #87's care plan with the focus of ADL care, with a revision date of 6/9/2021 indicated Resident #87 is dependent for ADL care in bathing, grooming, personal hygiene, dressing, eating, bed mobility, transfer, locomotion, and toileting. Intervention/Tasks included *Provide Resident with total assist of 2 for toileting, dated 6/2/2021. A care plan with the focus, Resident is incontinent of urine and bowel and is unable to cognitively participate in a retraining program due to cognitive loss, with a revision date of 12/3/2021. Interventions/Tasks included assist with perineal care as needed, 5/17/2021.</p> <p>On 4/10/24 at 8:22 A.M., Resident #87 was observed in the sitting/dining room, sitting in a Broda chair (a specialized chair that reclines). Resident #87 did not respond to the surveyor's greeting.</p> <p>On 4/10/24 the surveyor made the following observations:</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-At 9:07 A.M., Resident #87 was sitting in the recliner with his/her eyes closed.</p> <p>-At 9:31 A.M., Resident #87's recliner was in the same area and same position and his/her eyes were opened.</p> <p>-At 9:43 A.M., Resident #87's recliner was in the same position.</p> <p>-At 10:23 A.M., Resident #87's was sitting in the same area. Resident #87 was passively involved in an exercise program going on in the room.</p> <p>-At 11:27 A.M., Resident #87 was in the recliner in the same position, with his/her head raised and briefly looking around.</p> <p>At no time during the observations made was staff observed checking on Resident #87 for incontinence care.</p> <p>During an observation on 4/11/24 at 7:42 A.M., Resident #87 was observed sitting in his/her Broda chair in the sitting/dining room.</p> <p>Further observations on 4/11/24 included:</p> <p>-At 9:28 A.M., Resident #87 was sitting in his/her Broda chair in the same position.</p> <p>-From 10:48 A.M. through 1:30 P.M., continuous observation revealed that Resident #87 was not checked or changed, or provided incontinence care, which was over 2 hours and 42 minutes.</p> <p>During an observation and interview on 4/11/24 at 1:30 P.M., Certified Nursing Assistant (CNA) #2 and CNA #1, brought Resident #87 to his/her room. CNA #2 said Resident #87 needed two staff to transfer him/her with the mechanical lift and provide incontinence care. CNA #2 said she was not assigned to Resident #87 but was helping his/her assigned CNA who was at lunch. CNA #2 removed Resident #87's incontinence brief and said it was felt to have a two to three urinary voiding episodes and would not have been that full if he/she had been changed since the morning. CNA #2 said the Resident needs to be provided incontinence care around 11:00 A.M. The incontinence brief was observed to be deep yellow in color, saturated and had a strong odor of urine.</p> <p>During an interview on 4/11/24 at 1:45 P.M. CNA #6 said she was assigned to care for Resident #87 today during the 7:00 A.M.-3:00 P.M., shift. CNA #6 said she worked the night shift and got Resident #87 up out of bed around 7:00 A.M. after care was provided. CNA #6 said she did not provide incontinence care to Resident #87 since he/she got up and out of bed around 7:00 A.M., resulting in Resident #87 not receiving incontinence care from approximately 7:00 A.M. through 1:30 P.M. which is over five hours.</p> <p>During an interview on 4/11/24 at 3:29 P.M. Nurse #2 said a resident who is incontinent should be provided incontinence care as needed or every few hours. Nurse #2 said not providing incontinence care from 7:00 A.M., through 1:30 P.M. was too long and would put Resident #87 at risk for skin breakdown.</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>Assist a resident in gaining access to vision and hearing services.</p> <p>44095</p> <p>Based on observation, record review and interviews the facility failed to provide services to ensure that proper treatment and assistive devices to maintain vision were provided for one Resident (#12) out of a total sample of 29 residents. Specifically for Resident #12, the facility failed to follow up on an optometry recommendation from 9/27/23 for an outside optometrist evaluation.</p> <p>Findings include:</p> <p>Resident #12 was admitted to the facility in October 2022 with diagnoses including macular degeneration, legal blindness, and chronic pain syndrome.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 3/27/24, indicated Resident #12 had a Brief Interview for Mental Status (BIMS) score of 14 out of a possible 15 which indicated he/she was cognitively intact. The MDS indicated Resident #12's vision is adequate with the use of corrective lenses.</p> <p>During an interview on 4/10/24 at 8:09 A.M., Resident #12 said he/she had glasses but does not like them. Resident #12 said he/she would like to see his/her eye doctor in the community.</p> <p>Review of the physician's order, dated 10/31/22, indicated: Podiatry, Dental and Ophthalmology- obtain as needed, consult and treatment for patient health and comfort.</p> <p>Review of the plan of care related to vision impairment/ legally blind, dated 11/25/22, indicated: Consult with physician for vision evaluation.</p> <p>Review of the consultant request service, dated 2/22/23, indicated Resident #12 requested to be seen by audiology, dental, eye care, and podiatry services.</p> <p>Review of consultant eye care group, dated 9/27/23, indicated: Monitor follow-up, priority comprehensive 7/28/24: I explained to the patient that macular degeneration is the cause of his/her decreased vision and why the glasses are not working well. He/she said in the past he/she went to a local facility, and he/she would like to go there to see if they can help him/her get better vision.</p> <p>During an interview on 4/12/24 at 8:10 A.M., Certified Nurse Assistant #5 said Resident #12 does not like his/her glasses and said he/she will not wear the glasses.</p> <p>During an interview 4/11/24 at 12:25 P.M., Unit Manager #2 said Resident #12 does not like to see the consultant eye doctor and would like to see his/her own eye doctor. Unit Manager #2 reviewed the consultant eye doctor's note from 9/27/23 and said she did not book an eye doctor appointment with Resident #12 community provider but should have.</p> <p>During an interview on 4/12/24 at 12:18 P.M., the Director of Nursing (DON) said nursing should have scheduled Resident #12 to see his/her community provider.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15016</p> <p>Based on interview, record and policy review and observation, the facility failed to provide weekly cleanings of an oxygen concentrator filter for one Resident (#49) out of 29 sampled residents.</p> <p>Findings include:</p> <p>Review of the Facility's nursing form titled 11:00 P.M. to 7:00 A.M. nurse duties indicated:</p> <ul style="list-style-type: none"> - Sunday nights check clean oxygen concentrator filters - record in PCC [electronic medical record]. <p>Resident #49 was admitted to the facility in March 2024, and had active diagnoses which included chronic obstructive pulmonary disease (progressive breathlessness and cough), and emphysema (shortness of breath and coughing due to destruction and dilatation of lung tissue).</p> <p>Review of Resident #49's Minimum Data Set assessment dated [DATE] indicated a Brief Interview for Mental Status score of 8 out of a possible 15, signifying moderate cognitive impairment.</p> <p>Review of Resident #49's active care plans did not reference the use of supplemental oxygen.</p> <p>Review of Resident #49's physician orders dated 3/25/24, indicated to administer oxygen at 1-2 liters per minute via nasal cannula every shift to maintain oxygen saturation greater than 90%.</p> <p>Review of Resident #49's physician orders, treatment administration record and progress notes indicated there was no reference to changing or cleaning the oxygen concentrator filter.</p> <p>Review of the Facility's nursing form titled 11 P.M. to 7:00 A.M. nurse duties indicated:</p> <ul style="list-style-type: none"> - Sunday nights check clean oxygen concentrator filters - record in PCC. <p>The form indicated the filter was last checked on 3/7/24. The oxygen concentrator filters had not been checked for cleanliness in the past 35 days.</p> <p>On 4/11/24 at 11:10 A.M., the surveyor observed Resident #49 in bed, awake. The oxygen concentrator flowed at approximately two liters per minute and the Resident's nasal cannula was placed on top of his/her head. The oxygen concentrator filter was completely covered in a layer of white dust measuring approximately three millimeters deep.</p> <p>During an interview on 4/11/24 at 12:05 P.M., Nurse #2 said she was unaware of physician orders, or a facility policy, for changing the Resident's oxygen concentrator filter.</p> <p>On 4/11/24 at 12:10 P.M., the surveyor and Nurse #2 entered Resident #49's bedroom and observed the Resident and the oxygen concentrator filter. Nurse #49 said she was unaware the concentrator had a filter. Nurse #49 said the filter was covered in a thick layer of dust.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/12/24 at 7:31 A.M., the Director of Nursing said she was unable to locate an order for Resident #49's oxygen filter inspections, or any documentation in the electronic medical record or physical chart to indicate weekly cleanings had occurred.</p>

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>36876</p> <p>Based on record review and interview for one Resident (#42), who was admitted with the diagnosis of Post-Traumatic Stress Disorder, the facility failed to ensure a person-centered plan of care with individualized interventions for Trauma-Informed Care was developed, out of a total 29 sampled residents.</p> <p>Findings include:</p> <p>Resident #42 was admitted to the facility in November 2023 with diagnoses including kidney transplant, end stage renal disease with dependence on renal dialysis, and Post Traumatic Stress Disorder (PTSD).</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 3/9/24, indicated Resident #42 had a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15 which indicated he/she was cognitively intact.</p> <p>During an interview on 4/10/24 9:09 A.M., Family Member #2 said that Resident #42 was having difficulty adjusting to being a long-term care resident at the facility.</p> <p>Review of Resident #42's clinical care plans on 4/10/24 at approximately 1:15 P.M., failed to indicate a trauma informed care plan related to his/her PTSD was developed or implemented.</p> <p>During an interview on 4/11/24 9:45 A.M., Social Worker #1 said she was not aware that Resident #42 had a diagnosis of PTSD and he/she would need a trauma informed care plan.</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>44095</p> <p>Based on observations and interviews, the facility failed to post nursing staff data daily, at the start of each shift, relative to licensed and unlicensed nursing staff directly responsible for resident care per shift. Specifically, the facility failed to post this data, in a prominent place readily accessible to residents and visitors, as required.</p> <p>Findings include:</p> <p>On 4/10/24, 4/11/24, and 4/12/24 the survey team was unable to locate nurse staffing information postings as required.</p> <p>During an interview on 4/12/24 at 9:46 A.M., the Scheduler said she is not posting staffing information as required but should be.</p> <p>During an interview on 4/12/24 at 10:38 A.M., the DON said nurse staffing information should be posted according to federal requirements.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>44095</p> <p>Based on observation, policy review, record review and interview, the facility failed to ensure pharmaceutical services met the needs of each resident for one Resident (#108) in a total sample of 29 residents. Specifically, for Resident #108, the facility failed to ensure routine drugs were available for administration.</p> <p>Findings include:</p> <p>Review of the pharmacy policy, dated 1/16/23, indicated:</p> <p>How to approach Med Not Available during a medication pass, what to do if a medication is not available during medication pass.</p> <ol style="list-style-type: none"> 1. Look throughout the medication carts and neighboring med carts. Review the pharmacy packing slip with each delivery and the delivery status on the pharmacy portal. Did the person recently transfer room/ units? 2. Check the medication room, and confirm all pharmacy deliveries have been checked-in 3. Check the cubex tower for the medication & remove dose for administration. If you need assistance with access to the tower, check with your unit supervisor or call the pharmacy. 4. If the medication is not available in the cubex tower, is there an alternative to administer in the cubex with a prescriber's order? 5. If the medication cannot be found, is not available in the cubex, and there is not an alternative available to prescribe for one dose, call the pharmacy to request a STAT / back-up pharmacy delivery and to request the medication be sent on the next pharmacy delivery. Figure out why the medication is not available. 6. Call/ contact the prescriber to obtain an order to administer the medication once arrives to the building. 7. By following the steps above, will be able to avoid documenting the medication is not available and provide a solution. <p>Resident #108 was admitted to the facility in May 2023 with diagnoses including hyperaldosteronism and heart failure.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 3/13/24, indicated Resident #108 received a diuretic.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/11/24 at 8:58 A.M., during the medication pass the surveyor observed Nurse #2 prepare medications for Resident #108. Nurse #2 said she did not have Resident #108's spironolactone (diuretic medication) yesterday or today but should have.</p> <p>Review of the physician's order, dated 2/16/24, indicated: Spironolactone Oral Tablet 25 milligrams (Spironolactone), give 1 tablet by mouth one time a day for edema.</p> <p>Review of the Orders - Administration note, dated 4/10/24 at 8:44 A.M., indicated the Spironolactone Oral Tablet 25 mg, not available, on order with pharmacy.</p> <p>Review of the Orders - Administration note, dated 4/11/24 at 9:17 A.M., indicated the Spironolactone Oral Tablet 25 mg, not available, on order with pharmacy.</p> <p>Review of the Medication Administration Record, dated April 2024, indicated the spironolactone was not administered on 4/10/24 and 4/11/24.</p> <p>During an interview on 4/11/24 at 4:05 P.M., Nurse #2 said that she did not have the spironolactone for Resident #12, she said that she should have notified the pharmacy and the physician but did not.</p> <p>During an interview on 4/12/24 at 12:24 P.M., the Director of Nursing (DON) said when routine medications are unavailable during the medication pass, nursing should call the physician and call the pharmacy.</p>

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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>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** 36876</p> <p>Based on observation, record review and interview, the facility failed to ensure medications were secured for one Resident (#93) out of a total of 29 sampled residents.</p> <p>Findings include:</p> <p>Review of the facility's Storage, Labeling of OTC (over the counter) Medication, Destruction and Disposal of Medication Policy, dated November 2021 indicated:</p> <p>Purpose: To ensure that medications and biologicals are stored in a safe, secure storage and safe handling.</p> <p>*Compartments containing medications should be locked when not in use.</p> <p>*Medications will be stored in an orderly manner in cabinets, drawers or carts.</p> <p>Resident #93 was admitted to the facility in June 2021 with a diagnosis including chronic kidney disease.</p> <p>Review of the Minimum Data Set assessment dated [DATE] indicated Resident #93 is cognitively intact and requires assistance with bathing and dressing.</p> <p>During an interview on 4/10/24 9:49 A.M., the surveyor observed a bottle of Naproxen (a non-steroidal anti-inflammatory medication used to treat pain), a bottle of saline nose spray and a bottle of eye drops on Resident #93's nightstand. Resident #93 said his/her son brought in the Naproxen for him/her and picked up the bottle which had some tablets inside. Resident #93 said he/she hadn't taken the medication in a while because he/she felt it made his/her stools darker.</p> <p>Review of the clinical record failed to indicate an assessment or physician's order for Resident #93 to keep medications in his/her room.</p> <p>On 4/11/24 at 1:01 P.M., the surveyor observed a bottle of Naproxen, saline nasal spray and two bottles of eye drops on Resident #93's nightstand. Resident #93 was not in the room.</p> <p>During an interview on 4/11/24 1:13 P.M., Nurse #5 said that she was not aware of any residents on the unit who keep their own medications at bedside or self-administer their own medications.</p> <p>On 4/11/24 at 1:16 P.M., the surveyor and Unit Manager #2 observed the bottle of Naproxen, saline nose spray and eye drops on Resident #93's nightstand. Unit Manager #2 said that she was not aware that Resident #93 had this medication at bedside and removed them.</p>

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>44095</p> <p>Based on record review and interview, the facility failed to provide dental services for one Resident (#12) out of a total sample of 29 residents. Specifically for Resident #12, the facility failed to follow up on dental recommendations from 9/18/23 for fabrication of dentures.</p> <p>Findings include:</p> <p>Resident #12 was admitted to the facility in October 2022 with diagnoses including macular degeneration, legal blindness, and chronic pain syndrome.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 3/27/24, indicated Resident #12 had a Brief Interview for Mental Status (BIMS) score of 14 out of a possible 15 which indicated he/she was cognitively intact. The MDS indicated Resident #12 required substantial/ maximal assistance with oral hygiene which included ability to manage dentures.</p> <p>During an interview on 4/10/24 at 8:09 A.M., Resident #12 said he/she was missing his/her dentures and wanted them replaced. Resident #12 said he/she saw the dentist and was not sure why he/she had not received dentures.</p> <p>Review of the physician's order, dated 10/31/22, indicated: Podiatry, Dental and Ophthalmology- obtain as needed, consult and treatment for patient health and comfort.</p> <p>Review of the plan of care related to oral health upper and lower dentures, dated 10/31/22, indicated:</p> <ul style="list-style-type: none"> - obtain dental referral as needed. - monitor for change in fit or use of dentures. - brush clean dentures two times a day. <p>Review of the consultant request for service, dated 2/22/23, indicated Resident #12 requested to be seen by audiology, dental, eye care, and podiatry services.</p> <p>Review of the consultant dental group visit form, dated 9/18/23, indicated:</p> <ul style="list-style-type: none"> - Patient fully edentulous. Patient lost their complete upper denture and complete lower denture. Patient requests replacement to help patient chew. - Recommend fabrication of complete set of dentures to improve chewing ability and quality of life. Reviewed denture fabrication steps with patient. <p>Review of the consultant dentist consent for denture fabrication, dated 9/18/23, was blank and not completed.</p> <p>(continued on next page)</p>

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/12/24 at 8:08 A.M., Certified Nurse Assistant #5 said Resident #12 had dentures, but he/she doesn't have them anymore.</p> <p>During an interview on 4/11/24 at 3:46 P.M., Nurse #6 said Resident #12 had dentures, but he was not sure what happened to them.</p> <p>During an interview on 4/11/24 at 12:11 P.M., Unit Manager #2 said Resident #12 lost his/her dentures and needed new dentures. Unit Manager #2 said that nursing did not follow up with the request for denture fabrication back on 9/18/23 but should have.</p> <p>During an interview on 4/12/24 at 12:01 P.M., the Director of Nursing (DON) said nursing should have followed up on the denture fabrication in September 2023 but did not.</p>		

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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36876</p> <p>Based on observation, record review and interview, the facility failed to ensure diets as ordered by the physician were served in proper form for one Resident (#68) out of a total of 29 sampled residents. Specifically, on 1/22/24, Resident #68 was served a lunch meal, not in accordance with the diet order, resulting in Resident #68 choking and requiring the Heimlich maneuver (an emergency procedure which involves abdominal thrusts to dislodge foreign bodies or food from the throats of choking victims).</p> <p>Findings include:</p> <p>Review of the facility's Therapeutic Diets Policy, dated November 2022 indicated: Therapeutic diets shall be prescribed by the attending physician. A therapeutic diet must be prescribed by the attending physician and order should match the terminology used by food services. The food services manager will establish and use a tray identification system to ensure that each resident receives his or her diet as ordered.</p> <p>Review of the American Red Cross Resources regarding Adult/Child Choking, undated, indicated:</p> <p>Signs or symptoms: Weak or no cough. High pitched squeaking noises or no sound. Pale or blue skin color. Unable to cough, speak or cry. Panicked, confused or surprised appearance. Holding throat with hand(s).</p> <p>Resident #68 was admitted to the facility in December 2017 with diagnoses including Alzheimer's disease. A diagnosis of dysphagia, (difficulty or discomfort in swallowing), was added to Resident #68's clinical record in July 2019.</p> <p>Review of the Minimum Data Set Assessment (MDS) dated [DATE] indicated Resident #68 scored a 13 out of a possible 15 on the Brief Interview for Mental Status Exam indicating he/she is cognitively intact. The MDS also indicated he/she requires supervision for meals.</p> <p>On 4/10/24, the surveyor attempted to interview Resident #68 who presented as confused and not agreeable to the interview process.</p> <p>On 4/11/24 at 8:43 A.M., the surveyors observed Resident #68 eating his/her breakfast meal in the 2nd floor dining room with other residents. There were no staff in the room to supervise him/her or the other residents for approximately 15 minutes.</p> <p>Review of Resident #68's care plans indicated:</p> <p>Focus: Impaired cognition with fluctuations in reliability and memory dx (diagnosis) Alzheimer's, 2/26/19: Interventions: Break down tasks and provide cuing/assistance as needed. Re-direct/re-orient resident/patient using external cues as needed.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Focus: Advanced Directives, HCP (health care proxy) activated, 9/6/22: Interventions: Inform Resident #68 and/or healthcare decision maker of any change in status or care needs. Promote opportunities for Resident #68/healthcare decision maker to participate in decision regarding care.</p> <p>Additional review of Resident #68's care plans effective 1/1/24 through 4/11/24 failed to indicate the level of assistance or supervision Resident #68's required for eating.</p> <p>Review of Resident #68's Speech Therapy discharge summary dated 6/7/23 indicated:</p> <p>Goal: Pt (patient) will tolerate regular texture solids with chopped meats and thin liquids with no other s/s (signs and symptoms) of aspiration, penetration and/or oral stage dysphagia with 90% accuracy in order to maximize pt's ability to tolerate least restrictive liquid/diet texture.</p> <p>Discharge: 85-95% on regular texture solids with chopped meats and thin liquids. Pt benefited from education/cues at times for maintained seated upright positioning during PO (by mouth) intake and to not attempt to talk during PO intake in order to decrease risks of aspiration. Education/cues at times for decreased intake rate/size on solids and for alternated solids/liquids to assist in breakdown and clearance.</p> <p>Communication: Treatment results communicated to interdisciplinary team.</p> <p>Review of Resident #68's nutritional care plan dated as initiated 1/11/18, indicated that Resident #68 was at nutritional risk secondary to poor meal response, weight loss with the intervention to provide his/her diet as ordered. The care plan focus was updated on 4/8/24 to include Resident #68 had chewing/swallowing difficulty.</p> <p>Review of the nursing progress note dated 1/22/24 indicated: One PM lunch time patient choked and the nurse was called food noted that wasn't cut up and [family member] present. The nurse performed Heimlich maneuver and 3 pieces of meat was [sic] dislodged and patient verbalized to be ok and he/she was able to drink water. Unit manager was notified, NP (Nurse Practitioner) was notified and speech evaluation to be done and downgraded to ground meat and kitchen was notified.</p> <p>Review of Resident #68's physician's order effective 11/19/19 through 1/22/24 indicated: Regular diet, regular texture, chopped meat.</p> <p>The clinical record indicated that after the choking incident, Resident #68 was seen by speech therapy and his/her diet was downgraded to dysphagia mechanical.</p> <p>Review of Resident #68's clinical record failed to indicate any documentation to support that he/she was non-compliant with his/her physician's ordered diet.</p> <p>Review of the therapeutic diet manual indicated when meatballs are served residents on regular diets would receive whole meatballs and residents on dysphagia diets would receive ground meat.</p> <p>Additional review of the diet manual failed to indicate chopped meats as an therapeutic option, however, Resident #68 had a specific physician's order for chopped meat.</p> <p>Resident #68 received whole meatballs not cut up/chopped per the physician's order.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Andover Forest Post Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 Turnpike Street North Andover, MA 01845	
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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 4/11/24 at 3:33 P.M. Family Member #1 said she was present when Resident #68 was eating his/her lunch and began to choke. Family Member #1 said she and Certified Nursing Assistants (CNAs) were in the dining room during the lunch meal. Family Member #1 said that Resident #68 was served Swedish meatballs for lunch that were not cut up. Family Member #1 said that while Resident #68 was eating, he/she began coughing which got worse and looked really bad. Family Member #1 said that she ran for help and a CNA got a nurse who then performed the Heimlich maneuver on Resident #68. Family Member #1 said that Resident #68's food should have been cut up before he/she was served. Family Member #1 said that the nurse who performed the Heimlich maneuver saved Resident #68's life.</p> <p>During an interview on 4/11/24 at 10:31 A.M., Nurse #5 said that before serving meals to residents, the nurses are supposed to check the resident meal tickets to ensure residents are being served the correct meal. Nurse #5 said she was working on 1/22/24 and that she heard a call for help and that another nurse (Nurse #9) gave Resident #68 the Heimlich. Nurse #5 said she did not check the meal trays and she thought the other nurse did.</p> <p>During an interview on 4/12/24 at 8:06 A.M., Nurse #9 said on 1/22/24 someone yelled for help and she entered the dining area. Nurse #9 said that Resident #68 did not look good, he/she was holding his/her throat and could not talk. Nurse #9 said she gave abdominal thrusts to Resident #68 and pieces of meat came out. Nurse #9 said that she did not check the trays and thought the other nurse (Nurse #5) did. Nurse #9 said that Resident #68 was served meatballs that were not cut up correctly.</p> <p>During an interview on 4/12/24 at 7:51 A.M., Unit Manager #2 said that she was working, but was not on the unit when Resident #68 choked. Unit Manager #2 said that the nurses are supposed to check the trays to ensure meals are correct before serving them to residents. Unit Manager #2 said that Resident #68 had orders for chopped meat and the meat should have been served to him/her chopped and not whole.</p> <p>On 4/11/24 at 1:25 P.M., the surveyor observed Speech and Language Pathologist (SLP) #1 evaluating Resident #68 during the lunch meal. SLP #1 and the surveyor reviewed Resident #68's physician's diet order in place at the time of the choking incident (1/22/24) and SLP #1 said that Resident #68's meat should have been delivered to the resident cut up.</p> <p>During an interview on 4/12/24 11:12 A.M. SLP #2 said that the expectation for a regular diet, regular texture chopped meat would be that all items on a resident's plate would not be modified except for his/her meat, including meatballs, would be cut up. SLP #2 said that whole meatballs are not considered ground or modified meat. SLP #2 said that chopped is not the same as a ground diet because of the size differences in the food items (pea size versus bite sized). SLP #2 said that meals with specifications like chopped meats should be delivered to the nursing unit from the kitchen in that form.</p> <p>During a follow up interview on 4/12/24 at 11:35 A.M., SLP #1 said that if the Resident had been on a ground diet, Resident #68 would have been cooked ground beef with gravy, not whole meatballs. Resident #68's physicians order, all meat products on his/her tray, including meatballs, should have been cut/chopped, and it should have been delivered from the kitchen in that form.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 4/12/24 at 10:25 A.M., the Regional Dietary Director said the facility makes its own meatballs and they measure approximately 2 inches in diameter. She said the kitchen was not made aware of the choking incident so were unable to investigate to determine if Resident #68 choked on meatballs, or some other meat or fluid, or if she was served the wrong meal, or wrong texture.</p> <p>Review of the facility's report submitted to the state agency dated 1/26/24, failed to include Resident #68's active diagnosis of dysphagia and indicated that Resident #68 and received a regular house diet per his/her physician orders. However, the report failed to indicate that Resident #68's diet was regular with chopped meat.</p> <p>During an interview on 4/12/24 at 9:22 A.M., the Director of Nursing (DON) said that when residents have orders for chopped meat, their plate should be delivered from the kitchen in that form. The DON said that although there is no formal policy for ensuring meals are correct, the expectation is for nurses to check the tray tickets to ensure the correct diet is delivered. The DON began her employment at the facility in March 2024 and could not speak on Resident #68's choking incident.</p> <p>During an interview on 4/12/24 at approximately 1:30 P.M., the Infection Preventionist (IP) said that she had reached out to the previous IP and was unable to obtain any documentation supporting that staff had been educated related to Resident #68's choking event. The IP was an employee at the facility during the event and said that she had not received education regarding the event.</p> <p>The facility was unable to provide information related to the investigation of the cause of Resident #68's choking incident, or that education was provided to staff after the event, or that the incident was brought to the facility's Quality Assurance Program.</p> <p>The Administrator was provided with the Immediate Jeopardy Template on 4/12/24 at 3:52 P.M.</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>44095</p> <p>Based on observations, record review and interviews, the facility failed to follow a therapeutic diet as prescribed by the attending physician for one Resident (#42) out of a total sample of 29 residents. Specifically, for Resident #42, who required a physician's order for a fluid restriction, the facility failed to ensure there was a fluid distribution for dietary and nursing to provide.</p> <p>Review of the facility policy, Therapeutic Diets, dated 11/11/22, indicated therapeutic diets shall be prescribed by the attending physician.</p> <p>2. The clinical dietician, nursing staff, and attending physician will review, along with other orders, the need for, and resident acceptance of, the prescribed therapeutic diet.</p> <p>Review of the facility policy, Prevention of Dehydration, dated 11/5/19, indicated the following:</p> <p>4. Physician's orders to limit fluids will take priority over calculated fluid needs.</p> <p>5. The Dietician will include resident preference in distribution of allowed fluid.</p> <p>7. Intake will be documented in the medical record for those residents whom have individualized interventions for intake in output.</p> <p>13. Nursing will monitor and document fluid intake and the Dietician will be kept informed of status.</p> <p>Resident #42 was admitted to the facility in November 2023 with diagnoses including kidney transplant, end stage renal disease with dependence on renal dialysis, heart failure, and obstructive sleep apnea.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 3/9/24, indicated Resident #42 had a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15 which indicated he/she was cognitively intact.</p> <p>Review of the plan of care related to nutrition, dated 11/15/23, indicated:</p> <p>- Provide diet as ordered by physician, currently ordered for Renal and 2-liter fluid restriction.</p> <p>Review of the physician's order, dated 3/8/24, indicated:</p> <p>- dialysis regular diet, regular texture, regular/thin (0) consistency, low sodium, renal diet, 2-liter fluid restriction.</p> <p>Review of the diet slips, dated 4/4/24 to 4/10/24, indicated the following fluid breakdowns:</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>-Breakfast: Fluid Restriction 12 ounces (oz), indicated the kitchen provided 8 oz of chocolate milk and 4 oz orange juice.</p> <p>-Lunch: Fluid Restriction 12 oz, indicated the kitchen provided 4 oz of apple juice, further review of the diet slip failed to include an additional 8 oz of fluid.</p> <p>-Dinner: Fluid Restriction 8 oz, indicated the kitchen provided 8 oz of milk and 4 oz cranberry juice, further review indicated that 12 oz was provided by the kitchen, 4 oz greater than the allotted amount.</p> <p>-Total: Kitchen provides 32 oz, however once totaled the kitchen is only providing 28 oz of fluid.</p> <p>During an interview on 4/11/24 at 9:43 A.M., Resident #42 said he/she is on a fluid restriction. Resident #42 had a 16 oz bottle of water and a 12 oz cup of cranberry juice on his/her bedside table.</p> <p>During an interview on 4/11/24 at 3:44 P.M., Nurse #7 said Resident #42 is on a fluid restriction. Nurse #7 reviewed the physician's order and she said she was not sure how much fluid was allowed by nursing and how much fluid was allowed by dietary.</p> <p>During an interview on 4/12/24 at 8:04 A.M., Nurse #8 said Resident #42 is on a fluid restriction. Nurse #8 reviewed the physician's order and he said he was not sure how much fluid was allowed by nursing and how much fluid was allowed by dietary.</p> <p>During an interview on 4/11/24 at 3:56 P.M., Unit Manager #2 said Resident #42 is on a fluid restriction. Unit Manager #2 reviewed the physician's order and she said she was not sure how much fluid was allowed by nursing and how much fluid was allowed by dietary. Unit Manager #2 said they are not tracking the fluids provided by Resident #42 but should.</p> <p>During an interview on 4/11/24 at 2:22 P.M., The Regional Food Service Director said that the meal ticket does not meet the daily fluid allotment for Resident #42 but should. The Regional Food Service Director said she would meet with Resident #42 and nursing and obtain the breakdown for nursing and dietary.</p> <p>During an interview on 4/12/24 at 12:28 P.M., the Director of Nursing (DON) said fluid restriction should be broken down for nursing and dietary.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49873</p> <p>Based on observation and interview, the facility failed to ensure food was stored in a clean, sanitary, and safe manner to prevent the potential spread of foodborne illness to residents.</p> <p>Findings include:</p> <p>Review of the facility policy Food Storage: Cold Foods dated February 2023, indicated Procedures 5. All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination.</p> <p>During an observation on 4/10/24 at 7:15 A.M., the walk-in refrigerator had six bowls of salad with wilted yellow leaves, covered, not labeled, or dated. Twelve more bowls of salad were covered, but not labeled or dated. There were approximately ten prepared sandwiches, loosely wrapped in unsealed sandwich bags. There was a bucket of hard-boiled eggs with the cover resting loosely on top, not tightly sealed.</p> <p>During an interview on 4/11/24 at 7:26 A.M., the Food Service Director said he would expect all foods to be labeled and dated and he would expect all foods to be properly sealed.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>44095</p> <p>Based on records reviewed and interviews the facility failed to ensure nursing maintained an accurate medical record for one Resident (#42) out of a sample of 29 residents. Specifically, for Resident #42 nursing documented they obtained blood pressure from his/her left arm when they did not.</p> <p>Findings include:</p> <p>Resident #42 was admitted to the facility in November 2023 with diagnoses including kidney transplant, end stage renal disease with dependence on renal dialysis, heart failure, and obstructive sleep apnea.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 3/9/24, indicated Resident #42 had a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15 which indicated he/she was cognitively intact.</p> <p>Review of the care plan related to hemodialysis indicated Resident #42 has a left forearm arteriovenous (AV) Fistula and receives hemodialysis three times a week, dated 11/10/23, indicated:</p> <ul style="list-style-type: none"> - Do not draw blood or take blood pressure in arm with graft. <p>Review of the physician's order, dated 3/14/24, indicated:</p> <ul style="list-style-type: none"> - NO BLOOD PRESSURE LEFT ARM DUE TO DIALYSIS AV FISTULA, every shift. <p>Review of Resident #42's blood pressures indicated nursing obtained his/her blood pressure on his/her left arm on the following dates: 3/14/24, 3/15/24, 3/19/24, 3/20/24, 3/21/24, 3/23/24, 3/24/24, 3/25/24, 3/26/24, 3/27/24, 3/28/24, 3/29/24, 3/30/24, 4/1/24, 4/3/24, 4/4/24, 4/5/24, 4/6/24, 4/7/24, 4/9/24, and 4/10/24.</p> <p>During an interview on 4/11/24 at 9:43 A.M., Resident #42 said staff do not check his/her blood pressure in his/her left arm and staff only check the blood pressure on the right arm.</p> <p>During an interview on 4/11/24 at 3:41 P.M., Nurse #7 said staff should obtain blood pressure from Resident #42's right arm.</p> <p>During an interview on 4/12/24 at 8:14 A.M., Nurse #8 said staff should obtain blood pressure from Resident #42's right arm. Nurse #8 said he did not accurately document the correct arm he obtained Resident #42's blood pressure from in the medical record but should have.</p> <p>During an interview on 4/11/24 at 3:55 P.M., Unit Manager #2 said that nursing should document the correct arm that the blood pressure is being obtained from.</p> <p>During an interview on 4/12/24 at 12:29 P.M., the Director of Nursing (DON) said nursing should document the correct arm the blood pressure is being obtained from.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>36431</p> <p>Based on observation, record review and interview the facility failed to ensure infection control practices were implemented to prevent the spread of infection, on one out of three resident care units.</p> <p>Findings include:</p> <p>Review of the Centers for Disease Control and Prevention, Hand Hygiene Guidance (undated) indicated the following:</p> <p>The Core Infection Prevention and Control Practices for Safe Care Delivery in All Healthcare Settings recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) include the following strong recommendations for hand hygiene in healthcare settings.</p> <p>Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications:</p> <ul style="list-style-type: none"> - Immediately before touching a patient. - Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices. - Before moving from work on a soiled body site to a clean body site on the same patient. - After touching a patient or the patient's immediate environment. - After contact with blood, body fluids, or contaminated surfaces. - Immediately after glove removal. <p>On 4/11/24 at 1:45 P.M., the surveyor observed Nurse #1 wearing gloves on both of his hands in the hall near the nursing desk. Nurse #1 was bent over a resident seated in a wheelchair, touching the resident's lower leg with his gloved hands. Nurse #1 said the leg had drainage. Nurse #1 stood up from the resident, removed his gloves, and with his potentially contaminated hands, picked up multiple bubble packed cards containing medications, from the desk and placed them on the medication cart, and in doing so, potentially contaminated the desk, individual resident's medication cards, and the medication cart. Nurse #1 did not perform hand hygiene after removing his gloves, which were in contact with a resident's draining leg.</p> <p>During an interview on 4/11/24 at 3:30 P.M., Nurse #1 said he was looking at and touching a resident who had fluid weeping from his/her leg. Nurse #1 said he removed his gloves and did not wash or sanitize his hands before touching the medication cards. Nurse #1 said hand hygiene is required after being in contact with a resident and after removing gloves.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44095</p> <p>Based on record reviews, policy review, and interviews, the facility failed to assess for eligibility, and offer pneumococcal vaccinations per the Centers for Disease Control and Prevention (CDC) recommendations and facility policy for two Residents (#49 and #87) out of a total of five residents reviewed.</p> <p>Findings include:</p> <p>Review of the CDC website Pneumococcal Vaccine Timing for Adults greater than or equal to [AGE] years (cdc.gov), dated 3/15/23 indicated but was not limited to the following:</p> <ul style="list-style-type: none"> - For adults 65 and over who have not had any prior pneumococcal vaccines, then the patient and provider may choose Pneumococcal conjugate vaccine (PCV) 20 or PCV15 followed by Pneumococcal polysaccharide vaccine (PPSV) 23 one year later. -For adults 65 and over who has had Pneumococcal Conjugate Vaccine 13 (PCV13) and Pneumococcal Polysaccharide Vaccine 23 (PPSV23) and it has been 5 years or greater since the last Pneumococcal Vaccination, then the patient and the vaccine provider may choose to administer the 20-Valent Pneumococcal Conjugate Vaccine (PCV20). <p>Review of the facility policy, Pneumococcal Vaccination, dated 10/16/23, indicated it is the policy of the facility to have an infection control program that addresses a need to reduce the overall incidence of pneumococcal pneumonia by immunizing high-risk persons:</p> <ul style="list-style-type: none"> -To provide immunization against bacterial pneumococcal disease, bacteremia and meningitis caused by strains included each of the vaccine type. All residents will be assessed for appropriateness of receiving the pneumococcal vaccine. <ol style="list-style-type: none"> 1. The pneumococcal vaccine is ordered upon admission by the attending physician. If the vaccine is not ordered, the physician/nurse must document as to reason why not. 2. The resident or the resident's legal representative shall have the opportunity to refuse the immunization. Obtain and document the resident/guardian's consent or refusal and document reason in the medical record. 3. Prior to administering the pneumococcal vaccine each resident or the resident's legal representative shall receive education regarding the risks, benefits and potential side effects of the immunization. <p>Evidence of education is to be documented on the individual resident's medical record.</p> <ol style="list-style-type: none"> 4. Consent form must be signed prior to administration by the resident or responsible party after reviewing the vaccine information statement. Resident or responsible party may revoke consent by providing facility with request in writing. <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>9. Documentation in electronic health record immunization tab regarding the administration, type, time, lot, expiration and location of the pneumonia vaccine administration must be input into the Medication Administration Record, 24 Hour Resident Condition Report and Progress Notes.</p> <p>1.) Resident #49 was admitted to the facility in March 2024 with diagnosis including diabetes.</p> <p>Review of the Minimum Data Set assessment, dated 3/19/24, indicated:</p> <p>O0300. Pneumococcal Vaccine</p> <p>A. Is the resident's Pneumococcal vaccination up to date?</p> <p>No.</p> <p>B. If pneumococcal vaccination not received, state reason.</p> <p>Not Offered.</p> <p>Review of the medical record on 4/12/24, failed to include documentation that the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and that the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>2.) Resident #87 was admitted to the facility in March 2021 with diagnoses including dementia and obesity.</p> <p>Review of the MDS assessment, dated 2/21/24, indicated:</p> <p>O0300. Pneumococcal Vaccine</p> <p>A. Is the resident's Pneumococcal vaccination up to date?</p> <p>No.</p> <p>B. If pneumococcal vaccination not received, state reason.</p> <p>Not Offered.</p> <p>Review of the medical record on 4/12/24, failed to include documentation that the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and that the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>During an interview on 4/12/24 at 12:50 P.M., the Infection Preventionist said the admitting nurse determines if a resident requires the pneumococcal vaccines and obtains consent at that time, either from the resident/family, or mails a request to responsible person for signature. Nursing then enters the vaccine data into the electronic health record immunization menu and scans the consent form into electronic health record under miscellaneous.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Andover Forest Post Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 Turnpike Street North Andover, MA 01845	

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/12/24 at 12:30 P.M., the Director of Nursing said the facility did not have documentation to support that either Resident #49 or Resident #87 were educated, offered, or received the pneumococcal immunizations but should have.</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36876</p> <p>Based on observation, record review and interview, the facility failed to ensure mechanical equipment was in safe, operating condition. Specifically, the facility failed to ensure that:</p> <ol style="list-style-type: none"> 1. Two of two elevators were in a safe operating condition, since December 2023 (approximately four months prior to the date of survey). 2. The heat in the main dining room on the ground floor was in operational condition since December 2023 (approximately four months prior to the date of survey). <p>Findings include:</p> <ol style="list-style-type: none"> 1. Upon entry to the facility on [DATE] at 7:00 A.M., the surveyors observed one of the building's two elevators had a sign indicating it was out of order. <p>During initial interviews, multiple residents from the 1st, 2nd and 3rd floor nursing units reported that the facility had only one working elevator for months. Residents reported that it affected timely food delivery and their ability to attend activities.</p> <p>During an interview on 4/11/24 at 2:22 P.M., the Ombudsman said that the elevator had been out of order for months, which has caused a lot of issues for residents and visitors. The Ombudsman said that in December 2023, there was an entertainment activity taking place on the ground floor and when the activity was over, the one functional elevator had gone out of service. The residents were not able to return to their units and had to be wheeled outside the ground floor, be brought up the driveway to the 1st floor entrance and reside on that unit for two nights. The Ombudsman said that it is an ongoing issue that many residents talk about and are concerned about.</p> <p>Review of the Resident Council Meeting Minutes indicated:</p> <ul style="list-style-type: none"> - 2/26/24: The elevators continue to be a safety concern. - 3/25/24: The elevators continue to be a safety concern. Please don't crowd the elevators. <p>During the Resident Group meeting on 4/10/24 at 3:30 P.M., participating residents reported that the elevator being out of service has been an ongoing issue and talked about not being able to return to their units when the one functional elevator had stopped working.</p> <p>During an interview on 4/11/24 at 12:03 P.M., the Activities Director said that the elevator being out of service has been an ongoing issue for residents in the facility.</p> <p>(continued on next page)</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/10/24 at 12:54 P.M., the Maintenance Director said that since he began working at the facility in early December 2023, there had only been one functional elevator. The Maintenance Director said that the residents and staff have been frustrated with having only one functional elevator and how it is troublesome when the functional elevator has gone out of service resulting in residents not being able to leave their unit or the ground floor. He said that there had been ongoing issues with the servicing company, which include concerns related to the cost of fixing the elevator and concerns about breaching the contract with the elevator service company which would result in penalties.</p> <p>Review of the emails provided to the surveyor between the facility and the elevator service company indicated that the non-working elevator had been down since 12/2/23. The email dates ranged between January 2024 and March 2024 and indicated concerns related to the cost and payment for repairs and services and the servicing company not being able to staff or send out employees to assess or provide repairs.</p> <p>During a follow-up interview on 4/11/24 at 12:15 P.M., the Maintenance Director could not speak to why an alternative company had not been utilized to expedite the repairs of the elevator.</p> <p>2. During observations of the breakfast and lunch meals on 4/10/24 on all three units, the surveyors observed that no residents were eating their meals in the main dining room on the ground floor.</p> <p>Review of the Resident Council meeting minutes indicated:</p> <ul style="list-style-type: none"> - 2/26/24: Is there a plan to open the main dining room again? The Activities Director again spoke about the continued lack of heat that remains unresolved. - 3/25/24: Is there a plan to open the main dining room again? The Activities Director again spoke about the lack of heat in the dining room. The work has been approved and will hopefully be scheduled soon. <p>During the Resident Group Meeting on 4/10/24 at 3:30 P.M., participating members reported that they have not been able to eat in the main dining room for four months as the heat has been out. The residents reported that they preferred to eat in the main dining room and that the food was served hotter than when eating on the units.</p> <p>During an interview on 4/11/24 at 9:45 A.M., Social Worker #1 said that the last time she saw residents eating in the main dining room was in the Fall of 2023. Social Worker #1 said that she believed it was because there was no working heat.</p> <p>During an interview on 4/11/24 at 12:13 P.M., Nurse #4 said that residents had not been eating in the main dining room because there had been issues with the heat.</p> <p>During an interview on 4/11/24 at 2:22 P.M., the Ombudsman said that residents have not been able to eat their meals in the main dining room due to the heat not working.</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/11/24 at 12:15 P.M., the Maintenance Director said that there had been ongoing communication between the facility and the servicing company regarding repairing the heat and the need to either replace parts or completely replace the unit for the main dining area. He could not speak as to why there had been a delay in the repairs taking place.</p> <p>Review of the emails provided to the surveyor between the facility and the service company indicated that the heat was not functioning since 1/15/24 and quotes to replace the system had been given approval by the facility in February 2024 and March 2024.</p> <p>As of 4/12/24, the heat was still not operational in the main dining room.</p>		