STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36431 Based on record review and interview, the facility failed to ensure advanced directives for one Resident (#94), out of total sample of 27, were executed in accordance with standards of practice. Specifically, the facility failed to ensure Resident #94 signed his/her own MOLST (Medical Orders for Life Sustaining Treatment). Findings include: Review of the Facility's policy, titled Advanced Directive, dated as revised October 2024 indicated, Policy: It is the policy, of this facility to ensure residents 'right to request, refuse, and/or discontinue treatment to participate and refuse to participate in experimental research, and formulate an advice directive'. Definitions: Medical Orders for Life-Sustaining Treatment (MOLST) paradigm form is a form designed to improve patient care by creating a portable medical order form that records patients' treatment wishes so that emergency personnel know what treatments the patient wants in the event of a medical emergency, taking the patient's current medical condition into consideration. 12. To be legally binding, the advanced directive must be signed by the resident or legal guardian as recognized by the state. If utilizing a MOLST form, the order will take affect after signatures of the resident/resident representative AND is signed by the Provider, or two nurses receive the order and place the order on the form. Resident #94 was admitted to the facility in November 2024 and has diagnoses that include but are not limited to hemiplegia, unspecified affecting left nondominant side, type 2 diabetes mellitus, and end stage renal disease. Review of the Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #94 scored a 15 out of 15, on the Brief Interview for Mental Status exam which indicated he/she as having intact cognition. Further review at Section S of the MDS indicated Resident #94 did not have an invoked Health Care Proxy, (an invoked Health Proxy is a person designated to make informed health care decisions, after a Physician/Nurse Practitioner/Physician Assistant determines and documents a person does not have the capacity to make informed health care decisions). (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #94's medical record included a MOLST indicating the following: Page 1 was filled out, signed and dated 11/27/24 by someone other than Resident #94. Page 2 of the MOLST, was filled out, signed and dated 11/27/24 and the box indicating who is signing the MOLST was checked as the Health Care Agent. The MOLST was dated and signed 12/4/24 by the Physician Assistant. Review of Resident #94's medical record failed to indicate the Health Care Proxy was invoked and that the Health Care Agent had the authority to make health care decisions. During an interview on 03/25/25 at 3:54 P.M., the Social Worker said Resident #94 speaks Spanish, presents alert and oriented and his/her Health Care Proxy is not invoked. The Social Worker reviewed the MOLST and said she was unsure who signed Resident #94's MOLST. The Social Worker said a MOLST can only be signed by a resident or an invoked Health Care Agent.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 48990 Based on observations, interviews, and record review, the facility failed to ensure a safe and homelike environment for one Resident (#405), out of 27 total sampled residents. Specifically, the facility failed to ensure Resident #405's nightstand was functional, safe, and in good repair. Findings include: Review of the facility policy titled 'Equipment and Supplies', revised 11/5/24, indicated: - Equipment in disrepair will be removed from service until in safe and proper working condition. Resident #405 was admitted to the facility in March 2020 with diagnoses including dementia and cataract. Review of the most recent Minimum Data Set (MDS) assessment, dated 2/26/25, indicated Resident #405 was rarely/never understood and had severe cognitive impairment based on a Staff Assessment for Mental Status. This MDS also indicated Resident #405 required supervision or touching assistance to walk up to 150 feet and supervision or touching assistance to eat. On 3/24/25 at 8:07 A.M., the surveyor observed Resident #405 in bed. There was a nightstand directly next to the right side of the Resident's bed, which was within his/her reach. The drawer was ajar about six inches with a large crack through the entire left side of the drawer, which was the side closest to the Resident. This crack had a jagged edge that physically blocked the drawer from being able to be closed. The exterior surface of the nightstand was covered in many scratches and the paint was peeling on a majority of the front exterior surface. Multiple personal belongings were observed in this drawer including a telephone, a small purse, and bagged nebulizer mask. During an interview on 3/24/25 at 8:37 A.M., Resident #405's family member said they were concerned about the Resident's bedside table being broken. They said they had told staff about it and are worried that the jagged edge could cut the Resident's arm when he/she reaches inside of it. During an interview on 3/26/25 at 7:33 A.M., Certified Nurse Assistant (CNA) #3 said Resident #405's nightstand had been broken since at least December 2024. CNA #3 said the jagged edge could cause injury to the Resident or others. CNA #3 said she is afraid she might cut herself on the jagged edge. CNA #3 said she did not report the broken nightstand to maintenance, and she was not aware if anyone else had reported it. CNA #3 said the facility expectation is that broken furniture should be reported to maintenance but was not. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/26/25 at 7:39 A.M., Unit Manager #1 said she was aware that Resident #405's nightstand had been broken since approximately December 2024. Unit Manager #1 said she was not aware of anyone reporting this to maintenance. Unit Manager #1 and the surveyor observed Resident #405's nightstand together, which was within the Resident's reach at time of observation. The drawer was ajar about six inches with a large crack through the entire left side of the drawer, which was the side closest to the Resident. Unit Manager #1 was unable to open and close the drawer until the drawer was emptied of the Residents belongings. Unit Manager #1 said the drawer is not functional and the jagged edge could cause injury. Unit Manager #1 said this nightstand should have been removed from the room and maintenance should have been notified but was not. During an interview on 3/26/25 at 7:54 A.M., the Maintenance Director and surveyor observed Resident #405's nightstand. The Maintenance Director said the inside of the drawer was completely destroyed and that it should have been reported but was not. The Maintenance Director reviewed the TELS system (an electronic system used to report and manage maintenance requests in the facility) and said there was not request/report for Resident #405's nightstand in the TELS history and he was never notified in another way. During an interview on 3/26/25 at 9:01 A.M., the Director of Nursing (DON) said the facility expectation is that maintenance should be notified promptly of any broken resident furniture to request repair/replacement. The DON said any staff member can and should report maintenance requests through the TELS system. The DON said staff had been educated on this in the past and Resident #405's nightstand should have been reported to maintenance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43807 Based on record review and interview, the facility failed to document the communication needs of one Resident (#97), out of a sample of 27 residents. Specifically, the facility failed to develop a care plan identifying Resident #97's preferred language of communication. Findings include: A review of the facility policy titled 'Residents and Families with Limited English Proficiency' revised 10/16/24 indicated the following: -The facility offers language services at no charge to the individuals with limited English proficiency. -The language and communication needs of the individual are documented in the electronic medical record. Resident #97 was admitted to the facility in February 2025 with diagnoses including dementia. A review of the Minimum Data Set (MDS) dated [DATE] indicated a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15 indicating Resident #97 had intact cognition. Further review of the MDS indicated that Resident #97's preferred language is Spanish and he/she wants an interpreter to communicate with a doctor or health care staff. A review of Resident #97's care plan failed to indicate a communication care plan specific to the Resident's preferred language. During an interview on 3/25/25 at 10:47 A.M., Resident #97 said he/she does not speak English. During an interview on 3/25/25 at 10:48 A.M., Nurse #3 said she administered medication to the Resident today. Nurse #3 said the Resident speaks Spanish only. Nurse #3 said she is not fluent in Spanish. Nurse #3 said while administering medication to the Resident, she is only able to identify and speak specific words in Spanish such as water, medicine and sugar. Nurse #3 said she is not able to fluently have a conversation with the Resident in Spanish while administering medication. During an interview on 3/25/25 at 10:58 A.M., the Assistant Director of Nurses (ADON) said Resident #97 speaks Spanish only. She said the Resident should be able to fluently have a conversation with staff to ensure all his/her needs are all met. The ADON said a person-centered care plan should be put in place so that staff have directions on how to communicate fluently with the Resident. During an interview on 3/25/25 at 1:15 P.M., the Social Worker said a person-centered communication care plan identifying Resident #97's preferred language of communication should be in place.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48990 Based on observation, record review and interview, the facility failed to ensure four Residents (#101, #94, #210, and #206) received care in accordance with professional standards of practice, out of a total sample of 27 residents. Specifically, 1. For Resident #101, the facility failed to ensure nursing obtained physician's orders for a cervical collar (a neck brace which is used to support and immobilize a person's neck.) 2a. For Resident #210, the facility failed to ensure the nurse documented acetaminophen as administered timely. 2b. For Resident #94, the facility failed to ensure the nurse documented acetaminophen as administered timely. 3. For Resident #206, the facility failed to obtain and monitor external measurements of a peripherally inserted central catheter (also known as a PICC line, is a long, flexible tube (catheter) that is inserted into a vein in your upper arm. After insertion, the catheter is threaded to a central vein near the heart. The PICC line can be used to deliver fluids and medications, draw blood, or perform blood transfusions.) Findings include: Review of the Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice, dated as revised April 11, 2018, indicated the following: - Nurse's Responsibility and Accountability: Licensed nurses accept, verify, transcribe, and implement orders from duly authorized prescriber that are received by a variety of methods (i.e., written, verbal/telephone, standing orders/protocols, pre-printed order sets, electronic) in emergent and non-emergent situations. Licensed nurses in a management role must ensure an infrastructure is in place, consistent with current standards of care, to minimize error. Review of the facility policy titled 'Physician Orders', revised November 2024, indicated, but was not limited to the following: - Purpose: To provide guidance to ensure physician orders are transcribed and implemented in accordance with professional standards. - Orders must be recorded in the medical record by licensed nurses authorized to transcribe such orders. - Physician's orders must be documented clearly in the medical record including the required components of a complete order: date and time of receipt of order; name of practitioner providing the order; name of product; specific duration; frequency of administration. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1. Resident #101 was admitted to the facility in March 2025 with diagnoses including C4 compression (pressure on the fourth cervical disc spinal cord segment) and spinal cord injury. Review of the most recent Minimum Data Set (MDS) assessment, dated 3/11/25, indicated Resident #101 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15. This MDS also indicated Resident #101 was dependent on staff for dressing, eating, and bed mobility. Review of Resident #101's hospital discharge summary, dated 3/4/25, indicated: - Assessment/plan: Aspen collar (cervical collar) in place until at least neurosurgery appointment. Review of Resident #101's physician admission progress note, dated 3/7/25, indicated: - Neurosurgery recommended that he/she wear an Aspen collar at all times. Review of Resident #101's physician assistant progress note, dated 3/24/25, indicated: - His/her neurology appointment had to be rescheduled. - At this time he/she continues to be wearing the cervical collar at all times except for hygiene while in bed. Patients neurology appointment has been scheduled [sic] until next week. We will follow up on their recommendations when available. Review of Resident #101's physician's order on 3/24/25 at 2:55 P.M., failed to indicate any physician orders for a cervical collar since his/her admission. Review of Resident #101's plan of care on 3/24/25 at 2:55 P.M., failed to indicate the use of or any instructions for use of a cervical collar. Review of Resident #101's Kardex (a summary of a patient's plan of care) dated 3/26/25 at 10:12 A.M., failed to indicate the use of or any instructions for use of a cervical collar. On 3/24/25 at 8:24 A.M., the surveyor observed Resident #101 in bed wearing a cervical collar. Resident #101 said he/she has worn the cervical collar since he/she fell in December and must wear this cervical collar until his/her neck surgery. On 3/24/25 at 12:32 A.M., the surveyor observed Resident #101 in bed without the front of the cervical collar in place. Resident #101 said he/she takes it off because he/she thinks he/she's supposed to. On 3/25/25 at 7:02 A.M., and 2:09 P.M., the surveyor observed Resident #101 in bed wearing a cervical collar. During an interview on 3/26/25 at 10:04 A.M., Certified Nurse Assistant (CNA) #5 said CNAs find out information about patient care through nurse report or the Kardex. CNA #5 said there was no information available in the Kardex or in report about Resident #101's cervical collar. CNA #5 said he/she often doesn't wear the collar, but she had never told the nurse. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/25/25 at 2:18 P.M., Nurse #1 said cervical collars require physician's orders. Nurse #1 said Resident #101 should have had a physician order for the cervical collar including any instructions for when to wear but did not. Nurse #1 said Resident #101 needs to wear the cervical collar at all times, except during hygiene and to check skin integrity. Nurse #1 said if Resident #101 was noncompliant with wearing the cervical collar that should have been reported to and addressed by the provider and documented but was not. During an interview on 3/25/25 at 3:13, the Director of Nursing (DON) said cervical collars require physician's orders. The DON said Resident #101 should have had physician's orders for the cervical collar including any instructions for when to wear. The DON said if Resident #101 was noncompliant with wearing the cervical collar that should have been reported to and addressed by the provider and documented. 2. Review of the Massachusetts Board of Registration in Nursing Standards of Conduct, dated 6/11/21, indicated the following: - Documentation: A nurse licensed by the Board shall make complete, accurate, and legible entries in all records required by federal and state laws and regulations and accepted standards of nursing practice. On all documentation requiring a nurse's signature, the nurse shall sign his or her name as it appears on his or her license. Review of the facility policy titled 'Administering Medications', revised 10/1/24, indicated: - The individual administering the medication shall sign off on the Electronic Medical Administration Record (eMAR) date for the specific day before administering the medication. 2a. Resident #94 was admitted to the facility in November 2024 with diagnoses including failure to thrive and cervicalgia (neck pain). Review of the most recent Minimum Data Set (MDS) assessment, dated 3/5/25, indicated Resident #94 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15. On 3/25/25 at 9:04 A.M., the surveyor observed Nurse #4 prepare and administer the follow medication to Resident #94: - Acetaminophen 325 milligrams (mg), two tablets. Review of Resident #94's physician order, initiated 11/23/24, indicated: - Acetaminophen 325 mg, give two tablets every 6 hours as needed for pain/fever. Review of Resident #94's Electronic Medication Administration Record (eMAR) on 3/25/25 2:59 P.M., five hours and 55 minutes after administration of acetaminophen, failed to indicate it was documented as administered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/25/25 at 12:59 P.M., the Director of Nursing (DON) said administration of as needed acetaminophen should be documented at the time of administration unless there is an emergent situation. During an interview on 3/25/25 at 2:28 P.M., Nurse #4 said she forgot to document that she administered acetaminophen to Resident #94, but she should have documented it immediately. Nurse #4 said there was not an emergent situation, she just forgot. 2b. Resident #210 was admitted to the facility in March 2025 with diagnoses including hypertension and heart attack. Review of Resident #210's Brief Interview for Mental Status (BIMS), dated 3/17/25, indicated the Resident had moderate cognitive impairment as evidenced by a score of 9 out of 15. On 3/25/25 at 9:59 A.M., the surveyor observed Nurse #3 prepare and administer the follow medication to Resident #210: - Acetaminophen 325 milligrams (mg), two tablets. Review of Resident #210's physician order, initiated 3/16/25, indicated: - Acetaminophen 325 mg, give two tablets every 6 hours as needed for pain/fever. Review of Resident #210's Electronic Medication Administration Record (eMAR) on 3/25/25 2:59 P.M., five hours after administration of acetaminophen, failed to indicate it was documented as administered. During an interview on 3/25/25 at 12:59 P.M., the Director of Nursing (DON) said administration of as needed acetaminophen should be documented at the time of administration unless there is an emergent situation. During an interview on 3/26/25 at 9:48 A.M., Nurse #3 said she got distracted and forgot to document that she administered acetaminophen to Resident #210, but she should have documented it immediately. Nurse #3 said there wasn't an emergent situation, but she got distracted because it was a busy morning. 36876 3. Review of the facility's policy titled PICC/Central Line/Port-a-Cath Maintenance dated as revised 10/5/24 indicated: Policy: A nurse will perform maintenance on a PICC/Central Line/Port-a-Cath as regulations allow. All PICCS/Central lines shall be reviewed daily for line necessity. Maintenance and Care: Dressing change day one after insertion with day of insertion being day zero. Dressing change every seven days and as needed. Measure the length of the lumen from the insertion to the end site. Measure the circumference of the upper arm and document. This is to be done upon admission/dressing change/PRN (as needed). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the American Nursing Journal article regarding PICC Line monitoring indicated: Catheter-tip migration: Signs and symptoms of catheter-tip migration include changes in catheter patency or loss of blood return; discomfort in the upper arm, shoulder, jaw, chest, or ear during infusions; and an external catheter length that differs from the length at the time of insertion. For example, if the external length of a PICC was 1 cm at insertion but is now 20 cm, assume the PICC is no longer in the superior vena cava. Resident #206 was readmitted to the facility in March 2025 with diagnoses including Klebsiella Pneumoniae and cognitive communication deficit. Review of the Minimum Data Set Assessment (MDS) dated [DATE] indicated Resident #206 was cognitively intact evidenced by a score of 15 out of a possible 15 on the Brief Interview for Mental Status Exam. The MDS also indicated Resident #206 required assistance with bathing, dressing and bed mobility. Review of the hospital discharge paperwork dated 3/12/25 indicated Resident #206 had a PICC line placed during his/her hospitalization . The hospital discharge paperwork failed to indicate a measurement of the external length of the PICC or Resident #206's arm circumference. Review of the Nursing Admission assessment dated [DATE] indicated: IV access: PICC. IV Location: Right upper arm. Last changed date 3/13/25. The Nursing Admission Assessment notes failed to indicate any measurements of Resident #206's arms circumference or external length. Review of the physician's orders indicated: Change PICC/Central Line Dressing Change: Dressing change q (every) 7 days (PICC Line) & PRN Measure the length of the Lumen from the insertion to the end site. Measure the circumference of the upper arm and Document. THIS IS TO BE DONE UPON EVERY ADMISSION/DRESSING CHANGE/PRN. every evening shift every 7 day(s) for Infection Control initiated 3/13/25. Review of the March 2025 Treatment Administration Record and Medication Administration Record failed to indicate the external length or Resident #206's arm circumference were documented. Review of Resident #206's care plans, nurse progress notes and practitioner notes failed to indicate the external length of the PICC or Resident #206's arm circumference was documented at any time. During an interview on 3/25/25 at 8:39 A.M., Nurse #6 said that he believed Resident #206 was admitted with a PICC line recently. Nurse #6 said that staff are expected to measure the external length of the PICC line and arm circumference but he wasn't sure if it's been completed. During an interview on 3/25/25 at 8:48 A.M., the Assistant Director of Nursing (ADON), said that when residents are admitted to the facility with a PICC line, the expectation would be for staff to measure arm circumference and external length the monitor for possible migration. The ADON said that she would expect staff to contact the hospital to obtain initial measurements if they were not included in the discharge paperwork. The ADON said she was not sure of the policy regarding the frequency of measuring resident PICC lines and would have to look into it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36876 Based on observations, record reviews and interviews, the facility failed to provide assistance with Activities of Daily Living (ADLs) for dependent residents for three Residents (#98, #88, #49) out of a total sample of 27 residents. Specifically, the facility failed to: 1. For Resident #98, the facility failed to provide assistance with bathing. 2. For Resident #88, the facility failed to provide supervision while eating during mealtimes. 3. For Resident #49, the facility failed to ensure staff provided assistance with managing denture care and ensuring dentures were available for meals. Findings include: Review of the facility policy titled 'Activities of Daily Living (ADL)', dated 1/23/24, indicated, but was not limited to 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. - 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: a. Hygiene (bathing dressing, grooming, and oral care); d. Dining (meals and snacks). 1. Resident #98 was admitted to the facility in February 2025 with diagnoses including acquired absence of right leg below knee and type two diabetes. Review of the Minimum Data Set Assessment (MDS) dated [DATE] indicated Resident #98 was cognitively intact as evidenced by a score of 15 out of a possible 15 on the Brief Interview for Mental Status Exam. The MDS also indicated Resident #98 required substantial/maximal assistance with bathing. During an interview on 3/24/25 at 8:38 A.M., Resident #98 said he/she needs assistance with bathing and he/she was not washed up at all during the weekend (3/22/25 and 3/23/25.). Review of Resident #98's Activities of Daily Living (ADL) care plan dated 3/6/25 indicated: Focus: Resident currently have (sic) an alteration to my ability to care for self and need assistance d/t muscoskeletal impairment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interventions: Bathing/Showering: [Resident #98] requires extensive assistance on (sic) one staff to provide shower 2 X wk and as necessary. Provide sponge bath when a full bath or shower cannot be tolerated. Personal Hygiene/Oral Care Routine: [Resident #98] is limited on one staff for personal hygiene and oral care. Review of Resident #98's ADL documentation report indicated bathing was not provided to Resident #98 on 3/22/25 and 3/23/25. During an interview on 3/25/25 at 10:39 A.M. the Administrator said she was not aware Resident #98 reported he/she was not bathed over the past weekend. Review of the Grievance Form completed by the Administrator and dated 3/25/25 indicated: [Administrator made aware of grievance from weekend. Resident stated he/she was not washed. [Administrator] asked did you ask to be washed he/she said no. During an interview on 3/26/25 at 9:18 A.M., the Administrator said that Residents should not have to ask staff to be washed. 45984 2. Resident #88 was admitted to the facility in January 2025 with diagnoses including cerebral infarction, dysphagia (difficulty swallowing) and muscle weakness. Review of Resident #88's most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated that the Resident had a Brief Interview for Mental Status score of 0 out of 15 indicating severe cognitive impairment. Further review of the MDS indicated that the Resident required supervision or touching assistance with eating. The surveyor made the following observations: - On 3/24/25 at 8:44 A.M., Resident #88 was eating his/her breakfast while sitting up in his/her bed in his/her room. There were no staff present in the Resident's room while he/she was eating. Resident #88's privacy curtain was drawn, and he/she could not be seen from the hallway. Staff did not check in with Resident #88 while he/she was eating. - On 3/24/25 at 12:34 P.M., Resident #88 was eating his/her lunch while sitting up in his/her bed in his/her room. There were no staff present in the Resident's room while he/she was eating. Resident #88's privacy curtain was drawn, and he/she could not be seen from the hallway. Staff did not check in with Resident #88 while he/she was eating. - On 3/25/25 at 8:30 A.M., Resident #88 was eating his/her breakfast while sitting up in his/her bed in his/her room. There were no staff present in the Resident's room while he/she was eating. Resident #88's privacy curtain was drawn, and he/she could not be seen from the hallway. Staff did not check in with Resident #88 while he/she was eating. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- On 3/25/25 from 12:41 P.M. through 12:54 P.M., Resident #88 was eating his/her lunch while sitting up in his/her bed in his/her room. There were no staff present in the Resident's room while he/she was eating. Resident #88's privacy curtain was drawn, and he/she could not be seen from the hallway. Staff did not check in with Resident #88 while he/she was eating. - On 3/26/25 at 8:39 A.M., Resident #88 was eating his/her breakfast while sitting up in his/her bed in his/her room. There were no staff present in the Resident's room while he/she was eating. Resident #88's privacy curtain was drawn, and he/she could not be seen from the hallway. Staff did not check in with Resident #88 while he/she was eating. Review of Resident #88's physician's order dated 1/2/25 indicated the following: Regular diet, pureed texture regular/thin consistency. Review of Resident #88's Kardex (a care card describing the needs of a resident) indicated the following under the Eating/Dietary/Nutrition section: EATING: Supervision with meals Review of Resident #88's care plan dated 1/6/25 indicated the following: Focus: The resident has a swallowing problem related to CVA (Cerebrovascular Accident), dysphagia a/e (as evidenced) by need for puree diet Intervention: Monitor/document/report to nurse/dietitian and MD (medical doctor) PRN (as needed) for difficulty swallowing, holding food in mouth, prolonged swallowing time, repeated swallows per bite, coughing, throat clearing, drooling, pocketing food in mouth. Review of Resident #88's alteration to care for self and assistance care plan dated 1/2/25 did not indicate the Resident's level of assistance required for eating during the survey period. Review of Resident #88's Speech Therapy Discharge Summary dated from 1/3/25 through 2/25/25 indicated the following recommendation: Supervision for Oral Intake = Distant supervision. Review of Resident #88's Certified Nursing Assistant (CNA) documentation for Eating indicated that Resident #88 did not receive supervision with meals 69 times out of 72 documented meal opportunities from the last 31 days. During an interview on 3/26/25 at 9:21 A.M., CNA #1 said Resident #88 is set-up only for eating and he/she sometimes will need verbal encouragement while eating but he/she does not require supervision. During an interview on 3/26/25 at 9:49 A.M., Nurse #1 said Resident #88 is independent for eating but the Resident used to pocket his/her food in his/her mouth. Nurse #1 reviewed Resident #88's medical record with the surveyor and said she was not aware he/she required supervision with meals. Nurse #1 said supervision with meals means a Resident needs to be observed while they are eating and frequent checks should be done. Nurse #1 said Resident #88's privacy curtain should not be drawn while he/she is eating so staff can see him/her from the hallway. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/26/25 at 11:52 A.M., the Director of Nursing (DON) said when a resident requires supervision with meals staff are rounding around the unit and keeping an eye on residents from at least the hallway. The DON said Resident #88 should have been receiving supervision while eating if the Speech Therapy notes indicated that he/she should be. 48990 3. Resident #49 was admitted to the facility in January 2022 with diagnoses including dementia and glaucoma. Review of the most recent Minimum Data Set (MDS) assessment, dated 2/12/25, indicated Resident #49 had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 9 out of 15. This MDS also indicated Resident #49 required partial/moderate assistance with oral hygiene and denture management/cleaning. On 3/24/25 at 8:04 A.M., the surveyor observed Resident #49 in bed, appearing to be asleep. There was a denture under his/her bed directly on the floor. This observation was before the breakfast meal was served. On 3/24/25 at 12:52 A.M., the surveyor observed Certified Nurse Assistant (CNA) #7 deliver lunch to Resident #49. There was a denture under his/her bed directly on the floor, in the same place it was observed before the breakfast meal. Resident #49 was not wearing any dentures. CNA #7 asked Resident #49 if they needed anything else with their lunch meal, but did not ask about his/her dentures, before leaving the room. On 3/25/25 at 8:33 A.M., the surveyor observed Resident #49 putting in his/her upper dentures. Resident #49 said he/she isn't sure where the lower dentures are because they are missing. Resident #49 said staff do not assist with his/her dentures very often and he/she is concerned because he/she always drops and loses them. Resident #49 said he/she didn't have any dentures yesterday during breakfast or lunch and that was hard to eat without them. Resident #49 said he/she would like staff to help with his/her dentures, including keeping them safe and cleaning them. Review of Resident #49's nursing progress notes indicated the following denture concerns: - On 5/20/24, Resident #49 dropped his/her dentures at 4:30 A.M. and broke them in half. - On 12/30/24, was seen by the dentist for missing lower dentures. - On 3/3/25, dentist was consulted for missing dentures and appointment scheduled for 4/8/25. Review of Resident #49's active plan of care, including care plan, physician orders, and Kardex (a summary of a patient's plan of care) on 3/25/25 at 2:00 P.M., failed to indicate use of dentures or any interventions for denture management. During an interview on 3/25/25 at 8:40 A.M., Certified Nurse Assistant (CNA) #3 said Resident #49 always keeps his/her dentures in his/her room and was unable to answer questions about his/her denture care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/25/25 at 8:43 A.M., CNA #4 said the CNAs get information about any residents who require denture care in the Kardex. The surveyor and CNA #4 review the Kardex together and CNA #4 said it does not include the use of dentures. CNA #4 said Resident #49's Kardex should have information relating to dentures because Resident #49 is confused and unable to manage his/her own dentures. CNA #4 said Resident #49 often gets his/her dentures tangled in the blankets or loses them. CNA #4 said Resident #49's dentures have had to be replaced multiple times in the past year because of being lost or broken by being dropped. CNA #4 said the CNAs are supposed to clean his/her dentures before bed and give them to the nurse to store in the treatment cart but is unsure how that is being communicated to staff, or ensured that it's being done, because it's not in the Kardex. During an interview on 3/25/25 at 2:27 P.M., Nurse #5 said if a resident has dentures, it should be included in the care plan. Nurse #5 said if any resident has difficulty managing their dentures, interventions should be put into place to assist them to manage their dentures effectively. Nurse #5 said these interventions should be included in the Resident's care plan and/or Kardex. Nurse #5 said Resident #49 is confused and requires assistance to manage his/her dentures, so they do not get broken or lost. Nurse #5 said Resident #49 should have had denture care in his/her care plan with individualized interventions to ensure they are managed and available for his/her use. During an interview on 3/25/25 at 3:13 P.M., the Director of Nursing (DON) the staff is responsible to assist with denture management if any residents require assistance. The DON said she would expect Resident #49's care plan, physicians orders, and/or Kardex to include denture management interventions to promote successful denture management.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45984 Based on observation, record review, and interview, the facility failed to provide care and treatment in accordance with professional standards of practice for one Resident (#62) out of a total sample of 27 Residents. Specifically, for Resident #62, the facility failed to: 1a. ensure there was an active physician's order for the use of an air mattress and 1b. ensure weekly skin checks were being performed and documented as ordered by the physician. Findings include: Resident #62 was admitted to the facility in September 2024 with diagnoses including bipolar disorder, type 2 diabetes and dementia. Review of Resident #62's most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated that the Resident had a Brief Interview for Mental score of 12 out of 15 indicating moderate cognitive impairment. Further review of the MDS indicated that the Resident requires assistance from staff with all activities of daily living and is at risk of developing pressure ulcers. 1a. The surveyor made the following observations: - On 3/24/25 at 8:00 A.M., 3/25/25 at 6:48 A.M. and 3/26/25 at 7:09 A.M., Resident #62 was sleeping in his/her bed which was an air mattress set to 240 pounds. Review of Resident #62's active and discontinued physician's orders did not indicate the use of an air mattress. Further review of Resident #62's medical record including care plans did not indicate the use of an air mattress. Review of Resident #62's most recent weight obtained on 3/10/25 indicated a weight of 145 lbs. (pounds). During an interview on 3/26/25 at 9:23 A.M., Certified Nursing Assistant (CNA) #1 said Resident #62 was transferred from the first floor about one month ago and she thinks that he/she came up with the air mattress. During an interview on 3/26/25 at 9:42 A.M., Nurse #1 said Resident #62 came from the first floor with an air mattress. Nurse #1 said all residents need to have an active physician's order if they are using an air mattress. Nurse #1 said air mattress settings are set to the Resident's weight. During an interview on 3/26/25 at 11:52 A.M., the Director of Nursing (DON) said Resident #62 should have a physician's order for the use of an air mattress if he/she is using one. 1b. Review of Resident #62's physician's order dated 9/27/24 indicated the following: Skin Checks Weekly every evening shift every Wednesday for Preventative. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #62's medical record on 3/26/25 indicated that the last completed skin check was dated 2/20/25, indicating that five weeks of skin checks were not in the medical record. During an interview on 3/26/25 at 9:23 A.M., CNA #1 said Resident #62 is not resistive to care. During an interview on 3/26/25 at 9:42 A.M., Nurse #1 said skin checks are done weekly for all residents and if a resident refuses it should be documented in the medical record. Nurse #1 and the surveyor reviewed Resident #62's medical record and Nurse #1 said she was not sure why the Resident's last documented skin check was on 2/20/25. Nurse #1 said even if a resident has no skin issues it still needs to be documented in the medical record. During an interview on 3/26/25 at 11:52 A.M., the DON said skin checks should be done weekly or as ordered by the physician. The DON said whether there are findings or not in the skin checks, they need to be uploaded and documented into the medical record. During a follow up interview on 3/26/25 at approximately 2:00 P.M., the DON said Nurse #1 did not upload and document the skin checks in real time but had just completed them now. The surveyor asked the DON if she would expect the skin checks to be documented once completed and the DON said she would.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 48990 Based on observations, interviews and record review, the facility failed to provide necessary treatment, services, interventions to promote healing and prevent new ulcers from developing for one Resident (#101), who had a pressure ulcer, out of 27 total sampled residents. Specifically, the facility failed to obtain a physician order for the use of an air mattress for pressure ulcer management and failed to ensure the air mattress was at an appropriate setting. Findings include: Review of the facility policy titled 'Skin Prevention, Assessment and Treatment', revised October 2024, indicated: - Purpose: To promote healing of existing pressure ulcers. - Treatment guidelines: Interventions for prevention or active skin alterations may include but are not limited to: provide pressure relieving device or cushion on surfaces as indicated. Resident #101 was admitted to the facility in March 2025 with diagnoses including a sacral pressure ulcer, C4 compression (pressure on the fourth cervical disc spinal cord segment), and spinal cord injury. Review of the most recent Minimum Data Set (MDS) assessment, dated 3/11/25, indicated Resident #101 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15. This MDS also indicated Resident #101 was dependent on staff for bed mobility and had a stage three pressure ulcer. Review of Resident #101's wound consultant 'Initial Wound Evaluation and Management Summary', dated 3/11/25, indicated: - Stage 3 Pressure Wound Coccyx: Recommendations: Low Air Loss Mattress. Review of Resident #101's physician orders on 3/25/25 at 2:10 P.M., failed to indicate any physician orders for the use of an air mattress. Review of Resident #101's active care plan, revised 3/20/25, indicated the Resident was admitted with a pressure ulcer. This care plan failed to indicate the use of an air mattress. On 3/24/25 at 8:24 A.M. and 12:32 P.M., and 3/25/25 at 7:02 A.M. and 2:09 P.M., the surveyor observed Resident #101 in bed on a Medline Supra APL air mattress. The pump was set to 240 pounds (lbs.). Review of Manufacturer's guidelines for Medline Supra APL Mattress System indicated: - To set the Medline Supra APL, first connect the pump and mattress, then power it on and inflate. Adjust the mattress based on the patient's weight. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #101's weight summary indicated: - 3/5/25: 166 lbs. - 3/15/25: 152 lbs. - 3/22/25: 153 lbs. During an interview on 3/25/25 at 2:18 P.M., Nurse #1 said air mattresses require physician's orders for use. Nurse #1 said nurses are responsible for checking air mattress settings each shift. Nurse #1 said Resident #101 is on an air mattress to treat his/her coccyx pressure ulcer. Nurse #1 said a physician order should have been obtained when the air mattress was first applied. Nurse #1 said Resident #101's air mattress should have been set according to his/her weight. Nurse #1 said if the setting for weight was not comfortable and needed to be adjusted, the physician should have been notified to obtain new setting orders. During an interview on 3/25/25 at 3:13 P.M., the Director of Nursing (DON) said air mattresses require physician's orders for use. The DON said nurses are responsible for checking air mattress settings daily. The DON said the nurses should have clarified with the physician and obtained a physician order if when checking the settings there was no physicians order in place. During an interview on 3/26/25 at 11:51 A.M., the DON said the facility does not have a written policy for air mattresses, but it is their expectation that manufacturer guidelines are followed for the air mattress system.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 48990 Based on observation, record review and interview, the facility failed to ensure professional standards of practice for the care of an indwelling urinary catheter (a tube placed through the urethra into the bladder to drain urine) for one Resident (#46) out of a total sample of 27 residents. Specifically, the facility failed to ensure they obtained physician's orders for the use and care of Resident #46's indwelling urinary catheter. Findings include: Review of the facility policy titled 'Indwelling Catheter', revised 12/10/24, indicated, but was not limited to: - Insertion: Verify physician's order for procedure noting the size, bulb inflation, frequency of change, and frequency of catheter bag change. - Irrigation: Verify physician order for frequency, solution and amount to irrigate. Resident #46 was admitted to the facility in February 2025 with diagnoses including benign prostrate hyperplasia (enlarged prostate) and use of a chronic indwelling urinary catheter. Review of the most recent Minimum Data Set (MDS) assessment, dated 2/13/25, indicated Resident #46 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 6 out of 15. This MDS also indicated Resident #46 had an indwelling urinary catheter. On 3/24/25 at 8:44 A.M. and 12:21 P.M., and 3/25/25 at 6:58 A.M., the surveyor observed Resident #46 with a urinary catheter drainage bag filled with yellow urine. During an interview on 3/25/25 at 8:07 A.M., the surveyor and Unit Manager #1 observed Resident #46's indwelling urinary catheter system. There was no anchoring system in place to prevent it from accidentally being pulled out or dislodged. Unit Manager #1 said indwelling urinary catheters require a physician's orders for its use and care. Unit Manager #1 said the order should include the catheter size, bulb size, frequency of catheter and/or catheter bag change, irrigation of catheter system, and all necessary catheter care. Unit Manager #1 said Resident #46 should have a physician's orders for his/her indwelling urinary catheter and it's care but did not. Review of Resident #46's physician order, initiated 2/13/25, indicated: - Foley (indwelling urinary catheter) output every shift. Review of physician's orders on 3/25/25 at 8:00 A.M., failed to indicate any physician orders relating to catheter size, bulb size, frequency of catheter and/or catheter bag change, irrigation of catheter system, and other necessary catheter care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #46's nurse progress note, dated 3/7/25, indicated the Resident's indwelling urinary catheter was changed. There was no physician order for urinary catheter change on this date. Review of Resident #46's nurse progress notes, dated 3/21/25, 3/22/25, and 3/23/25, indicated the Resident's indwelling urinary catheter was flushed (irrigated) with sterile water. There was no physician order for irrigation of catheter system on these dates. During an interview on 3/25/25 at 12:59 P.M., the Director of Nursing (DON) said all indwelling urinary catheters require physician orders. The DON said nursing should have obtained physician orders for all necessary care for Resident #101's indwelling urinary catheter upon admission. The DON further said the nurses should have obtained physician orders prior to irrigating or changing Resident #46's indwelling urinary catheter.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36876 Based on record review and interview, the facility failed to provide behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care for two Residents (#96 and #88), out of a total of 27 sampled residents. Specifically: 1. For Resident #96, the facility failed to offer behavioral health services related to substance abuse timely. 2. For Resident #88, the facility failed to implement recommendations made by the Behavioral Health Nurse Practitioner related to labs. Findings include: Review of the facility's Social Services - Behavioral Health Services - Including Substance Abuse policy, dated as revised 2/5/24 indicated: Purpose: Behavioral health encompasses a resident's whole emotional and well-being which includes, but is not limited to, the prevention and treatment of mental and substance use disorders (SUDs). Each resident is entitled to care and services provided by the facility, to assist him/her to reach and maintain the highest level of mental and psychosocial functioning. 4. Behavioral health care and services shall be provided in an environment that is conducive to mental and psychosocial wellbeing. 6. The facility utilizes the comprehensive assessment process for identifying and assessing a resident's mental and psychosocial status and providing person-centered care. This process includes, but is not limited to: b. obtaining history from medical records, the resident and as appropriate, the resident's family and friends, regarding mental, psychosocial and emotional health. d. Ongoing monitoring of mood and behavior. e. Care plan development and implementation. f. Evaluation. 10. Facility staff will implement person-centered care approaches designed to meet the individual goals and needs of each resident, which includes non-pharmacological interventions. Examples of individualized non-pharmacological interventions to help meet behavioral health needs of all ages may include but are not limited to: o. Assisting residents with SUDs to access counseling (e.g. individual or group counseling services, 12 step programs and support groups) to the fullest degree possible. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1. Resident #96 was admitted to the facility in February 2025 with diagnoses including alcohol abuse with withdrawal and alcoholic polyneuropathy. Review of the Minimum Data Set Assessment (MDS) dated [DATE] indicated Resident #96 was cognitively intact evidenced by a score of 15 out of a possible 15 on the Brief Interview for Mental Status exam. Review of the Physiatry note dated 2/17/25 indicated: Patient was noted to have seizures secondary to withdrawal. He/she was treated with phenobarbital. He/she is off of this therapy at this time. Reports that he/she is motivated for sobriety. He/she was continued on folate and thiamine at the outside hospital. We will discuss with medical team regarding reinitiating this. He/she would also benefit from social work consultation for resources out in the community since he/she has just moved back to Massachusetts. We will monitor closely for any barriers this may pose to rehab. Review of the clinical record failed to indicate Resident #96's substance use support services were offered to Resident #96 upon admission. Review of Resident #96's care plans indicated a substance use care plan was not implemented until 2/27/25; 17 days after he/she was admitted to the facility and after he/she was found with alcohol in the facility. Review of the nurse progress note dated 2/27/25 indicated: DON (Director of Nursing) was notified by ADON (Assistant Director of Nursing) that a CNA (Certified Nursing Aid) had observed the patient wheeling himself/herself in the WC (wheelchair) down the hall when an empty bottle of 750mLs of [NAME] vodka fell off of his/her lap. The patient gave the empty bottle to the CNA. The DON and Admin went and spoke with the patient regarding the incident. He/she reported that he/she has been getting deliveries to the facility by services like Door Dash. Explained and educated on the importance of not drinking alcohol with the medications he/she is on and how there could be adverse reactions.DON was made aware of another delivery this morning and when asked if he/she had any other alcohol, the patient at first, denied it but then did tell me that he/she did, in fact, have another bottle delivered this morning. The bottle was a 200ML bottle and the patient confirmed he/she had drank about 100MLs of it already. He/she confirmed he/she had taken his/her morning medications. DON and Admin spoke to him/her about psych services, sud counseling and speaking with the social worker for support around his/her alcoholism. During an interview on 3/24/25 at 10:14 A.M., Resident #96 said he/she has a history of substance use and trauma and was not offered psych services initially upon admission but would have been interested. Resident #96 did not say if the facility had offered substance support services. During an interview on 3/26/25 at 7:57 A.M., the Social Worker said that for resident's admitted to the facility with a known history of substance use, they should be assessed for their use, a care plan should be implemented, and they should be offered support services within the first week of admission. The Social Worker said she did not speak with Resident #96 about his/her substance use or offer supportive services regarding substance abuse until last Friday (3/21/25). The Social Worker said that she placed a referral for behavioral health therapy after Resident #96 was found with alcohol because of Resident #96's self-reported history of trauma. The Social Worker said she was focused on building rapport and discharge planning with Resident #96 and she should have discussed services with him/her sooner. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/26/25 at 9:18 A.M., the Administrator said that for residents admitted to the facility with a known history of substance use disorder, they should be assessed for supports like virtual AA, psych services and other support systems upon admission. The Administrator said she was present with the DON when she offered substance abuse supports to Resident #96 on 2/27/25; 17 days after his/her admission. 45984 2. Resident #88 was admitted to the facility in January 2025 with diagnoses including cerebral infarction, dysphagia (difficulty swallowing) and muscle weakness. Review of Resident #88's most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated that the Resident had a Brief Interview for Mental Status score of 0 out of 15 indicating severe cognitive impairment. Further review of the MDS indicated that the Resident has exhibited verbal behavior symptoms towards others. Review of Resident #88's physician's orders dated 2/2/25: - Depakote Sprinkles Oral Capsule Delayed Release Sprinkle 125 MG (milligram) Give 2 capsules by mouth one time a day for depression - Depakote Sprinkles Oral Capsule Delayed Release Sprinkle 125 MG Give 4 capsule by mouth two times a day for depression Review of Resident #88's Behavioral Health evaluation dated 1/24/25 conducted by the Nurse Practitioner indicated the following: Plan/Recommendations: Depakote level. Lipid Profile, and EKG (electrocardiogram) may be done. Discharge paperwork was evaluated in depth. Recommended Lab Tests: Depakote level, Lipid profile, EKG. Review of Resident #88's Pharmacist's Medication Regimen Review dated 3/18/25 indicated the following recommendation made by the pharmacist: - Resident receives Depakote 250 mg QD and 500 mg BID. Drug level past due, suggest ordering next lab day and adding order for lab schedule every 6 months. Suggest also adding Depakote monitoring order. Review of Resident #88's medical record failed to indicate that a Depakote level, lipid profile or EKG was ever obtained despite the recommendations being made on 1/24/25. The surveyor asked the facility for all completed labs for Resident #88 and none were provided. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/25/25 at 10:51 A.M., the Director of Nursing (DON) said when behavioral health services comes to the facility they will upload their recommendations into the electronic medical record and get sent to the Unit Manager. The DON said the third-floor unit (where Resident #88 resides) does not have a Unit Manager at this time so the Assistant Director of Nursing would handle it. The DON and surveyor reviewed Resident #88's behavioral health recommendations and pharmacy medication review and she said the Depakote level, lipid profile and EKG should have been obtained shortly after they were recommended.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 48990 Based on observations, interviews and policy review, the facility failed to ensure staff stored drugs and biologicals in accordance with State and Federal laws. Specifically, 1. The facility failed to ensure medications with shortened expiration dates were dated once opened in three out of three medication carts observed. 2. The facility failed to ensure the medication room was locked when unattended. 3. The facility failed to ensure treatment carts were locked when unattended. Findings include: Review of the facility policy titled 'Storage, Labeling of OTC (over the counter) Medication, Destruction and Disposal of Medication', revised 11/9/24, indicated: - No discontinued, outdated, or deteriorated medications should be available for use in the facility. All such medications are destroyed per policy. - Expired medications are to be removed from areas medication carts prior to or at the time of expiration. - Compartments containing medications should be locked when not in use. Trays of carts used to transport such items should be left unattended. (Note: Compartments include, but are not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes.) - Medications will be stored in accordance with manufacturers guidance and not exceed expiration dates unless a shortened shelf-life once opened. - Eye drops should have resident's record number and date of opening. 1. On 3/25/25 at 9:23 A.M., the surveyor and Nurse #4 observed the following in the second floor A side medication cart: - One novolog insulin pen, dated as opened 2/18/25, available for use 35 days after it was opened. During an interview on 3/25/25 at 9:24 A.M., Nurse #4 said the insulin pen should be discarded 28 days after opening but was not. On 3/25/25 at 9:44 A.M., the surveyor and Nurse #1 observed the following in the third floor B side medication cart: - One basaglar insulin pen, dated as opened 2/6/25, available for use 48 days after it was opened. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- One insulin aspart pen, dated as opened 12/23/24, available for use 93 days after it was opened. - One humalog insulin pen, opened and undated. - One bottle timolol eye drops, opened and undated. During an interview on 3/25/25 at 9:45 A.M., Nurse #1 said insulin pens should be dated when opened and should be discarded 28 days after opening. Nurse #1 said timolol eye drops should be dated when opened and discarded 30 days after opening. On 3/25/25 at 10:24 A.M., the surveyor and Nurse #6 observed the following in the first floor A side medication cart: - One symbicort inhaler, opened and undated. - Two breo ellipta inhalers, both opened and undated During an interview on 3/25/25 at 9:46 A.M., Nurse #6 said symbicort inhalers should be dated when opened and discarded 90 days after opening. Nurse #6 said breo ellipta inhalers should be dated when opened and discarded six weeks after opening. During an interview on 3/25/25 at 12:59 P.M., the Director of Nursing (DON) said medications with shortened expiry dates should be dated when opened and discarded according to the manufacturer's guidelines. The DON said this included insulin pens, which should be discarded 28 days after opening. The DON said this also included inhalers and eye drops. 2. On 3/24/25 at 6:52 A.M., the surveyor observed the second floor medication room door was open. The surveyor was able to enter and visualize many bottles of medications. There were no nurses or any staff members within view of this medication room. During an interview on 3/24/25 at 6:55 A.M., Certified Nurse Assistant (CNA) #3 came to the nurse's station where the medication room was located and said the nurse should always keep the medication room locked when unattended. During an interview on 3/25/25 at 12:59 P.M., the Director of Nursing (DON) said medication rooms should always be locked when unattended. 45984 3. The surveyor made the following observations on the third-floor unit: - On 3/24/25 from 7:50 A.M. through 8:02 A.M., a treatment cart containing various ointments and biologicals was opened. The surveyor was able to access the contents. - On 3/25/25 from 6:44 A.M. through 6:57 A.M., a treatment cart containing various ointments and biologicals was opened. Four staff members and one resident walked by the treatment cart. The surveyor was then able to access the contents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/25/25 at 6:59 A.M., Nurse #2 said the treatment cart should not be left open if it is unattended. During an interview on 3/25/25 at 12:59 P.M., the Director of Nursing (DON) said treatment carts should always be locked when unattended.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45984 Based on observations, record review and interview, the facility failed to ensure staff maintained an accurate medical record for two Residents, (#42 and #62), out of a sample of 27 residents. Specifically: 1. For Resident #42, the facility documented that he/she was wearing a fracture boot to his/her right leg when he/she was not. 2. For Resident #62, the facility documented that weekly checks were completed when they were not in the Resident's medical record. Findings include: 1. Resident #42 was admitted to the facility in April 2022 with diagnoses including unspecified dementia, unspecified fracture of right toes and muscle weakness. Review of Resident #42's most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated that the Resident had a Brief Interview for Mental Status score of 15 out of 15 indicating intact cognition. Further review of the MDS indicated that the Resident does not exhibit any behaviors. Review of Resident #42's physician's order dated 2/18/25 indicated the following: Fracture Boot to Right leg at all times when ambulating. During the survey period from 3/24/25 through 3/26/25, the surveyor observed Resident #42 ambulating throughout the third-floor unit without wearing a fracture boot on his/her right foot. Review of Resident #42's hospital discharge paperwork dated 2/17/25 indicated that Resident #42 had fractured his/her right metatarsal (the bones in a foot). Review of Resident #42's discharge plan indicated the following: Continue with right foot immobilizer. Review of a nursing progress note written on 2/18/25 at 9:48 P.M., indicated the following: Resident readmitted back to the facility at 2:40pm via a wheelchair transport van. Resident has metatarsal fracture on the right foot, bruising on the right great toe and second left toe. Resident to wear right FX (fracture) boot while ambulating at all times. During an interview on 3/25/25 at 7:55 A.M., Resident #42 said he/she leaned over his/her bed and fell on his/her foot and knee and he/she requested to go to the hospital. The Resident then said the hospital provided him/her with a boot to wear on his/her right foot but he/she threw it away on his/her first day into the facility because he/she did not want to wear it. Review of Resident #42's Treatment Administration Record for March 2025 indicated that staff signed off that Resident #42 was wearing his/her fracture boot on 3/25/25 and 3/26/25 even though he/she was not and the boot was no longer accessible. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/26/25 at 9:33 A.M., Nurse #2 said Resident #42 came back from the hospital with a boot to wear since he/she fractured his/her right foot. Nurse #2 said the Resident threw away the boot on his/her first day back. Nurse #2 said staff should be accurately documenting in the medical record and not saying the Resident was wearing his/her boot when he/she was not. During an interview on 3/26/25 at 9:53 A.M., Certified Nursing Assistant (CNA) #1 said Resident #42 came back from the hospital with a boot but she has not seen him/her wearing it. During an interview on 3/26/25 at 11:52 A.M., the Director of Nursing (DON) said Resident #42 had a boot for his/her fractured foot, but he threw it away the day after he/she came back from the hospital. The DON said staff should not be documenting that Resident #42 was wearing his/her boot when he/she was not. 2. Resident #62 was admitted to the facility in September 2024 with diagnoses including bipolar disorder, type 2 diabetes and dementia. Review of Resident #62's most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated that the Resident had a Brief Interview for Mental score of 12 out of 15 indicating moderate cognitive impairment. Further review of the MDS indicated that the Resident requires assistance from staff with all activities of daily living and is at risk of developing pressure ulcers. Review of Resident #62's physician's order dated 9/27/24 indicated the following: Skin Checks Weekly every evening shift every Wednesday for Preventative. Review of Resident #62's Treatment Administration Record (TAR) for February and March 2025 indicated that staff completed a weekly skin check for the Resident on 2/26/25, 3/5/25, 3/12/25, 3/19/25. During the survey period, review of Resident #62's medical record indicated that the last completed skin check was dated 2/20/25 indicating that five weeks of skin checks were not in the medical record. During an interview on 3/26/25 at 9:42 A.M., Nurse #1 said skin checks are done weekly for all residents and if a resident refuses it should be documented in the medical record. Nurse #1 and the surveyor reviewed Resident #62's medical record and Nurse #1 said she was not sure why the Resident's last documented skin check was on 2/20/25. Nurse #1 said even if a resident has no skin issues it still needs to be documented in the medical record. During an interview on 3/26/25 at 11:52 A.M., the Director of Nursing (DON) said skin checks should be done weekly or as ordered by the physician. The DON said whether there are findings or not in the skin checks, they need to be uploaded and documented into the medical record. The DON continued to say skin checks should not be documented as being complete if there is no documented skin check in the medical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36431 Based on observation, record review and interviews, the facility failed to ensure for one Resident (#27), out of a total sample of 27 residents, that enhanced barrier precautions were implemented in accordance with infection control standards of care. Findings include: Review of the facility's titled Policy and Procedure, Enhanced Barrier Precautions, dated as revised October 28, 2024, indicated the following: Policy: It is this Facilities policy that Enhanced Barrier Precautions (EBH) are used to prevent the transmission of infectious organisms spread by direct or indirect contact with the patient or the patient's environment. They are strategies in nursing homes to decrease transmission of CDC (Centers of Disease Control)-targeted and epidemiologically important MDRO (multidrug-resistant organism) when contact precautions do not apply. EBP is used during high-contact care activities for residents with chronic wounds, or indwelling medical devise, regardless of MDRO status, in addition to resident who have an infection or colonization with a CDC-targeted or other epidemiologically important MDRO when contact precautions do not apply. Facilities will have some discretion when implementing EBH and balancing the need to maintain a homelike environment for residents. Definition Indwelling medical device-Examples include but are not limited to, central lines . Resident #27 was readmitted to the facility in July 2024 and has diagnoses that include but are not limited to resistance to multiple antimicrobial drugs, and dependence on renal dialysis. Review of the Minimum Data Set assessment dated [DATE] indicated Resident #27 scored 14 out of 15 on the Brief Interview for Mental Status exam indicating he/she as having intact cognition. Further review of the MDS indicated Resident #27 has dialysis treatments. During an observation and interview on 3/24/25 at 8:22 A.M., Resident #27 was standing in his/her room. Resident #27 had gauze covering an area on his/her right chest. Resident #27 said he/she goes to dialysis and pointed to his/her right chest and said it is used for dialysis. Review of Resident #27's medical record indicated the following: -A physician's order dated 7/23/24 Dialysis days: Tuesday Thursday Saturday. Transport to dialysis center. -A care plan dated as initiated 3/12/2024, I have a central line IJ (Internal Jugular) Catheter and am at risk for opportunistic infection to enter my body. Interventions included but were not limited to Enhanced Barrier Precautions during personal CARE During an interview on 3/25/25 at 8:28 A.M., Nurse #5 said Resident #27 has access for dialysis through a chest port (a medical device placed under the skin in the chest, allowing access to a vein). On 3/25/25 11:38 A.M., Resident #27 was observed in his/her room, his/her hair was wrapped in a towel, consistent as just having a shower. There was no enhanced precaution sign on the door. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/26/25 at 8:30 A.M., Resident #27 was observed in his/her room. There was no personal protection equipment near the door, nor an 'enhanced precaution' sign, notifying staff of the need for enhanced barrier precautions. During an interview on 3/26/25 at 9:21 A.M., Nurse #7 said Resident #27 goes out to dialysis and has a chest port which is used for dialysis access. Nurse #7 said Resident #27 is not on any infection control precautions other than standard precautions. Nurse #7 reviewed the physician's orders for Resident #27 and said he/she does have an order for enhanced barrier precautions. Nurse #7 said enhanced barrier precautions require staff to put on personal protection equipment (PPE) during high-contact care, that a cart with PPE supplies would be outside the room and a sign identifying the precautions would be on the door to alert staff and others of the need for enhanced barrier precautions. During an interview on 3/26/25 at 10:08 A.M., the Infection Control Preventionist Nurse said the need for enhanced barrier precautions for Resident #27 was discussed, that he/she does have an indwelling medical device, and that the orders should be followed for enhanced barrier precautions including identifying the room with an enhanced barrier precaution sign.