

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>42690</p> <p>Based on observation, interview, and record review, the facility failed to notify the Physician/Physician Assistant (PA) of changes in condition for two Residents (#35 and #58) out of a total sample of 17 residents.</p> <p>Specifically, the facility failed to:</p> <ol style="list-style-type: none"> 1. For Resident #35, notify the Physician/ PA timely of significant weight loss experienced by the Resident. 2. For Resident #58, ensure the Physician/PA was notified when the Resident had a significant weight change and continued significant weight decline. <p>Findings include:</p> <p>Review of the facility policy titled Change In a Resident's Condition or Status, revised February 2011, indicated the following:</p> <p>-The nurse will notify the resident's attending physician or physician on call when there has been a (an):</p> <p>---Significant change in the resident's physical/emotional/mental condition,</p> <p>---Refusal of treatment or medications two (2) or more consecutive times.</p> <p>Review of the facility policy titled Weighing and Measuring the Resident, revised March 2011, indicated the following:</p> <ol style="list-style-type: none"> a. one month 5% weight loss is significant; greater than 5% is severe. b. three months 7.5% weight loss is significant; greater than 7.5 is severe c. six months 10% weight loss is significant; greater than 10% is severe. <p>(continued on next page)</p>

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Resident #35 was admitted to the facility in July 2024 with diagnoses including Diabetes, small cell lung carcinoma (lung cancer) receiving chemotherapy, Chronic Obstructive Pulmonary Disease (COPD), C-Diff (Clostridium difficile), Chronic Kidney Disease (CKD), anxiety and depression.</p> <p>Review of Resident #35's Weight Summary Report from 7/24/24 through 2/1/25 indicated the following:</p> <p>>7/24/24 -163 lbs. (pounds)</p> <p>>8/3/24 -155 lbs.</p> <p>>1/3/25 -143 lbs.</p> <p>>1/21/25 -134 lbs. (17.79 % weight loss from 7/24/24 = severe weight loss of greater than 10% in 6 months. 13.5% weight loss from 8/3/24 = severe weight loss of greater than 10% in 6 months. 6.29 % weight loss from 1/3/25 = severe weight loss of greater than 5% in 1 month).</p> <p>>2/1/25 -129.4 lbs. (16.52 weight loss from 8/3/24 = severe weight loss of greater than 10% in 6 months. 9.51% weight loss from 1/3/25 = severe weight loss of greater than 5% in 1 month).</p> <p>During an interview on 2/12/25 at 3:53 P.M., Nurse #1 said that after the Certified Nurses Aides (CNAs) obtain a residents' weight, they give it to the Nurses who then document the weight into PCC (Point Click Care, the electronic medical record used by the facility). Nurse #1 said that for a 3 lb weight fluctuation the staff will obtain a re-weight. Nurse #1 said if the reweight is still a loss, the staff will notify the Provider. Nurse #1 said all communication with the Providers are either completed by phone or documented in the communication binder located at the nurses station. The surveyor and Nurse #1 reviewed the communication binder and found no documented evidence that the Provider had been notified of Resident #35's weight loss, when significant weight loss occurred on 1/21/25 and 2/1/25. Nurse #1 said that for a significant weight loss she would typically call the Provider. Nurse #1 reviewed the nursing notes in PCC and found no documented evidence that the Provider had been made aware of Resident #35's significant weight loss. Nurse #1 further said that the Resident had cancer, C-diff, and refused the supplemental drinks, and that she would expect him/her to have weight loss.</p> <p>During an interview on 2/12/25 at 4:03 P.M., the Director of Nursing (DON) said she would have expected the Physician or PA to have been notified of Resident #35's weight loss on both 1/21/25 and 2/1/25.</p> <p>During an interview on 2/13/25 at 9:46 A.M., the PA said that he would have expected to be notified of Resident #35's significant weight loss. The PA said that he had been in the facility since the Resident experienced the most recent weight loss noted on 1/21/25 and 2/1/25 and did not recall being notified of the weight loss during those times he was in the facility. The PA said that he did not recall being made aware that the Resident had been refusing the nutritional supplements however since the supplements had been discontinued, it is possible he was made aware but could not recall.</p> <p>42741</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Resident #58 was admitted to the facility in December 2024 with diagnoses including malnutrition, muscle weakness, Stage 4 pressure wounds to bilateral buttocks, and cirrhosis of the liver.</p> <p>Review of Resident #58's Weight Summary Report from 12/18/24 through 2/12/25 indicated:</p> <p>>12/18/24: 144 lbs.</p> <p>>12/20/24: 143.8 lbs.</p> <p>>12/25/24: 142.2 lbs.</p> <p>>12/27/24: 108.0 lbs. (significant weight loss of 25% in less than one month since 12/18/24)</p> <p>>12/30/24: 104.4 lbs.</p> <p>>1/3/25: 101.4 lbs. (continued weight loss of 6% in less than one month since 12/27/24)</p> <p>>1/8/25: 101 lbs.</p> <p>>1/13/25: 99.2 lbs.</p> <p>>1/15/25: 99.6 lbs.</p> <p>>1/17/25: 101 lbs.</p> <p>>1/20/25: 102 lbs.</p> <p>>1/22/25: 102.2 lbs.</p> <p>>1/24/25: 102.5 lbs.</p> <p>>1/29/25: 96.2 lbs.</p> <p>>1/31/25: 96 lbs. (weight loss of 10.93% in one month since 12/27/24)</p> <p>>2/3/25: 95.9 lbs.</p> <p>>2/5/25: 95.4 lbs.</p> <p>>2/7/25: 96.2 lbs.</p> <p>>2/10/25: 96 lbs.</p> <p>>2/12/25: 97.3 lbs. (weight loss of 9.91% in one month and a half since 12/27/24)</p> <p>Review of the Nutrition Risk Evaluation, dated 12/13/24, indicated Resident #58's:</p> <p>-current weight was 144 lbs.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-his/her historical weight within the last month was 156 lbs.</p> <p>-goal was for the Resident to remain at a stable weight and not gain.</p> <p>Review of the Dietician Note dated 1/8/25, indicated:</p> <p>-weight 101.4 lbs with progressive loss</p> <p>- .wound healing is stalled</p> <p>-increase 2.0 (nutrition supplement) to 120 milliliter (ml.) three times a day (TID) to stabilize weight and improve healing.</p> <p>Further review of the Dietician's Note did not indicate:</p> <p>>why Resident #58 had a significant weight loss of 25% from 12/18/24 to 12/27/24</p> <p>>whether or not the initial weight taken was accurate or if the new weight of 101.4 lbs was a more accurate weight for the Resident</p> <p>>whether the Dietician had notified the Physician or PA of the significant weight loss or the Resident's continued weight loss</p> <p>Review of the most recent Dietician Note, dated 1/27/25 indicated:</p> <p>-weight holding and wound improving .</p> <p>-see Care Plan for new recommendations.</p> <p>Review of Resident #58's Malnutrition Care Plan, initiated 12/16/24, indicated the following recommendations corresponding with a start date of 1/27/25:</p> <p>--Resident #58 will safely consume 75% some meals to maintain weight within seven pounds or less than 155 pounds while healing wounds through next review date. {sic}</p> <p>-Increase 2.0 med pass (nutrition supplement) 180 ml., TID</p> <p>-ProHeal (protein supplement) 60 ml, twice daily (BID)</p> <p>-Vitamin D3, Multivitamin with minerals as ordered, Vitamin C, Zinc for 30 days</p> <p>Review of the January 2025 and February 2025 Physician's orders and Medication Administration Records (MARs)indicated all recommendations from the Dietician made on 1/27/25 were implemented and administered as ordered.</p> <p>No additional Nutrition Documentation was available after 1/27/25 to address the ongoing gradual weight loss Resident #58 started to have after the new recommendations by the Dietician were made on 1/27/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the PA Progress Note for the visit following the initial significant weight loss dated 12/31/24, indicated no documentation that the PA had been made aware of Resident #58's 25% significant weight loss.</p> <p>Review of the PA Progress Note dated 2/4/25, indicated no documentation that the PA had been made aware of the Resident's ongoing weight loss including the greater than 10% weight loss in the last month.</p> <p>Review of the PA Progress Note dated 2/6/25, indicated no documentation that the PA had been made aware of Resident #58's ongoing gradual weight loss.</p> <p>During an interview on 2/12/25 at 4:20 P.M., the surveyor and Nurse #4 reviewed Resident #58's weights since admission. Nurse #4 said when the Resident had the significant change in weight from 12/18/24 to 12/27/24, a reweigh should have been requested. Nurse #4 said a reweigh should be completed the same day or the following day from the possibly incorrect weight and this had not been done. Nurse #4 said if the Resident's weight continued to remain significantly lower, then the Dietician and the Physician should have been updated and a nursing note should have been written to indicate they had been updated. Nurse #4 said she was unable to find documentation that the Dietician or Physician had been updated.</p> <p>During an interview on 2/12/25 at 5:00 P.M., the Director of Nursing (DON) said if nursing staff noted a weight loss or gain of three or more pounds from a previous weight, then a reweigh should be done either the same day or the next day. The DON said Resident #58 was not reweighed until 12/30/24, after the initial significant weight loss was noted on 12/27/24.</p> <p>During an interview on 2/13/25 at 10:48 A.M., Resident #58's Resident Representative (RR) #1 said he/she thought Resident #58 weighed about 120-130 lbs. when the Resident lived in the community.</p> <p>During an interview on 2/13/25 at 1:21 P.M., the Dietician said if a Resident has a larger than 5% weight loss or greater, the facility should contact her so she can re-evaluate the Resident. The Dietician said she could not recall if the facility staff had contacted her when the initial significant weight loss was noted on 12/27/24. The Dietician further said she would expect the Resident to lose weight, as Resident #58 was being treated with diuretics but she was unsure of what Resident #58's baseline weight should be. The Dietician said she noted that the initial goal in the Malnutrition Care Plan was 155 lbs or less but she could not comment on what the expected weight range for Resident #58 should be. The Dietician said she had not been in communication with the Physician or PA regarding Resident #58's initial significant weight loss or continued gradual weight loss and she would expect nursing to update the Physician or PA regarding the weight loss as she provided nursing with weekly notes during the facility's Risk meetings. The surveyor requested Risk Meeting notes from the Dietician for Resident #58 but no Risk Meeting notes were provided to the survey team by the end of the survey.</p> <p>During an interview on 2/13/25 at 9:36 A.M., the PA said he would expect Resident #58 to have some weight loss as he/she was on diuretics but he was unaware that the Resident had a significant weight loss since being admitted to the facility. The PA said no staff at the facility had provided him with specific weight loss percentages for the Resident. The PA further said that he did not have a specific set of parameters he used for when nursing staff should notify him of changes in a Resident's weight.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/13/25 at 12:14 P.M., the DON said she was unable to find any documentation that staff had updated the Physician or PA regarding Resident #58's weight loss. The DON said she would have expected nursing staff to let the Physician or PA know if the Resident had a significant unexpected weight loss. The DON said the Dietician should be updating the Physician or PA if the Resident continued to have an ongoing gradual weight loss.</p> <p>Please Refer to F641 and F692</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50563</p> <p>Based on interview, and record review, the facility failed to ensure that Significant Change in Status Minimum Data Set [MDS] Assessments (SCSA) was completed for one Resident (#54) out of a total sample of 17 residents.</p> <p>Specifically, for Resident #54, the facility failed to ensure that a SCSA was completed when the Resident had a decline in activities of daily living (ADLs) and developed a new pressure ulcer.</p> <p>Findings include:</p> <p>Review of the facility policy titled Comprehensive Assessment, revised March 2022, indicated the following:</p> <ul style="list-style-type: none"> -the SCSA is a comprehensive assessment for a resident that must be completed when the IDT (interdisciplinary team) has determined that a resident meets the significant change guidelines for either major improvement or decline. <p>Resident #54 was admitted to the facility in November 2024 with diagnoses including Dementia and an intertrochanteric fracture of the right femur.</p> <p>Review of Resident #54's MDS assessment dated [DATE], indicated:</p> <ul style="list-style-type: none"> -the Resident required supervision for oral hygiene -the Resident required partial assistance for upper body dressing -the Resident required substantial assistance for lower body dressing -the Resident had no pressure ulcers <p>Review of Resident #54's MDS assessment dated [DATE], indicated the following:</p> <ul style="list-style-type: none"> -the Resident required substantial assistance for oral hygiene -the Resident was dependent for upper and lower body dressing -the Resident had an unstageable pressure ulcer <p>Review of Resident #54's medical record indicated that no SCSA was completed between the November 2024 and February 2025 MDS assessments.</p> <p>During an interview on 2/13/25 at 3:47 P.M., the MDS Nurse said that the January 2025 documentation reflected that Resident #54 had had a decline in ADLs and developed an unstageable pressure ulcer. The MDS Nurse further said that a SCSA should have been completed but was not.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42690</p> <p>Based on interview, and record review, the facility failed to ensure that the Minimum Data Set (MDS) Assessment was coded accurately for one Resident (#35) out of a total sample of 17 residents.</p> <p>Specifically, the facility failed to ensure that the most recent MDS Assessment was coded accurately relative to weight loss for Resident #35.</p> <p>Findings include:</p> <p>Resident #35 was admitted to the facility in July 2024 with diagnoses including Diabetes, small cell lung carcinoma (lung cancer) receiving chemotherapy, Chronic Obstructive Pulmonary Disease (COPD), C-Diff (Clostridium Difficile), Chronic Kidney Disease (CKD), anxiety and depression.</p> <p>Review of the facility policy titled Weighing and Measuring the Resident, revised March 2011, indicated the following:</p> <ul style="list-style-type: none"> a. one month 5% weight loss is significant; greater than 5% is severe. b. three months 7.5% weight loss is significant; greater than 7.5 is severe c. six months 10% weight loss is significant; greater than 10% is severe. <p>Review of Resident #35's Weight Summary from 7/24/24 through 12/1/24 indicated:</p> <p>-7/24/24: 163 lbs. (pounds)</p> <p>-11/4/24: 144.4 lbs.</p> <p>-12/1/24: 136.6 lbs. (5.4% weight loss in 1 month and a 16.20% weight loss in 6 months)</p> <p>Review of the MDS assessment dated [DATE] indicated the facility responded No or unknown to if the Resident experienced a weight loss of 5% or more in the last month or loss of 10% or more in the last 6 months.</p> <p>During an interview on 2/13/25 at 11:07 A.M., the MDS Nurse said that sometimes staff will complete the required sections but not fully sign off on them, so she will go in and complete them. The MDS Nurse said that the Dietician is responsible for completing section K (where the weight information is assessed and documented). The surveyor and the MDS Nurse reviewed the weights documented from 7/25/24 through 12/1/24, and the 12/16/24 MDS Assessments. The MDS Nurse said that judging by the decrease in weight from 7/25/24 through 12/1/24, the Resident experienced a significant weight loss of over 10% in 6 months.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
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 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	During a follow-up interview on 2/13/25 at 2:20 P.M., the MDS Nurse said to calculate the weight loss, the staff should have used the most recent weight obtained in the last 30 days, closest to the MDS Assessment date of 12/16/24. The MDS Nurse said that the MDS assessment dated [DATE] should have been coded as a weight loss of greater than 5% or 10% but was not.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>42741</p> <p>Based on interview, and record review, the facility failed to follow professional standards of practice relative to administering medication for one Resident (#42) out of a total sample of 17 residents.</p> <p>Specifically, for Resident #42, the facility failed to ensure that prescribed Insulin (medication used to treat diabetes) was administered within one hour before or one hour after the ordered time.</p> <p>Findings include:</p> <p>Review of the facility policy titled Administering Medications, revised April 2019, indicated the following:</p> <p>-Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders).</p> <p>Resident #42 was admitted to the facility in January 2025 with diagnoses including Type 2 Diabetes.</p> <p>Review of the Physician's Order Recap Report, from 1/14/25 through 2/28/25, indicated:</p> <p>-Lantus SoloStar Subcutaneous Solution 100 unit/milliliter (ml) (Insulin Glargine), Inject 18 units subcutaneously at bedtime (8:30 PM) with a start date of 1/23/25 and end date of 2/6/25.</p> <p>-Lantus SoloStar Subcutaneous Solution 100 unit/milliliter (ml) (Insulin Glargine), Inject 8 units subcutaneously at bedtime with a start date of 2/6/25.</p> <p>-HumaLOG KwikPen Subcutaneous Solution Pen-injector 100 unit/ml (Insulin Lispro), Inject as per sliding scale .before meals (7:30 AM, 11:30 AM, 4:30 PM) with a start date of 1/16/25.</p> <p>Review of the Location of Administration Report from 1/1/25 through 1/31/25 indicated the following:</p> <p>-1 out of 9 administrations of Lantus Solo Star Solution 100 unit/ml (Insulin Glargine) Inject 18 units subcutaneously at bedtime was administered outside of one hour before and one hour after the ordered time frame.</p> <p>-15 out of 37 administrations of Humalog KwikPen Subcutaneous Solution Pen - injector 100 unit/ml (Insulin Lispro) Inject as per sliding scale .before meals was administered outside of one hour before and one hour after the ordered time frame.</p> <p>Review of the Location of Administration Report dated 2/1/25 through 2/28/25, indicated the following through 2/18/25:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-6 of 12 administrations of Lantus SoloStar Subcutaneous Solution 100 unit/milliliter (ml) (Insulin Glargine) Inject 8 units subcutaneously at bedtime was administered outside of one hour before and one hour after the ordered time frame.</p> <p>-13 out of 38 administrations of Humalog KwikPen Subcutaneous Solution Pen - injector 100 unit/ml (Insulin Lispro) Inject as per sliding scale .before meals was administered outside of one hour before and one hour after the ordered time frame.</p> <p>During an interview on 2/18/25 at 8:37 A.M., Nurse #2 said Resident #42 was diabetic and had scheduled and sliding scale Insulin medication administered to him/her. Nurse #2 said the Resident had his/her blood sugars checked at 7:30 A.M., 11:30 A.M., and 4:30 P.M., prior to meals and sliding scale Insulin was administered at those times as ordered and a specific dose of Insulin was administered at bedtime. Nurse #2 said she worked during the day shift so she administered Resident #42's sliding scale Insulin when she was working. Nurse #2 said when she checks Resident #42's blood sugar, she would then draw up the amount of Insulin per his/her sliding scale, administer the Insulin, and then documented in the Resident's electronic medical record that the Insulin was given immediately after administering the medication. Nurse #2 said Resident #42's Insulin should be given around the time ordered by the Physician but can be administered in the hour before the ordered time or within an hour after the ordered time. Nurse #2 said if she had to administer any residents' Insulin outside of the one hour before or one hour after the ordered time frame, she would update the Physician and document why the Insulin was not administered within the correct time frame.</p> <p>During an interview on 2/18/25 at 9:19 A.M., the Director of Nursing (DON) said Resident #42's Insulin should be administered within an hour before or an hour after the ordered time. The DON further said medication given outside that time frame should have documentation such as a nursing note as to why it was not administered within the correct time frame.</p> <p>During an interview on 2/18/25 at 10:55 A.M., the Assistant Director of Nursing (ADON) said medication should be administered within the one hour before or one hour after the ordered time. The ADON further said she could not be sure if Resident #42's medication had been administered outside the accepted time frame on the days in question or if nursing staff did not document properly when the medication was given. The ADON said education would need to be provided to the nursing staff about proper medication administration and documentation of when medications were administered.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42690</p> <p>Based on interview, and record review, the facility failed to maintain acceptable parameters of nutritional status for one Resident (#35) out of a total sample of 17 residents.</p> <p>Specifically, for Resident #35, the facility failed to address significant weight loss and implement nutritional interventions when the Resident was identified to have greater than 10 percent (%) weight loss.</p> <p>Findings include:</p> <p>Resident #35 was admitted to the facility in July 2024 with diagnoses including Diabetes, small cell lung carcinoma (lung cancer) receiving chemotherapy, Chronic Obstructive Pulmonary Disease (COPD), C-Diff (Clostridium Difficile,) Chronic Kidney Disease, anxiety and depression.</p> <p>Review of the facility policy titled Weighing and Measuring the Resident, revised March 2011 indicated the following:</p> <ul style="list-style-type: none"> a. one month 5% weight loss is significant; greater than 5% is severe. b. three months 7.5% weight loss is significant; greater than 7.5 is severe c. six months 10% weight loss is significant; greater than 10% is severe. <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #35:</p> <ul style="list-style-type: none"> -was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of 15. -required set up or clean up assistance with eating. <p>Review of Resident #35's Weight Summary from 7/24/24 through 2/1/25 indicated the following in part:</p> <ul style="list-style-type: none"> -7/24/24: 163 pounds (lbs.) -8/3/24: 155 lbs. -1/3/25: 143 lbs. -1/21/25: 134 lbs. (significant weight loss of 17.79 % from 7/24/24 and greater than 10% in 6 months. Significant weight loss of 6.29 % from 1/3/25 and greater than 5% in 1 month). -2/1/25: 129.4 lbs. (significant weight loss of 16.52% and greater than 10% in 6 months. Significant weight loss of 9.51% from 1/3/25 and greater than 5% in 1 month). <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the January 2025 Medication Administration Record (MAR) indicated:</p> <ul style="list-style-type: none"> -ProHeal Liquid Protein, two times a day 30 ml (milliliters) in juice. Start date 10/28/24, Discontinue date 1/28/25 -Resident #35 refused (coded 15 [Resident refused] per the MAR legend code and initialed by the Nurse) the ProHeal Liquid Protein 31 times out of 55 opportunities. <p>Review of the Nutritional Risk Evaluation completed on 1/27/25 for the assessment period from 1/16/25 to 1/22/25 indicated the following:</p> <ul style="list-style-type: none"> -Weight Loss 5% or more in last month or loss of 10% or more in the last 6 months - YES. Not on a prescribed (weight) loss regimen. -Goal weight - stable, prevent loss -Regular house diet -Supplements - ProHeal increased to 60 ml BID (two times a day) (400 cal) -Weight status - acute condition resulting in temporary change - loss of 10 pounds, status post fluid gain -Continue diet -Recommendation - Increased ProHeal 60 ml in juice BID -Nutritional Plan - increased diet needs due to decline in appetite with C-Diff infection, and progressive weight loss noted. Increase juice with protein as (Resident) prefers no milky supplement. <p>Review of Resident #35's Care Plan [sic] indicated the following:</p> <ul style="list-style-type: none"> -The Resident is malnourished, evidenced by poor appetite regarding fear of swallowing, chewing difficulty regarding new lung cancer, shortness of breath and fluid weight gain - initiated on 7/24/24 and revised on 1/22/25. -ProHeal 60 ml in juice BID - initiated on 1/22/25 <p>Further Review of the Care Plan indicated no update to reflect the discontinuation on 1/28/25 of the ProHeal Liquid Protein per the Physician orders on the January 2025 MAR.</p> <p>During an interview on 2/12/25 at 3:16 P.M., Resident #35 said that he/she did not really like the food at the facility, so he/she ate a lot of soup. Resident #35 said that his/her family would bring in chips and snacks. Resident #35 said that he/she used to get the liquid protein however does not get it anymore and does not know why. Resident #35 could not say whether he/she had been offered other food or dietary supplements.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/12/25 at 3:18 P.M., Nurse #1 said that Resident #35 was previously prescribed ProHeal Liquid Protein but often refused it, so the facility staff discontinued it on 1/28/25. Nurse #1 said Resident #35 had cancer, C-diff, and often refused the ProHeal Liquid Protein, and that the Resident would have weight loss because of these concerns. Nurse #1 further said that Resident #35 did not have any other nutritional supplements ordered at this time.</p> <p>During a follow-up interview on 2/12/25 at 4:15 P.M., Resident #35 said that the facility offered Hospice Services however, he/she declined because he/she wanted to continue chemotherapy treatment.</p> <p>During an interview on 2/12/25 at 4:48 P.M., Dietary Staff #1 said that the facility had protein shakes they could offer the Residents but could not recall if the facility had other types of supplemental or fortified foods (foods with nutrients added to help boost nutritional value). Dietary Staff #1 said when ordering food items, the staff had to go through a new process that included a predetermined list from the company with acceptable food/dietary items that are available for the staff to choose from. Dietary Staff #1 said that the additional items the staff want to order must be approved by a corporate person. Dietary Staff #1 said that they had limited control over what could be ordered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/13/25 at 8:51 A.M., the Dietician said that Resident #35 was malnourished upon admission and had nausea. The Dietician said the Resident had a concerning weight loss but it was a part of the Resident's process. The Dietician said that while it was a significant weight loss it was not unexpected. The Dietician further said when a Resident had a significant weight loss the Provider should be made aware, but she did not usually document when the Provider was notified. The Dietician said for Resident #35 she just talked to the Director of Nursing (DON) or the Assistant Director of Nursing (ADON). The Dietician said that these conversations are not usually documented. The Dietician was unable to provide any additional information that any conversations had occurred relative to Resident #35's recent weight loss. The Dietician said it had already been acknowledged that the Resident had previous weight loss and was going to continue to have weight loss because of his/her diagnoses. The surveyor requested evidence that the Provider had documented the Resident's previous or current weight loss and that it was to be expected. The facility did not provide any documentation of Resident #35's previous or current weight loss and that weight loss was to be expected by the end of the survey. The surveyor and the Dietician reviewed the Nutritional assessment dated [DATE] and the Dietician said Resident #35 had lost 10 pounds because of fluid gain while at the hospital, poor appetite, and that the Resident was not meeting the goals that had been set. The Dietician said because of her assessment of the Resident and noted weight loss, she increased the ProHeal Liquid Protein and directed it to be put into juice because the Resident could not have dairy. The Dietician said when she visited with Resident #35 last week, the Resident said he/she felt like he/she had been eating well and did not want to change anything. When the surveyor asked how the Dietician determined what the appropriate nutrition recommendations would be for a Resident, the Dietician said that she met with the Resident, reviewed the MAR and progress notes and will then determine the next course of action/recommendation. The Dietician reviewed the February 2025 MAR and said that the ProHeal Liquid Protein was not on the MAR, which indicated that it was no longer prescribed for the Resident. The Dietician said that she was unaware that the ProHeal Liquid Protein had been discontinued. The Dietician reviewed the January 2025 MAR and said that the ProHeal Liquid Protein had been discontinued 1/28/25. The Dietician said that sometimes Resident #35 only took half of the prescribed 30 ml ProHeal Liquid Protein, and that's why a 15 was noted on the MAR. The surveyor and the Dietician further reviewed the MAR and observed an x to be in the ml (how much the Resident consumed) box, with a 15 followed by the Nurses' initials. The Dietician reviewed the legend located at the end of the MAR and said that a 15 indicated the Resident refused the ProHeal Liquid Protein. The Dietician said that it looked like the Resident refused the ProHeal Liquid Protein a lot. When the surveyor asked if increasing the ProHeal Liquid Protein as a new intervention for the most recent assessment (completed on 1/27/24), was an appropriate or effective intervention, based on the amount of refusals for the month of January, the Dietician said there are other interventions/options that could be trialed. The Dietician said that she did not know the Resident had refused the ProHeal Liquid Protein so often.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/13/25 at 9:46 A.M., the Physician Assistant (PA) said that he would have expected to be notified of Resident #35's significant weight loss. The PA said that he had been in the facility since the Resident experienced the most recent weight loss noted on 1/21/25 and 2/1/25 and did not recall being notified of the weight loss during those times in the facility. The PA said that he did not recall being made aware that the Resident had refused the nutritional supplement so often, however since it had been discontinued, it was possible he was made aware but could not recall. The PA said that he does not document every conversation or review every resident's weight, he expects the staff to communicate these areas of concerns with him. The PA further said that he could not recall if he had been asked to review Resident#35 for other/new interventions relative to the significant weight loss. The PA said that because this Resident is currently going through chemotherapy and C-Diff treatment it is tough to know if anything would help the Resident stabilize or gain weight. The PA further said that other options could have been offered, either other food or medication interventions to try and help the situation.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>50563</p> <p>Based on interview, and record review, the facility failed to ensure that recommendations made by the Consultant Pharmacist during a monthly Medication Regimen Review (MRR) were reviewed by the Physician as required for one Resident (#214), of five applicable residents reviewed for unnecessary medications, out of a total sample of 17 residents.</p> <p>Findings include:</p> <p>Resident #214 was admitted to the facility in December 2023 with diagnoses including Vascular Dementia.</p> <p>Review of Resident #214's Pharmacist Progress Notes indicated the following:</p> <p>-10/4/24: the Pharmacist indicated recommendations made, see Clinical Pharmacy Report</p> <p>-11/5/24: the Pharmacist indicated recommendations made, see Clinical Pharmacy Report</p> <p>Review of Resident #214's medical record did not provide evidence of the Pharmacy Recommendations and Clinical Pharmacy Reports indicated in the Pharmacist Progress Notes on 10/4/24 and 11/5/24.</p> <p>Further review of the medical record failed to indicate that the Physician had reviewed the 10/4/24 and 11/5/24 Pharmacy Recommendations.</p> <p>During an interview on 2/14/25 at 10:05 A.M., the surveyor requested evidence of the 10/4/24 and 11/5/24 Clinical Pharmacy Reports and Physician review of the Reports from the Director of Nursing (DON).</p> <p>The facility was unable to provide any additional information pertaining to the Clinical Pharmacy Reports and Physician Review of the Pharmacy Recommendations to the survey team at the time of survey exit.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>42741</p> <p>Based on record review, and interview, the facility failed to provide continuity of care related to Hospice Services for one Resident (#42) out of a total sample of 17 residents.</p> <p>Specifically, for Resident #42, the facility failed to:</p> <ul style="list-style-type: none"> -designate a member of the interdisciplinary team (IDT) responsible for working with Hospice Representatives to coordinate care provided by the facility staff and Hospice staff. -obtain the most recent Hospice Plan of Care and ensure that it was readily available. <p>Findings include:</p> <p>Review of the Hospice Nursing Facility Services Agreement dated May 31, 2023, indicated:</p> <ul style="list-style-type: none"> -Nursing facility and Hospice shall develop procedures regarding communications and the documentation of such communications to ensure that the needs of the patient are addressed and met 24 hours a day. -Hospice will supply the facility a copy of the patient's plan of care which will specify the inpatient services to be provided. -The facility will have patient care policies consistent with those of hospice and agrees to abide by the palliative care protocols and plan of care established by the Hospice. -The facility shall identify an individual who is responsible for implementation of the agreement. <p>Review of the facility policy titled Palliative/End of Life Care - Clinical Protocol, revised March 2018, indicated the following:</p> <ul style="list-style-type: none"> -If Hospice becomes involved, both the attending physician and staff will retain an active role in the resident/patient's care and will not simply defer everything to the Hospice staff and practitioner. <p>Resident #42 was admitted to the facility in January 2025 with diagnoses including cerebral infarction (stroke).</p> <p>Review of the Hospice Long Term Care Status Form dated 2/7/25, indicated Resident #42 signed onto Hospice Services on 2/7/25.</p> <p>Review of Resident #42's Hospice binder (binder used to store all Hospice documentation), indicated that no Hospice Plan of Care was on file in the facility.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/18/25 at 8:45 A.M., the Social Worker (SW) said each resident in the facility who was on Hospice Services had a Hospice binder that contained all the pertinent Hospice documentation for that resident. The SW further said she was unaware of who from the IDT at the facility was responsible to make sure Hospice documentation was maintained in the binder.</p> <p>During an interview on 2/18/25 at 9:02 A.M., with the Administrator and the Director of Nursing (DON), the DON said she was unsure if the facility had a designated staff member who ensured that all Hospice documentation was in each resident's hospice binder. The DON said she thought Hospice Staff needed to ensure that all Hospice documentation was in each resident's Hospice binder. The DON further said she was unsure if Resident #42's Hospice Plan of Care was readily available in his/her Hospice binder.</p> <p>During an interview on 2/18/25 at 9:08 A.M., Nurse #2 said she thought Hospice Staff maintained the Hospice binder for each resident. Nurse #2 said she was unsure if there was a staff member at the facility who ensured all Hospice documentation was readily available and could be reviewed whenever it was needed. The surveyor and Nurse #2 observed Resident #42's Hospice binder and Nurse #2 said she would expect there to be more documentation in the Resident's binder including nursing notes and Home Health Aides (HHA) notes as she knew both these Hospice disciplines had been in to see Resident #42 since he/she signed onto Hospice a few weeks ago. Nurse #2 further said she was unsure about the specifics of the Hospice Plan of Care outside of knowing a Nurse and HHA came into the facility to see the Resident regularly during the week.</p> <p>During a follow-up interview on 2/18/25 at 9:08 A.M., the DON said the facility had not designated a specific member from the facility's IDT to be the facility representative to communicate with Hospice and ensure Hospice documentation including the Hospice Plan of Care was readily available. The DON said she expected Hospice staff to maintain all this information. The DON further said she had called Hospice to get Resident #42's Hospice documentation because it was not available in the Resident's Hospice binder.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42741</p> <p>Based on observation, interview, and record review, the facility failed to ensure that infection control practices were implemented to prevent the spread of infection on two Units (North Unit and [NAME] Unit) of two units observed.</p> <p>Specifically, the facility failed to:</p> <ol style="list-style-type: none"> 1. For Resident #164 who resided on the North Unit, ensure that staff utilized proper Enhanced Barrier Precautions (EBP - set of infection control practices that uses Personal Protective Equipment (PPE) such as gowns and gloves to reduce the spread of multidrug resistant organism to residents who are at risk due to having a wound or indwelling medical device). 2. For Resident #35 who resided on the North Unit, ensure that staff utilized proper Contact Precautions (set of infection control practices that are used when a resident is diagnosed with a condition that can spread from person to person by touch or by direct contact with contaminated objects and surfaces) when entering the Resident's room. 3. For Resident #54 who resided on the [NAME] Unit, ensure that staff use proper infection control practices to clean and disinfect scissors used to remove a soiled dressing before reusing the scissors to cut clean dressing materials. 4. For Resident #60 who resided on the North Unit: 1) initiate Transmission Based Precautions (TBP- measures implemented for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission) when the Resident was symptomatic of infection and was awaiting laboratory results for a potential transmissible infection, and 2) adhere to Isolation/Droplet Precautions (used for diseases spread in tiny droplets caused by coughing and sneezing) increasing the risk for the potential spread of infection. <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility policy titled Enhanced Barrier Precautions, revised March 2024, indicated: <ul style="list-style-type: none"> -Enhanced Barrier Precautions (EBPs) are used as an infection prevention and control intervention . -EBPs are indicated .for residents with wounds and/or indwelling medical devices . <p>Resident #164 was admitted to the facility in February 2025 following surgery to place a Jejunostomy (J) Tube (tube surgically placed directly into the small intestine for the delivery of nutrition) and right sided Jackson Pratt (JP) drain (an indwelling medical device that is inserted through the skin into the body cavity allowing excess fluid to drain through a tube to a collection bag outside the body).</p> <p>Review of the Nursing Progress Notes dated 2/9/25, 2/10/25, and 2/11/25, indicated Resident #164's JP drain was leaking from the tube incision site.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/12/25 at 7:57 A.M., the surveyor observed signs posted outside Resident #164's door indicating Enhanced Barrier Precautions (EBP): Use gloves and gown for high contact care including dressing. The surveyor observed Resident #164 was sleeping in bed, and his/her shirt was saturated with fluid on the right side of his/her body.</p> <p>On 2/12/25 at 9:10 A.M., the surveyor observed Rehabilitation Staff Member #1 in Resident #164's room assisting the Resident with direct care. The surveyor observed Rehabilitation Staff Member #1 was only wearing gloves and no other PPE. During an interview at the time, Rehabilitation Staff Member #1 said she was unaware that Resident #164 was on EBP and thought Resident #164's roommate was on EBP. When the surveyor asked why a resident would be on EBP, Rehabilitation Staff Member #1 said any resident who has a catheter, drain, or wound would be on EBP. Rehabilitation Staff Member #1 further said Resident #164 had a JP drain and she was assisting him/her with changing his/her shirt as the JP drain had leaked. Rehabilitation Staff Member #1 said she had only been wearing gloves and should have also been wearing a gown.</p> <p>42690</p> <p>2. Resident #35 was admitted to the facility in July 2024 with diagnoses including Diabetes, small cell lung carcinoma (lung cancer) receiving chemotherapy, Chronic Obstructive Pulmonary Disease (COPD), and C-Diff (Clostridium difficile, a spore forming toxin that can develop in the intestines after antibiotic use and causes watery diarrhea. C-Diff can be spread from person to person by touch or by direct contact with contaminated objects and surfaces).</p> <p>On 2/13/25 at 10:54 A.M. the surveyor observed the following:</p> <ul style="list-style-type: none"> -A Contact Precaution sign posted outside the Resident's door indicating: <ul style="list-style-type: none"> >everyone must clean their hands before entering and when exiting the room >provider and staff must also put on gloves before room entry >provider and staff must put on gown before room entry -PPE located outside of the Resident's door -Resident #35's call bell to be on -CNA #4 knock on the Resident's door and enter the room -CNA#4 did not perform hand hygiene or don (put on) the required PPE as indicated on the signage located outside of the Resident's door. <p>During an interview at the time, CNA #4 said that the signage indicated to use hand sanitizer before and after entering the Resident's room and to don a gown and gloves when entering the Resident's room. CNA #4 said that she did not follow the requirements as listed on the Contract Precautions sign.</p> <p>50563</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Resident #54 was admitted to the facility in November 2024 with diagnoses including Dementia and an intertrochanteric fracture of the right femur.</p> <p>Review of Resident #54's Minimum Data Set (MDS) assessment dated [DATE], indicated the Resident was severely cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 0 out of a possible score of 15.</p> <p>On 2/14/25 at 11:10 A.M., the surveyor observed the following during wound care provided to Resident #54 by Nurse #2:</p> <ul style="list-style-type: none"> -Nurse #2 gathered needed supplies, performed hand hygiene, donned gloves, and entered Resident #54's room -Nurse #2 disinfected the overbed table -Nurse #2 doffed (removed) gloves, performed hand hygiene, draped the overbed table with a barrier and set up supplies -Nurse #2 performed hand hygiene, donned a gown and gloves -Nurse #2 cut off the soiled bandage with scissors and placed the scissors on the overbed table to the side of the barrier -Nurse #2 used wound cleanser to loosen and remove dressing from the wound bed -Nurse #2 doffed gloves, performed hand hygiene and donned new gloves -Nurse #2 cleansed the wound with wound cleanser and gauze -Nurse #2 doffed gloves, performed hand hygiene and donned new gloves -Nurse #2 applied skin prep to the peri-wound, Santyl to the wound bed followed by Dakins 1/4 strength soaked gauze -Nurse #2 doffed gloves, performed hand hygiene and donned new gloves -Nurse #2 covered the area with an abdominal pad and wrapped it with rolled gauze -Nurse #2 used the scissors that were used to cut off the soiled dressing to cut the rolled gauze to size without cleaning and disinfecting the soiled scissors -Nurse #2 taped the dressing to secure it <p>During an interview on 2/14/25 at 11:30 A.M., Nurse #2 said that she should have cleaned and disinfected the scissors before using them to cut the new dressing material because the scissors were considered dirty after use on the soiled dressing, but she had not cleaned and disinfected the scissors.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/18/25 at 7:59 A.M., the Infection Control Preventionist (ICP) said that after scissors are used to cut off a dressing they should be cleaned and disinfected before being used to cut new dressing materials. The ICP further said that the old dressing is considered contaminated and using scissors that cut off an old dressing without cleaning and disinfecting them to cut new dressing materials could contaminate the new dressing.</p> <p>37400</p> <p>4. Resident #60 was admitted to the facility in January 2025 with diagnoses including Acute Respiratory Failure with hypoxia (low levels of oxygen in the blood) and Respiratory Syncytial Virus (RSV - contagious virus that affects the respiratory system and has cold-like symptoms such as a runny nose and cough).</p> <p>Review of the Minimum Data Set (MDS) Assessment, dated 1/31/25, indicated Resident #60:</p> <ul style="list-style-type: none"> -was cognitively intact as evidenced by a Brief Interview of Mental Status (BIMS) score of 15 out of 15 -had no behaviors -required substantial/maximum assistance from staff with bathing, dressing and toileting needs -was not on Isolation or Quarantine for active infectious disease <p>Review of the facility Matrix provided by the facility on 2/12/25 did not indicate Resident #60 was on TBP.</p> <p>Review of the Resident #60's clinical record indicated the following:</p> <ul style="list-style-type: none"> -Nursing Note dated 2/10/25, Resident requesting cough medication, the Provider was made aware and new orders were obtained. -Skilled Nurse Note dated 2/10/25, Resident continued to have non-productive cough. -Nursing Note dated 2/11/25, Resident received chest X-ray today and results were normal. Nasal swab for Covid/Flu and RSV completed and will be picked up on 2/12/25. <p>Review of the February 2025 Physician's orders included the following:</p> <ul style="list-style-type: none"> -Flu/Covid-19/RSV viral swab - discontinue when specimen obtained, initiated 2/11/25 and discontinued 2/13/25 -chest X-ray for cough - discontinue when test completed, initiated 2/11/25 and discontinued 2/13/25 -Isolation Precautions, initiated 2/14/25 <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/13/25 at 2:00 P.M., the surveyor observed Resident #60 dressed and seated in a wheelchair in his/her room. The surveyor did not observe TBP signage posted outside of the Resident's room.</p> <p>On 2/14/25 from 8:05 A.M. through 8:14 A.M., the surveyor observed the following:</p> <p>-8:05 A.M., Isolation Droplet/Contact Precaution signage posted outside of Resident #60's room which included the following instructions:</p> <p>*Stop. In addition to Standard Precautions, Staff and Providers must:</p> <p>>clean hands when entering and exiting</p> <p>>put on a gown and change (the gown) between each resident</p> <p>>put on an N95 respirator or facemask if N95 respirator is not available</p> <p>>put on eye protection (goggles or face shield)</p> <p>>put on gloves and change (the gloves) between each resident</p> <p>-a bin containing Personal Protective Equipment (PPE) which contained N95 masks, gowns and gloves. No eye protection was observed in the PPE bin.</p> <p>-8:06 A.M., Certified Nurses Aide (CNA) #2 opened the door to the room (from inside of the room) and was observed to be wearing an N95 mask and a gown while holding a bag with soiled items with her gloved hands. CNA #2 did not have eye protection on. CNA #2 doffed her gown, put it in a bag, and exited the room to discard the soiled items. CNA #2 did not discard her gloves or N95 mask after exiting the room. The door of the Resident's room was left open, and the surveyor observed Resident #60 dressed and seated in a wheelchair.</p> <p>-8:09 A.M., Resident #60 was observed to self-propel to the middle of the room, and position the wheelchair next to his/her roommate while having a conversation. Neither Resident had face masks on, and both Residents were observed to have intermittent coughing.</p> <p>-8:14 A.M., the surveyor observed Resident #60 seated in a wheelchair in the doorway to his/her room. During an interview at the time, Resident #60 said he/she had a cough.</p> <p>During an interview on 2/14/25 at 8:17 A.M., Nurse #2 said Resident #60 was placed on Isolation Precautions today because he/she had a laboratory test which was pending results.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/14/25 at 8:27 A.M., CNA #2 said the Isolation/Droplet Precaution signage posted outside of Resident #60's room was added today, and it was because the Resident had an RSV infection. CNA #2 said prior to entering Resident #60's room, she had put on an N95 mask, a gown and gloves. The surveyor and CNA #2 reviewed the Isolation/Droplet Precaution signage posted. CNA #2 said the Isolation/Droplet Precaution signage indicated she was supposed to put on eye protection prior to entering the Resident's room. CNA #2 said she didn't put eye protection on, and she knew she should have. CNA #2 looked in the PPE bin located outside of Resident #60's room and said there was no eye protection available in the PPE bin. CNA #2 further said there should be extra PPE supplies at the nurses station. The surveyor and CNA #2 walked to the nurses station, and were able to locate gowns, gloves and face masks, but were unable to find eye protection.</p> <p>On 2/14/25 from 8:35 A.M. through 8:44 A.M. the surveyor observed the following during the breakfast meal pass:</p> <p>-8:35 A.M., CNA #3 donned a gown, gloves and N95 mask prior to entering Resident #60's room to deliver the breakfast trays to his/her roommate. Resident #60 was observed dressed and seated in a wheelchair near the entrance of the room. After delivering the breakfast tray, CNA #3 stood at the entrance to Resident #60's room and requested Resident #60's breakfast meal while in close proximity to the Resident.</p> <p>-8:42 A.M., the Infection Preventionist (IP) was observed to restock the PPE bin outside of Resident #60's room with eye protection and then assisted CNA #3 with donning eye protection.</p> <p>-8:44 A.M., CNA #3 was observed to deliver and set up Resident #60's breakfast meal and Resident #60 was observed to say if you are dressed like that- I must have Covid .I ' m not stupid .I want information.</p> <p>During an interview on 2/14/25 at 8:45 A.M., CNA #3 said she did not don eye protection prior to entering Resident #60's room because there was no eye protection in the PPE bin. CNA #3 said she should have contacted the Director of Nursing (DON) or the IP to request more eye protection prior to entering the Resident's room but she did not.</p> <p>During an interview on 2/14/25 at 8:55 A.M., the IP said that she was not made aware until late on 2/13/25 about the RSV/Covid/Flu test that was pending for Resident #60. The IP said the testing was ordered by the Physician on 2/11/25, and at that time, Isolation/Droplet precautions should have been implemented, but it was missed. The IP said the facility had plenty of PPE available, that extra PPE supplies were located off the unit, and if the staff needed more, they knew to ask, and it would be restocked.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Chicopee Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 44 New Lombard Road Chicopee, MA 01020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50563</p> <p>Based on observation, and interview, the facility failed to ensure that patient care equipment was maintained in a safe operating condition for one Resident (#3) out of a total sample of 17 residents.</p> <p>Specifically, for Resident #3, the facility failed to ensure that his/her wheelchair was maintained in safe condition when the left cushioned armrest of the Resident's wheelchair was missing leaving a metal bar and exposed screw and placing the Resident at risk of injury.</p> <p>Findings include:</p> <p>Resident #3 was admitted to the facility in May 2024 with diagnoses including Cerebral Infarct (Stroke) and Rheumatoid Arthritis.</p> <p>Review of Resident #3's Minimum Data Set (MDS) assessment dated [DATE], indicated:</p> <ul style="list-style-type: none"> -the Resident had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status score of 9 out of a total possible score of 15 -the Resident was dependent for transfers to and from the chair <p>During an observation on 2/12/25 at 2:00 P.M., the surveyor observed Resident #3 sitting up in his/her wheelchair in the facility dining room. The surveyor observed that the left armrest of the wheelchair was missing and the head of a screw where the armrest would be attached was sticking up from the metal bar.</p> <p>During an observation and interview on 2/13/25 at 11:51 A.M., the surveyor and Nurse #5 observed Resident #3's wheelchair to be missing the left armrest with an exposed screw head sticking up from the metal bar where the armrest would be attached. Nurse #5 said the armrest should not be like that. Nurse #5 said that something like this should have been reported to maintenance immediately through the facility online work order system. Nurse #5 further said she would notify maintenance and the therapy department immediately.</p> <p>During an interview on 2/13/25 at 12:49 P.M., the Maintenance Director said that the employee handbook indicated that all staff are responsible to report any broken equipment immediately to maintenance or their supervisor. The Maintenance Director further said that the facility used an electronic system to send work orders directly to his phone and/or computer. The Maintenance Director said he had not received any work order before today (2/13/25) that Resident #3's wheelchair required repair. The surveyor and the Maintenance Director reviewed a photograph taken of Resident #3's wheelchair's missing armrest. The Maintenance Director said the missing armrest was a concern due to the potential for the Resident to be injured.</p>		