

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225540	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  German Center for Extended Care		STREET ADDRESS, CITY, STATE, ZIP CODE  2222 Centre Street Boston, MA 02132	

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>37330</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), whose diagnoses included Heart Failure, with Physician's Orders for the medication Jardiance (enzyme inhibitor) and weekly weights to be obtained by Nursing, the Facility failed to ensure nursing notified the Physician/Nurse Practitioner when 1) Resident #1 consistently refused to take the medication because it made him/her sick, and 2) his/her weights were not obtained, as ordered.</p> <p>Findings include:</p> <p>Review of the Facility's Policy titled, Refusal of Treatment, dated as last reviewed January 2024, indicated the Facility shall honor a resident's request not to receive medical treatment as prescribed by his or her Physician, as well as care routines outlined on the resident's assessment and plan of care.</p> <p>The Policy also indicated the attending Physician must be notified of refusal of treatment, in a time frame determined by the resident's condition and potential serious consequences of the refusal.</p> <p>Review of the Facility's Policy titled, Weight Assessment and Intervention, dated as last reviewed January 2024, indicated the Multidisciplinary Team will strive to prevent, monitor, and intervene for undesirable weight loss for our residents. The Policy indicated Nursing staff will measure resident weights as scheduled either by the Physician, Dietician, or the Interdisciplinary team and if the resident is admitted with a diagnosis of failure to thrive or a history of weight gain/loss within last month, resident will be weighed within 24 hours of admission.</p> <p>1) Resident #1 was admitted to the Facility in January 2024, diagnosed included Heart Failure, weakness, unspecified protein-calorie malnutrition, Hypertension, Atrial Fibrillation, chronic Congestive Heart Failure (CHF), osteoarthritis, pain to bilateral knees, Dysphagia (Oropharyngeal Phase -occurs when it's difficult to control the food bolus and transport it to the back of the mouth) and benign Prostatic Hyperplasia (Bladder Mass).</p> <p>Review of Resident #1's Hospital Care Referral Form/Discharge Summary, dated 01/22/24, indicated during his/her admission, Resident #1's was started on :</p> <p>- Empagliflozin (Jardiance) 10 mg one time daily for Guideline-Directed Medical Therapy (GDMT- used in heart failure with a reduced Ejection Fraction),</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Furosemide (Lasix) 20 mg one time a day to treat CHF.</p> <p>Review of Resident #1's [Facility] Nurse Practitioner Progress Note, dated 01/26/24 (as a late entry), at 7:26 P.M. indicated the Facility will continue administrating the same medications from the Hospital [Discharge Referral Form].</p> <p>Review of Resident #1's Medication Administration Record (MAR) for January 2024 and February 2024, indicated he/she had an order for Empaliflozin (Jardiance) Oral Tablet 10 MG, give 1 tablet by mouth one time a day.</p> <p>Further review of the MAR indicated that Resident #1 had refused to take Empaliflozin (Jardiance) five (5) days out of 18 days, before the Physician/Nurse Practitioner were notified of his/her refusal.</p> <p>Review of Resident #1's Progress Notes written by Nurse #1, indicated the following:</p> <ul style="list-style-type: none"> <li>- 01/26/24 at 11:57 P.M., Resident #1 refused his/her medications and treatments throughout the day, he/she reported that the medications made him/her sick. The Note indicated Resident #1 had poor fluid and food intake.</li> <li>- 02/11/24 at 8:38 P.M., Resident #1 was not compliant with medications.</li> </ul> <p>During a telephone interview on 05/15/24 at 9:30 A.M., Nurse #1 said he recalled Resident #1 refusing one of his/her medications that was prescribed to him/her because it made him/her sick. Nurse #1 said he informed the next shift nurse that Resident #1 was refusing medication. Nurse #1 said depending on the medication and what is used for, would depend on how quickly the Physician/Nurse Practitioner (MD/NP) would be notified about the refusal of medication. Nurse #1 said he would document notification of MD/NP in the resident's Progress Note, if he had notified the MD/NP.</p> <p>However, there was no documentation in Resident #1's progress note (by Nurse #1) to support that the Physician/Nurse Practitioner were notified of the refusal of medications.</p> <p>During a telephone interview on 05/15/24 at 10:16 A.M., the Nurse Practitioner (NP) said he was not aware that Resident #1 had refused several doses of Empaliflozin (Jardiance). The NP said it was important for Nursing to inform him of Resident #1's refusal of medications so he could address Resident #1's medication regimen as needed, in order to be able to treat Resident #1's medical diagnoses. The NP said if he had been notified by Nursing that Resident #1 had refused and therefore missed medications, that he would have addressed and documented it in his NP Progress Note.</p> <p>2) The Hospital Discharge Summary indicated that upon arrival to the Hospital Resident #1's weight was 153 pounds (lbs). The Discharge Summary further indicated that at the time of discharge Resident #1 had a dry weight (bed weight) of 120 lbs and his/her usual weight was 144-145 lbs.</p> <p>Review of Resident #1's Facility Dietary Admission Assessment, dated 1/22/24, indicated Resident #1's weight was 125 pounds. The Assessment indicated Resident #1's Hospital Medical Record indicated he/she had a 15-20 lbs weight loss while in the Hospital related to diuretics (causes the kidneys to make more urine) and poor nutritional intake. The Assessment indicated Resident #1 was at risk for Malnutrition.</p> <p>(continued on next page)</p>

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's Progress Notes written by Nurse #1, indicated the following:</p> <ul style="list-style-type: none"> <li>- 01/27/24 at 11:56 P.M, Resident #1 had a very poor appetite, does not eat meals and does not drink enough fluid. The Note indicated Resident #1 said he/she was not able to drink, just because he/she cannot.</li> <li>- 01/30/24 at 12:04 A.M., Resident #1 continued to have poor appetite, refused to eat and drink, looked tired, and weak.</li> <li>- 02/09/24 at 3:23 P.M., Resident #1 had a poor appetite, and barely had fluid intake.</li> <li>- 02/11/24 at 8:38 P.M., Resident #1 continues to refuse to eat, poor fluid intake.</li> </ul> <p>Review of Resident #1's Medication Administration Record (MAR), for the month of January 2024, indicated he/she had a Physician Order, dated 01/22/24, for weekly weights every Monday for four weeks.</p> <p>Resident #1's Weights and Vitals Summary, for the months of January 2024, indicated Resident #1 had one weight documented as being obtained on 01/23/24, of 125 lbs.</p> <p>There were no documentation to support a weekly weight was obtained for 1/29/24, as ordered.</p> <p>Review of Resident #1's Nurse Practitioner Progress Note, dated 02/02/24 (as a late entry) at 2:22 P.M., indicated Resident #1 needed updated weights completed, had acute decompensated Heart Failure with a reduced EF of 25% with a second-degree AV Block, had been on Lasix and was at risk for dehydration.</p> <p>Review of Resident #1's MAR for February 2024, indicated there was documentation to support a weekly weight was obtained on 02/05/24, as ordered, even after the Nurse Practitioner requested updated weights for him/her.</p> <p>There was no documentation to support that either the MD/NP were notified of the missed weights or why Resident #1's weight had not been obtained.</p> <p>Review of Resident #1's Nurse Practitioner (NP) Progress Notes, dated 02/07/24 (as a late entry) at 8:10 A.M., indicated Resident #1 needed updated weights completed.</p> <p>However, there was no documentation to support Resident #1's weight was obtained on 2/07/24 as requested, or that the MD/NP were notified of a weight, or why one had not been obtained.</p> <p>Review of Resident #1's Physician's Order, dated 02/09/24, indicated he/she had a new order for Tri-weekly (3 x's a week) weights, and he/she was to be weighed every Monday, Wednesday, and Friday for four weeks.</p> <p>During a telephone interview on 05/15/24 at 9:30 A.M., Nurse #1 said that he recalled Resident #1 not eating or drinking. Nurse #1 said he informed the next shift nursing staff that Resident #1 was not eating, or drinking. Nurse #1 said that he would weigh a resident according to the Physicians Orders and document the weight on the MAR and in the residents Progress Note.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 05/15/24 at 10:16 A.M., the Nurse Practitioner (NP) said after reviewing Resident #1's Medical Record, that just one weight had been documented, which was a concern, because Resident #1 had been diagnosed with Heart Failure, and his/her weights needed to be monitored. The NP said he was not made aware that Resident #1 was not eating and drinking. The NP said it was important for Nursing to inform him of Resident #1's missed weights.</p> <p>During an interview on 05/02/24 at 5:17 P.M., the Director of Nursing (DON) said on admission a resident will be weighted within 24 hours and weights will be completed monthly thereafter, unless the Physician writes a specific order for a different weight schedule. The DON said nurses follow the Physician Weight Order, then document the weight in the Residents MAR, which will then automatically update the vitals section of the Residents' Medical Record.</p> <p>The DON said if the resident refuses to be weighted or the weight was unable to be completed, the expectation is that the Nurse will notify the Physician and try to identify the reason.</p> <p>The DON said if a Resident refuses a medication, the Nurse needs to document the refusal on the MAR, and the expectation is that the Nurse will notify the MD/NP of the refusal and try to identify the reason. The DON said it is important for the MD/NP to be notified so they can assess and treat the resident medically if needed.</p>		