

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Carlyle House		STREET ADDRESS, CITY, STATE, ZIP CODE 342 Winter Street Framingham, MA 01701	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45429</p> <p>Based on interview, record and policy review, the facility failed to provide privacy and confidentiality for one Resident (#50) out of a total sample of 13 residents.</p> <p>Specifically, for Resident #50, the facility staff failed to provide privacy while assisting with personal care in the facility shower room, when an unauthorized CNA (Certified Nurses Aide #1) entered the shower room to utilize their personal cell phone, and CNA #2 who was providing personal care did not cover or drape the Resident to prevent exposure of body parts.</p> <p>Findings include:</p> <p>Review of the facility policy for Cell Phone and Recording Devices, dated 9/1/11, indicated:</p> <p>-It is the policy of the facility that the use of cell phones and other recording devices is not permitted in resident care areas.</p> <p>-Resident care area is defined as any area inside or outside of the building designed for resident occupancy or use. This includes but is not limited to resident rooms and bathrooms, common areas and dining rooms, resident patios .</p> <p>-Examples of situations that constitute violation of this policy: using a device in a resident room, resident bathroom, or other resident area.</p> <p>Review of the facility policy for Quality of Life-Dignity, last revised February 2020, indicated:</p> <p>-Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, feeling of self-worth and self-esteem.</p> <p>-Resident's private space and property are respected at all times</p> <p>-Staff promote, maintain, and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Carlyle House		STREET ADDRESS, CITY, STATE, ZIP CODE 342 Winter Street Framingham, MA 01701	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #50 was admitted to the facility in November 2023 with diagnoses including: wedge compression fracture of the T5 and T6 vertebrae (the fifth and sixth bones) of the thoracic (part of the body between the neck and the abdomen) spine, non-traumatic subarachnoid hemorrhage (bleeding in the area between the brain and the thin tissues that cover and protect the brain).</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated that Resident #50 scored 12 out of 15 on the Brief Interview for Mental Status (BIMS) exam indicating that he/she was moderately cognitively impaired.</p> <p>Review of the Documentation Survey Report [CNA flow sheets] for April 2024 indicated that Resident #50 was showered by CNA #2 on 4/25/24, during the 3:00 P.M. to 11:00 P.M. evening shift.</p> <p>During an interview on 4/29/24 at 10:35 A.M., Resident #50 said that CNA #1 had been using their personal cell phone while he/she was being assisted with showering by CNA #2 on 4/25/24. Resident #50 further said that he/she felt embarrassed as he/she was naked, and was worried that CNA #1 could have been recording him/her with the personal cell phone.</p> <p>During an interview on 4/29/24 at 2:13 P.M., the Administrator said that CNA #1 should not have been in the resident shower room on their personal cell phone, and he had been using his cell phone in the resident shower area.</p> <p>During an interview on 4/30/24 at 3:37 P.M., CNA #2 said she saw CNA #1 enter the shower room while Resident #50 was being showered on 4/25/24. CNA #2 said that CNA #1 did not announce his presence and was on his personal cell phone. CNA #2 said CNA #1 should not have been using the cell phone in a resident shower area. When the surveyor asked if the Resident was covered while CNA #1 was in the shower room on his personal cell phone, CNA #2 said she continued to shower the Resident and did not cover him/her for privacy.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Carlyle House		STREET ADDRESS, CITY, STATE, ZIP CODE 342 Winter Street Framingham, MA 01701	
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** 45429</p> <p>Based on interview and record review, the facility failed to ensure that Minimum Data Set (MDS) Assessments were accurately coded for two Residents (#45 and #55), out of a total sample of 13 residents.</p> <p>Specifically, the facility failed to ensure that:</p> <ol style="list-style-type: none"> Two consecutive MDS Assessments for Resident #45 were accurately coded relative to the use of psychotropic (drugs that affects how the brain works and causes changes in mood, awareness, thoughts, feelings or behavior) medications. One MDS Assessment for Resident #55 was accurately coded relative to the Resident's discharge status. <p>Findings include:</p> <ol style="list-style-type: none"> Resident #45 was admitted to the facility in November 2022 with diagnoses including Schizophrenia (a severe mental disorder characterized by delusions [false beliefs], hallucinations [perception of sights, sounds, etc. that are not actually present], incoherence and physical agitation) and Major Depressive Disorder (symptoms lasting greater than two weeks of a persistently low or depressed mood and a loss of interest in activities that a person used to enjoy). <p>Review of Resident #45's care plans, last revised 3/12/24 indicated:</p> <ul style="list-style-type: none"> -The Resident had Depression related to their disease process. -The Resident was at risk for falls due to psychoactive (medication that affects how the brain works) drug use. <p>Review of Resident #45's MDS assessments dated 2/21/24 and 4/9/24, did not indicate that the Resident was receiving antidepressant medication.</p> <p>Review of Resident #45's Physician's orders for April 2024 indicated the following prescribed medications:</p> <ul style="list-style-type: none"> -Celexa (antidepressant) 10 milligrams (mg), with a start date of 2/19/24 . -Remeron (antidepressant) 7.5 mg, with a start date of 2/15/24. <p>During an interview on 5/1/24 at 1:24 P.M., the MDS Nurse said that the 2/21/24 and 4/9/24 MDS assessments had been inaccurately coded and that Resident #45's MDS assessments should have been coded as receiving antidepressant medications.</p> <p>50138</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Carlyle House		STREET ADDRESS, CITY, STATE, ZIP CODE 342 Winter Street Framingham, MA 01701	
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>2. Resident #55 was admitted to the facility in December 2023 with diagnoses including: Hypertension (HTN: high blood pressure. When the blood pressure measures consistently above 130/80 millimeters of mercury [mm Hg]).</p> <p>Review of Resident #55's Physician's orders dated 2/7/24, indicated:</p> <p>-May discharge home with meds (medications) and services.</p> <p>Review of Resident 55's Nurse Practitioner (NP) Progress Note dated 2/7/24, indicated that Resident #55 could be discharged home with medications and services.</p> <p>Review of the Nurse Progress Note dated 2/7/24, indicated that Resident #55 was discharged home in the care of family.</p> <p>Review of Resident #55's Minimum Data Set (MDS) assessment dated [DATE], indicated that the Resident was discharged to the hospital.</p> <p>During an interview on 5/1/24 at 12:04 P.M., the MDS Nurse said the coding was inaccurate on the MDS assessment dated [DATE], for Resident #55. The MDS Nurse said Resident #55 was discharged home so the discharge location should have been coded as discharge to home/community.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Carlyle House		STREET ADDRESS, CITY, STATE, ZIP CODE 342 Winter Street Framingham, MA 01701	
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>45429</p> <p>Based on interview, record and policy review, the facility failed to perform a trauma assessment on admission to the facility for two Residents (#7 and #45) out of a total sample of 13 residents.</p> <p>Specifically, the facility failed to assess whether Resident's #7 and #45 had any history of trauma, and/or any triggers which may cause re-traumatization to the Residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Trauma Informed Care, last revised January 2023, indicated:</p> <ul style="list-style-type: none"> -Nursing staff are trained on screening tools, trauma assessment and how to identify triggers associated with re-traumatization. -Include trauma informed care as part of the QAPI plan, so that needs, and problem areas are identified and addressed. -Implement universal screening of residents for trauma, including but limited to, upon admission and annually. <p>1. Resident #7 was admitted to the facility in December 2022 with a diagnosis of Bi-Polar Disorder (a serious mental illness characterized by extreme mood swings. They can include extreme excitement episodes or extreme depressive feelings).</p> <p>Review of Resident #7's medical record did not include any documentation that an assessment for trauma and the prevention of potential re-traumatization had been initiated.</p> <p>2. Resident #45 was admitted to the facility in November 2022 with diagnoses including: Schizophrenia (a severe mental disorder characterized by delusions [false beliefs], hallucinations [perception of sights, sounds, etc. that are not actually present], incoherence and physical agitation) and Major Depressive Disorder.</p> <p>Review of Resident #45's medical record did not include any documentation that an assessment for trauma and the prevention of potential re-traumatization had been initiated.</p> <p>During an interview on 4/30/24 at 4:02 P.M., Social Worker (SW) #1 said that the trauma informed care assessments should be completed for all residents on admission and/or annually. SW #1 also said the trauma assessments had not been completed for Residents #7 and #45 and the assessments should have been completed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Carlyle House		STREET ADDRESS, CITY, STATE, ZIP CODE 342 Winter Street Framingham, MA 01701	
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>50138</p> <p>Based on record review and interview, the facility failed to utilize the services of a Registered Nurse (RN) for at least eight consecutive hours a day, seven days a week, as required.</p> <p>Specifically, the facility failed to have an RN working at least eight consecutive hours for 16 days between 10/1/23 and 2/11/24, placing all residents at risk for not having their clinical needs met either directly by the RN or indirectly by the Licensed Practical Nurse (LPN) or Certified Nurses Aides (CNA) that the RN was responsible for overseeing with provision of resident care.</p> <p>Findings include:</p> <p>Review of the Fiscal Year Quarter One (dated 10/1/23 through 12/31/23) Payroll Based Journal (PBJ: reporting system to which nursing facilities report on staffing data) Report indicated that the facility reported No RN in the facility for eight consecutive hours on the following dates:</p> <p>-10/21/23 - 10/22/23</p> <p>-11/4/23 - 11/5/23</p> <p>-11/18/23 - 11/19/23</p> <p>-11/24/23</p> <p>-12/2/23 - 12/3/23</p> <p>-12/17/23</p> <p>-12/30/23 - 12/31/23</p> <p>During an interview on 4/29/24 at 9:26 A.M., the Administrator said the facility had no Nurse staffing waivers.</p> <p>During an interview on 5/1/24 at 1:02 P.M., with the Administrator and the Director of Nursing (DON), the Administrator said there was no RN in the facility for the required eight consecutive hours on the dates reported on the PBJ Report. The Administrator said that one RN was on a leave of absence and one RN had resigned which impacted the facility's RN coverage between the period of 10/1/23 and 12/31/23. The DON said if no RN was scheduled to work in the facility, she would attempt to work with staffing agencies for RN coverage or ask another RN to cover the shift, or she would have to come in. The DON said RN staffing had improved and she would review payroll records to see whether any additional dates indicated the RN coverage requirement had not been met since 12/31/23.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Carlyle House		STREET ADDRESS, CITY, STATE, ZIP CODE 342 Winter Street Framingham, MA 01701	
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a follow-up interview on 5/1/24 at 2:30 P.M., the DON said she reviewed Nurse staffing schedules after 12/31/23, and identified four more days (1/27/24, 1/28/24, 2/10/24, and 2/11/24), in addition to the dates reported on the PBJ Report, when the facility had no RN coverage. The DON provided the surveyor with her time card and said she was not in the facility on any of the additional four days identified to provide the required RN coverage.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Carlyle House		STREET ADDRESS, CITY, STATE, ZIP CODE 342 Winter Street Framingham, MA 01701	
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>44337</p> <p>Based on observation, interview, and record review, the facility failed to ensure that its staff adhered to infection control standards for one Resident (#25) out of a total sample of 13 residents.</p> <p>Specifically, the facility staff failed to perform appropriate hand washing/hygiene for four opportunities, during a wound care procedure to prevent contamination and the spread of infection.</p> <p>Findings include:</p> <p>Review of the facility policy titled Handwashing/Hand Hygiene, issued January 2023 indicated the following:</p> <ul style="list-style-type: none"> -Hand Hygiene is the final step after removing and disposing of personal protective equipment (PPE). -The use of gloves does not replace hand washing/hand hygiene. -Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare associated infections. <p>Review of the facility policy titled Personal Protective Equipment - Gloves, issued January 2023, indicated the following:</p> <ul style="list-style-type: none"> -Wash your hands with appropriate alcohol-based hand sanitizer or soap and water after removing gloves. <p>Review of the Centers for Disease Control Guidelines for Core Infection Prevention and Control Practices in All Settings indicated the following:</p> <ul style="list-style-type: none"> >Use an alcohol-based hand rub or wash with soap and water for the following clinical indications: <ul style="list-style-type: none"> -Immediately before touching a patient. -Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices. -Before moving from work on a soiled body site to a clean body site on the same patient. -After touching a patient or the patient's immediate environment. -After contact with blood, body fluids or contaminated surfaces. -Immediately after glove removal. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Carlyle House		STREET ADDRESS, CITY, STATE, ZIP CODE 342 Winter Street Framingham, MA 01701	
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>Review of the Centers for Disease Control Hand Hygiene in Healthcare Settings Glove Use indicated the following:</p> <ul style="list-style-type: none"> -Gloves are not a substitute for hand hygiene. -If your task requires gloves, perform hand hygiene prior to donning gloves, before touching the patient or the patient environment. -Perform hand hygiene immediately after removing gloves. -Change gloves and perform hand hygiene during patient care, if gloves become damaged, or visibly soiled with blood or body fluids following a task. -Change gloves and perform Hand hygiene when moving from work on a soiled body site to a clean body site on the same patient or if another clinical indication for hand hygiene occurs. -Never wear the same pair of gloves in the care of more than one patient. -Carefully remove gloves to prevent hand contamination. <p>Resident #25 was admitted to the facility in November 2018, with diagnoses of Alzheimer's Disease (a progressive disease that destroys memory and other important mental functions) and sacral pressure ulcer ([PU: localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device], sacral: a wound located above the buttocks).</p> <p>Review of the Minimum Data Set (MDS) Assessment, dated 7/30/23, indicated Resident #25 was severely cognitively impaired and rarely or never participated in daily decision making.</p> <p>Review of Resident #25's Physician's orders dated 5/1/24, indicated the following:</p> <ul style="list-style-type: none"> -Sacrum: >wash NS (normal saline: sodium chloride and water mixture that can be used to cleanse wounds), >pat dry, >apply Alginate (wound care product used to absorb heavy drainage and promote healing), Skin Prep (skin care product used to form a protective barrier) to peri-wound (fragile skin found around a wound that is prone to injury), >cover with foam dressing, >may use Ostomy Paste (product used to fill uneven skin contours to create a flatter surface) to the lower peri-wound. Initiated 4/19/24. <p>On 5/1/24 at 11:05 A.M., the surveyor observed the Assistant Director of Nurses (ADON) and Nurse #1 providing the following wound care for Resident #25's sacral wound:</p> <ul style="list-style-type: none"> -Nurse #1 and the ADON performed hand hygiene and donned (put on) disposable gowns and gloves. -Nurse #1 removed the old sacral dressing and placed it in the trash receptacle. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Carlyle House		STREET ADDRESS, CITY, STATE, ZIP CODE 342 Winter Street Framingham, MA 01701	
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>-Nurse #1 then removed her gloves and placed them in the trash receptacle.</p> <p>-Nurse #1 then put on clean gloves (without performing hand washing/hygiene first) and cleansed the wound as ordered.</p> <p>-Nurse #1 then removed her gloves and placed them in the trash receptacle.</p> <p>-Nurse#1 then put on clean gloves (without performing hand washing/hygiene first) and applied skin prep to the peri-wound area.</p> <p>-Nurse #1 then removed her gloves and placed them in the trash receptacle.</p> <p>-Nurse #1 then put on clean gloves (without performing hand washing/hygiene first) and applied the Alginate dressing to the wound.</p> <p>-Nurse #1 then removed her gloves and placed them in the trash receptacle.</p> <p>-Nurse #1 then put on clean gloves (without performing hand washing/hygiene first), reached into her pocket and retrieved a marker pen, initialed the outer foam dressing and placed the foam dressing on the Resident's wound.</p> <p>During an interview on 5/1/24 at 11:19 A.M., the ADON said that Nurse #1 did not perform hand hygiene after removing the soiled gloves and before putting on clean gloves because Nurse #1 would have had to leave the wound care supplies and go into the bathroom to wash her hands.</p> <p>During an interview on 5/1/24 at 11:30 A.M., Nurse #1 said that she sometimes brings a bottle of alcohol-based hand sanitizer into the room when she performs wound care. Nurse #1 said should have used an alcohol-based hand sanitizer each time she removed her gloves while providing wound care for Resident #25 but she did not use a hand sanitizer.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Carlyle House		STREET ADDRESS, CITY, STATE, ZIP CODE 342 Winter Street Framingham, MA 01701	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42761</p> <p>Based on interview, record and policy review, the facility failed to ensure that the Pneumococcal (any infection caused by bacteria called Streptococcus pneumoniae, or pneumococcus that can range from ear and sinus infections to pneumonia and blood stream infections) Vaccination was administered to two Residents (#42 and #36) for five applicable residents, out of a total sample of 13 residents, increasing the Residents' risk for facility acquired Pneumococcal infections.</p> <p>Specifically, the facility staff failed to:</p> <ul style="list-style-type: none"> -identify whether Residents #42 and #36 were up to date with their Pneumococcal Vaccinations. -administer the Pneumococcal Vaccine to Residents #42 and #36 when the Residents were not up to date with their Pneumococcal Vaccinations and were eligible to receive the Pneumococcal Vaccine. <p>Findings include:</p> <p>Review of the facility's policy, titled Pneumococcal Vaccine, dated January 2023, indicated:</p> <ul style="list-style-type: none"> -All residents will be offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. -Assessment of pneumococcal vaccination status will be conducted within 30 working days of the resident's admission if not conducted prior to admission. -Residents/representatives have the right to refuse vaccination. If refused, appropriate entries will be documented in each resident's medical record indicating the date of the refusal of the pneumococcal vaccination. -Administration of the pneumococcal vaccines or re-vaccinations will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of vaccination. <p>Review of CDC guidelines titled Pneumococcal Vaccination Timeline for Adults, dated 3/15/23, indicated the following for adults aged [AGE] years and older:</p> <ul style="list-style-type: none"> -Make sure your patients are up to date with Pneumococcal Vaccination. -If no Pneumococcal doses have been received, administer either one dose of PCV20 (Pneumococcal Conjugate Vaccine/ Prevnar 20: vaccine used to protect against 20 types of pneumococcal bacteria that commonly cause serious infections) or one dose of PCV15 (Pneumococcal Conjugate Vaccine 15-valent: vaccine used to protect against 15 types of pneumococcal bacteria that commonly cause serious infections in adults) followed by one dose of PPSV23 (Pneumovax 23: vaccine used to help protect against serious infections caused by 23 types of pneumococcal bacteria) no earlier than one year following the administration of the prior PCV15 dose. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Carlyle House		STREET ADDRESS, CITY, STATE, ZIP CODE 342 Winter Street Framingham, MA 01701	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-If one dose only of PCV13 (Prevnar 13: vaccine used to protect against 13 types of pneumococcal bacteria that commonly cause serious infections) has been received at any age, one dose of PCV20 or PPSV23 should be administered no earlier than one year following the administration of the prior PCV13 dose.</p> <p>1. Resident #42 was admitted to the facility in December 2022 with diagnoses including: Diabetes Mellitus (disorder in which the body has high sugar levels for prolonged periods of time) and Dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory and loss of judgment, and interferes with daily life activity).</p> <p>Review of Resident #42's medical record indicated the Resident was over [AGE] years of age.</p> <p>Review of Resident #42's May 2024 Physician's orders indicated an order, initiated 1/9/23 with no stop date, as follows:</p> <p>-May have Pneumococcal Vaccine.</p> <p>Review of Resident #42's 2023-2024 Immunization Consent Form, dated and signed by the Resident's Representative on 10/3/23, indicated that Resident #42's Representative consented to the administration of the Pneumococcal Vaccine for Resident #42.</p> <p>Review of Resident #42's Minimum Data Set (MDS) Assessment, dated 3/27/24, indicated the Resident was severely cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of three out of 15 total points.</p> <p>Review of Resident #42's Immunization Report, printed and provided by the facility on 5/1/24, indicated the Resident received one dose of PCV13 on 3/27/23.</p> <p>Further review of Resident #42's Immunization Report indicated no evidence the Resident had ever received any other dose of the Pneumococcal Vaccine.</p> <p>2. Resident #36 was admitted to the facility in February 2024 with diagnoses including: Chronic (persisting for a long time) Leukemia (type of cancer which affects the production and function of blood cells) and Diabetes Mellitus (DM - disease in which the body's ability to produce or respond to the hormone insulin is impaired resulting in elevated blood glucose [sugar] levels in the blood).</p> <p>Review of Resident #36's medical record indicated the Resident was over [AGE] years of age.</p> <p>Review of Resident #36's Physician's orders dated 2/22/24, with no stop date, indicated:</p> <p>-May have Pneumococcal Vaccine.</p> <p>Review of Resident #36's Minimum Data Set (MDS) assessment dated [DATE], indicated the Resident was moderately cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 8 out of 15 total points.</p> <p>Review of Resident #36's Immunization Consent Form, dated and signed by the Resident on 2/22/24, indicated the Resident wished to receive the Pneumococcal Vaccine if it was indicated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Carlyle House		STREET ADDRESS, CITY, STATE, ZIP CODE 342 Winter Street Framingham, MA 01701	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #36's Immunization Report, printed and provided by the facility on 5/1/24, indicated no evidence the Resident had ever received Pneumococcal Vaccination.</p> <p>During an interview on 4/30/24 at 10:27 A.M., the Infection Preventionist (IP) said he began working at the facility about 30 days prior to survey as the IP and that he was responsible for overseeing resident vaccines. The IP said he had not offered Pneumococcal Vaccines to any residents other than new admissions over the previous 30 days and that he would review Residents #42 and #36 medical records regarding their Pneumococcal Vaccination status. The IP further said that the facility was behind on Pneumococcal Vaccinations for residents.</p> <p>During an interview on 5/1/24 at 10:05 A.M., the IP said he located some vaccine information in the Massachusetts Immunization Information System (MIIS) for Residents #42 and #36 and that the immunization records generated for both Residents from the MIIS had been uploaded into the Resident's electronic medical record (EMR).</p> <p>On 5/1/24 at 1:32 P.M., the surveyor and the IP reviewed the facility's Pneumococcal Vaccine Policy and Immunization Records for residents #42 and #36. During an interview at the time, the IP said he realized approximately one week prior to the survey period that the facility was not in compliance with offering and administering Pneumococcal Vaccinations for residents and that he ran a facility-wide audit, but had not had the opportunity to assess each residents' vaccination status. The IP said Resident #36 was recently admitted to the facility, in February 2024, and that the Resident's Pneumococcal Vaccination status had not been assessed until the surveyor's inquiry (more than 30 days following the Resident's admission to the facility). The IP also said he was not aware that Resident #42 and Resident #36 were not up to date and were eligible for Pneumococcal Vaccinations until after the surveyor's inquiry.</p>		