STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225545	A. Building B. Wing	01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regalcare at Courtyard-Medford	200 Governors Avenue Medford, MA 02155

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 40702 Based on records reviewed and interviews, for three of three sampled residents (Resident #1, #2, and #3), the Facility failed to ensure they maintained complete and accurate medical records related to Certified Nurse Aide (CNA) Activity of Daily Living (ADL) Flow Sheets, when daily documentation by CNA's (for all three shifts) was not consistently completed, and flow sheets were often left completely blank. Findings Include: Review of the Facility's Policy tilted Charting and Documentation, dated 04/2022, indicated documentation in the medical record will be objective, complete, and accurate. Review of the Facility's Policy tilted Medical Record, dated 04/2022, indicated a medical record, health record, clinical record or chart is a systematic documentation of the resident's medical history and care. Review of the Facility's documentation for care and services provided by CNA's is recorded on the Facility's document titled Documentation Survey Report v2, going forward in this deficiency the document will be referred as the Resident's ADL Flow Sheet. 1) Resident #1 was admitted to the Facility in December 2023, diagnoses included constipation, type 2 diabetes mellitus, hypertension, hypothyroidism, adult failure to thrive, dysphagia (difficulty swallowing), muscle weakness, and abnormalities of gait and mobility. Review of Resident #1's ADL Flow Sheets, dated 12/01/24 through 12/24/24, indicated that for the following shifts, documentation on the flow sheets was incomplete. -7:00 A.M. to 3:00 P.M.- 1 day (out of 24) all care areas were left blank -3:00 P.M. to 11:00 P.M.- 22 days (out of 24) all care areas were left blank -11:00 P.M. to 7:00 A.M.- 13 days (out of 24) all care areas were left blank This does not include dates and shifts when Resident #1 was a Medical Leave of Absence (MLOA) 12/25/24 through 12/31/24. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2) Resident #2 was admitted to the Facility in September 2019, diagnoses included constipation, major depressive disorder, and lack of coordination. Review of Resident #2's ADL Flow Sheets, dated 01/01/25 through 01/27/25, indicated that for the following shifts, documentation on the flow sheets was incomplete. -7:00 A.M. to 3:00 P.M.- 1 day (out of 27) all care areas were left blank -3:00 P.M. to 11:00 P.M.- 11 days (out of 27) all care areas were left blank -11:00 P.M. to 7:00 A.M.- 14 days (out of 27) all care areas were left blank 3) Resident #3 was admitted to the Facility in April 2021, diagnoses included chronic idiopathic (disease of unknown cause) constipation, hyperlipidemia, mild cognitive impairment, and major depressive disorder. Review of Resident #3's ADL Flow Sheets, dated 01/01/25 through 01/27/25, indicated that for the following shifts, documentation on the flow sheets was incomplete. -7:00 A.M. to 3:00 P.M.- 7 days (out of 27) all care areas were left blank -3:00 P.M. to 11:00 P.M.- 26 days (out of 27) all care areas were left blank -11:00 P.M. to 7:00 A.M.- 18 days (out of 27) all care areas were left blank During an interview on 01/28/25 at 1:27 P.M., CNA #1 said she documents the care provided to residents in the Point of Care (POC, Facility's Electronic Medical Record) system on the computer and that it has to be done by the end of the shift. CNA #1 said she does not always have time to do her documentation because it is very busy someday's. During an interview on 01/28/25 at 2:16 P.M., CNA #3 said she has to document the care provided to the residents on her assignment in the POC computer system every day before the end of her shift. CNA #3 said she does not always have time to do her documentation because it gets very busy, and she will often document the next day she is scheduled to work. During an interview on 01/28/25 at 3:37 P.M., the Unit Manager said she was not aware the CNAs were not completing daily documentation on the ADL flow sheets. The Unit Manager said the CNAs are responsible to document care provided to residents everyday by the end of their shift and that there should not be any blanks on the residents ADL flow sheets. During an interview on 01/28/25 at 3:55 P.M., the Director of Nursing (DON) said he expects the CNAs to follow the Facility's policy and complete documentation daily.