

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225546	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2026
NAME OF PROVIDER OR SUPPLIER Life Care Center of Merrimack Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Boston Road Billerica, MA 01862	

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>Based on records reviewed and interviews for one of three sampled residents (Resident #2), who started to lose his/her balance during care, was lowered to the floor by a staff member, the Facility failed to ensure nursing notified the Provider and the Health Care Agent of the incident, a few days later Resident #2 was noted to have a decline in functional status and was experiencing pain with mobility. Findings include:Review of the Facility's policy titled, Changes in Resident's Condition or Status, revised August 2025 indicated:- The nurse will notify the residents' attending physician or physician on call and resident representative of changes in resident's condition or status and must notify the physician immediately of:An Accident involving the resident which has the potential for requiring physician intervention.Resident #2 was admitted to the Facility in October 2023, diagnoses included dementia, osteoporosis (bone density decreases, making bone weak, brittle and highly prone to fractures), hypertension, chronic kidney disease and a history of falls.Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 04/10/26, indicated that Resident #2 had a staff assisted fall in his/her bathroom when he/she began to slip and was lowered to the floor by a nursing staff member (later identified as Certified Nurse Aide (CNA) #1).The Report indicated that Resident #2 initially denied pain but later complained of left hip pain while being repositioned in bed and an x-ray was ordered by the physician. The Report indicated that Resident #2 was diagnosed with a left acute femoral intertrochanteric (hip) fracture with mild osteoporosis.Review of Resident #2's medical record indicated there was no documentation to support nursing notified the provider or health care agent on 4/05/26 of his/her staff assisted fall.Review of CNA #1's witness statement dated 4/07/26, indicated she was providing care to Resident #2 who was in a standing position in his/her bathroom, he/she lost his/her balance and was lowered to the floor.During an interview on 4/23/26 at 1:30 P.M., Nurse #1 said that on 4/05/26 around 12:00 P.M., CNA #1 reported to her that Resident #2 became weak while in the bathroom, that she had to lower him/her to the floor and she needed assistance to get him/her back up. Nurse #1 said before they moved Resident #2, she assessed him/her in the bathroom, his/her vital signs were stable and he/she denied pain, then she and CNA #1 assisted him/her back to bed.Nurse #1 said she did not notify Resident #2's Provider, or his/her Health Care Agent of the staff assisted fall but said she should have.During an interview on 4/23/26 at 2:50 P.M., Certified Nurse's Aide (CNA) #2 said Resident #2 had not been feeling well on 4/06/26 and wasn't his/her usual self, and she reported her concerns to the Nurse, and the decision was made to keep him/her in bed. CNA #2 said she was not made aware that Resident #2 had a fall on 4/05/26. During an interview on 4/23/26 at 2:12 P.M., the Unit Manager said Resident #2 complained of left hip pain on 4/07/26 and that is when she was made aware that he/she had been lowered to the floor in a staff assisted fall on 4/05/26. The Unit Manager said she notified the Provider and received orders for a left hip x-ray, and the results showed a left hip fracture. The Unit Manager said she notified Resident #2's Health Care Agent and the decision was made not to send him/her to the hospital. The Unit Manager said she reeducated staff that an assisted fall is a fall and it should have been reported to the Provider and Health Care Agent immediately. During an interview on 4/23/26 at 2:42 P.M., the Director of Nursing (DON) said there (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>was no documentation in Resident #2's medical record to support that Nurse #1 called the Provider or Health Care Agent to notify them that Resident #2 had a fall. The DON said that it is the facility's expectation that nursing staff notify the resident's provider and health care agent, document it in the medical record, but however in this case it was not done.</p>