

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225549	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER Brigham Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 77 High Street Newburyport, MA 01950	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37330</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who had an activated Health Care Proxy (HCP) and had been admitted on to Hospice Services, the Facility failed to ensure nursing notified his/her Health Care Agent(s) (HCA) and the Hospice Agency in a timely manner that he/she had died . On [DATE] Resident #1 died shortly after midnight, however the HCA(s) and Hospice Agency were not made aware until the following morning when, Resident #1's Family Member arrived to the Facility expecting to visit with him/her.</p> <p>Findings include:</p> <p>Review of the Facility's Policy titled, Notification of Changes, dated [DATE], indicated the Facility must inform the residents, consult with the resident's Physician and/or notify the Resident's Family Member or Legal Representative when there is a change requiring such notification. The Facility's Policy indicates a circumstance requiring notification would include a death of a resident.</p> <p>Resident #1 was admitted to the Facility in [DATE], diagnoses included lack of coordination, local infection of the skin and subcutaneous tissue, Respiratory Failure, Congestive Heart Failure, Atrial Fibrillation, Peripheral Vascular Disease, muscle weakness, Depression, Anxiety, and Chronic Venous Hypertension (high blood pressure in the veins) with Ulcer of the right lower extremity.</p> <p>Review of Resident #1's Physician Order's, dated [DATE], indicated Resident #1's HCP and had been activated.</p> <p>Review of Resident #1's Physician Order's, dated [DATE], indicated Resident #1 to be evaluated and admitted to Hospice Services.</p> <p>Review of Resident #1's Medical Record, dated [DATE], indicated the Hospice Agency evaluated Resident #1, the Physician was notified, and Hospice medications ordered by Resident #1's Physician.</p> <p>Review of Resident #1's RN/PA/NP Pronouncement of Death, dated [DATE], indicated Resident #1's time of death was 12:20 A.M. and the former Director of Nurses (DON), completed the RN Pronouncement.</p> <p>Review of Resident #1's Nursing Progress Note, dated [DATE] and written at 1:45 A.M., by the former DON, indicated the Next of Kin (NOK) and Hospice Services were notified.</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>However, further review of Resident #1's medical record and based on staff interviews, Resident #1's HCA and/or Alternative HCA and the Hospice Agency, were not been informed until approximately 8 hours later.</p> <p>The Surveyor was unable to interview the former Director of Nurses as she did not respond to the Department of Public Health requests for an interview.</p> <p>During a telephone interview on [DATE] at 9:51 A.M., Nurse #1 said on [DATE], Resident #1 died after midnight, and that she did not call the Hospice Agency or Resident #1's HCA since she was unable to Pronounce Resident #1's death. Nurse #1 said she is a Licensed Practical Nurse (LPN) and it is not within her scope of practice to pronounce a death. Nurse #1 said the former DON, who is a Registered Nurse (RN) and could do a death pronouncement, was working in the Facility at the time of Resident #1's death, and that she had notified her immediately that Resident #1 had died . Nurse #1 said several hours later, the former DON had still not Pronounced Resident #1's death, so she waited to notify Resident #1's HCA and the Hospice Agency.</p> <p>Nurse #1 said on [DATE], approximately at 8:00 A.M., Resident #1's Family Member, who appeared to be distraught, approached her and said, I think Resident #1 is dead. Nurse #1 said she apologized to Resident #1's Family Member and shared that Resident #1 had passed away around 12:20 A.M. Nurse #1 said the Family Member asked why the Family was not notified and Nurse #1 said she explained to the Family Member she had been waiting for the former DON to complete an RN Pronouncement on Resident #1's death, before calling anyone.</p> <p>Nurse #1 said she was unable to locate Resident #1's Hospice Agency information in Resident #1's Medical Record, but said in hindsight, she could have called the Hospice Agency and the Hospice Nurse would have come to the facility and completed the RN Pronouncement for Resident #1's death.</p> <p>During a telephone interview on [DATE] at 12:44 P.M., the Hospice Nurse said on [DATE] at 3:00 P.M. she had conducted a Facility Visit with Resident #1 to assess his/her level of comfort. The Hospice Nurse said Resident #1 was actively dying during her visit. The Hospice Nurse said the Facility was aware of Resident #1's medical status. The Hospice Nurse said a verbal report was given to the nursing staff prior to her leaving the Facility and that nursing had been informed to call Hospice for any concerns pertaining Resident #1.</p> <p>The Hospice Nurse said on [DATE], at 10:44 A.M. she received a telephone call from the Agencies Hospice Triage staff stating Resident #1's Family Member had called to inform the Agency that Resident #1 had died in the middle of the night, that they had arrived at the Facility to find Resident #1 unresponsive and that the Nurse then told them that Resident #1 had died in the middle of the night. The Hospice Nurse said Facility Nursing had not informed the Agency on [DATE] that Resident #1 had died .</p> <p>During an interview on [DATE] at 4:45 P.M., the current Director of Nurses (DON) said that on [DATE] she was notified of concerns that there was a delay in providing Resident #1 with Hospice Services and that on [DATE] Resident #1's Family were not notified of Resident #1's death until several hours later. The current DON said it was her expectation when a Resident who is on Hospice has a change of condition, that Nursing notifies the Resident's Physician, the DON, the Resident's HCA and Hospice immediately after their death.</p>		