

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 09/03/2024
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37342</p> <p>Based on records reviewed, interviews and observations, the Facility failed to ensure the Dietary/Kitchen Department staff consistently prepared and followed the established, as posted, weekly menu for the resident meals.</p> <p>Findings include:</p> <p>Review of the Facility Policy, titled Menus and Adequate Nutrition, dated 03/04/24, indicated the Facility would assure menus were developed and prepared to meet resident choices including their nutritional needs, would be posted in areas accessible to residents one week in advance, and would be followed as posted. The Policy indicated that notification of any deviations from the posted menu would be made as soon as practicable, and substitutions would comprise of food with comparable nutritive value.</p> <p>Review of the Facility's Week 4 Menu, dated 09/03/24 indicated the planned breakfast meal was biscuits with gravy, oatmeal, hashbrowns, orange juice, milk, coffee or tea, and a choice of cold cereal.</p> <p>During a tour of the kitchen at on 09/03/24 at 07:10 A.M., which included an interview with [NAME] #1, the Surveyor observed the following:</p> <p>Cook #1 was observed plating breakfast which was two small biscuits, a small sausage patty, and cold cereal.</p> <p>Cook #1 said hashbrowns and gravy were not available.</p> <p>Review of the Facility's Week 4 Menu, dated 09/03/24 indicated the planned lunch meal was a tuna melt sandwich, buttered green beans, tater tots, deluxe fruit salad, coffee or tea, and the alternate entree was honey Dijon chicken.</p> <p>During an observation of the kitchen on 09/03/24 at 12:11 P.M., [NAME] #1 was observed plating lunch which was a cold tuna sandwich, steamed mixed vegetables, tater tots, chocolate pudding, and the alternate meal was a grilled cheese sandwich.</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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 09/03/24 at 12:32 P.M., [NAME] #2 said she checked the kitchen and there were hashbrowns in stock for breakfast, and said sausage was not on the menu, and should not have been served. [NAME] #2 said there were missing ingredients which was why the lunch was a tuna sandwich instead of a tuna melt, said the menu was not followed as planned, but should have been.</p> <p>Cook #2 said they were having problems with [NAME] #1, and that she (Cook #1) often did not follow the planned meal menus which caused a [NAME] effect. [NAME] #2 said the following was an example; that last Friday (8/30/24) [NAME] #1 cooked the chicken that was needed for Monday (9/02/24) meal, so on Monday they made hamburgers instead of the planned chicken sandwiches.</p> <p>During an interview on 09/03/24 at 12:59 P.M., Resident #3 said they were often served random food that was not on the planned menu and said there was often no alternate meal to choose, only peanut butter and jelly sandwiches.</p> <p>During an interview on 09/03/24 at 04:35 P.M., the Administrator said meal menus should be followed as planned, but were not.</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>37342</p> <p>Based on records reviewed, interviews and observations, for one of two sampled resident care units (Unit 1), the Facility failed to ensure food and beverages provided to the residents were served at safe and appetizing temperatures, when food temperatures were not consistently measured and recorded, and the results of a test tray observation indicated that the food items were not served at appetizing temperatures and food items were not palatable.</p> <p>Findings include:</p> <p>Review of the Facility Policy, titled Maintaining a Sanitary Tray Line, dated 03/04/24, indicated hot foods would be maintained at or above 135 degrees Fahrenheit (F) and cold foods would be maintained at or below 41 degrees F, and staff would periodically monitor food temperatures throughout the meal service to ensure proper temperatures.</p> <p>Review of the Facility Policy, titled Food Safety Requirements, dated 03/04/24, indicated food and beverages would be distributed and served to residents in a manner to maintain food at proper temperature.</p> <p>Review of the Food Committee Notes, dated 08/21/24, with 11 residents in attendance, indicated residents complained about the quality of the food.</p> <p>During a telephone interview on 09/03/24 at 11:48 A.M., the Ombudsman said residents often complained about the temperature and quality of the food overall, served at the facility.</p> <p>Review of the Facility's Week 4 Menu indicated the planned breakfast meal for 09/03/24 was biscuit with gravy, oatmeal, hashbrowns, orange juice, milk, coffee or tea, and cold cereal of choice.</p> <p>During a tour of the kitchen on 09/03/24 at 07:10 A.M., which included an interview with [NAME] #1, the Surveyor observed the following:</p> <ul style="list-style-type: none"> - [NAME] #1 was plating breakfast which was two small biscuits, a small sausage patty, and cold cereal. - Breakfast was being plated onto paper plates. - [NAME] #1 said she was too busy which was why she was using paper plates. - [NAME] #1 said hashbrowns and gravy were not available, and there was not enough food prepared to set up a test tray. <p>During an interview on 09/03/24 at 12:11 P.M., [NAME] #1 said she had not measured any food temperatures that day for breakfast or lunch because she was too busy.</p> <p>A Food Test Tray was conducted on 09/03/24 on the lunch time meal truck for Unit 1 by the surveyor and [NAME] #2, and results were based on the following standards:</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- acceptable standard temperature for hot foods was at or above 135 degrees F,</p> <p>- acceptable standard temperature for cold foods was at or below 41 degrees F.</p> <p>At 12:11 P.M., the lunch time truck for Unit 1 left the kitchen.</p> <p>At 12:15 P.M., Nursing staff began checking and distributing the residents' lunch trays.</p> <p>At 12:32 P.M., after the last resident meal tray was removed and served, the test tray was pulled from the cart by [NAME] #2.</p> <p>Test tray observations:</p> <p>The food temperatures were measured in the presence of the Surveyor by [NAME] #2, who also tasted the food items. Observations were as follows:</p> <p>-Cold tuna sandwich was 69.1 degrees F (28.1 degrees greater than the acceptable standard) and tasted bland.</p> <p>-There was very little filling in the sandwich, the filling was dry, and the bottom piece of bread was soggy from having been plated with steamed mixed vegetables.</p> <p>-Mixed vegetable were 106.9 degrees F (28.1 degrees less than the acceptable standard) they tasted bland, cold, and were mushy.</p> <p>-Tater Tots were 96.6 degrees F (38 degrees less than the acceptable standard) they tasted cold, salty, and raw.</p> <p>- [NAME] #2 also tasted the Tater Tots and said they were undercooked and cold.</p> <p>-Milk was 56.8 degrees F (15.8 degrees greater than the acceptable standard) and tasted warm.</p> <p>-There was no dessert on the test tray, and [NAME] #2 said the dessert served was pudding, but there was not enough prepared to put one on the test tray.</p> <p>During an interview on 09/03/24 at 12:32 P.M., [NAME] #2 said there was plenty of staff in the kitchen (one cook and 2 dietary aides) to prepare food for the residents. [NAME] #2 said food temperatures should be measured and recorded with every meal, and that temperatures should be maintained at acceptable ranges for hot and cold food. [NAME] #2 said the mixed vegetables should have been served in a separate bowl from the sandwiches to prevent the sandwiches from becoming soggy.</p> <p>Review of the Service Line Checklist Logs, dated 08/01/24 through 09/02/24 indicated:</p> <p>-08/02/24, no food temperatures were recorded for the breakfast or lunch meals.</p> <p>-08/06/24, no food temperatures were recorded for the lunch or dinner meals.</p> <p>-08/07/24, no food temperatures were recorded for the lunch alternate or dinner meals.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-08/08/24, no food temperatures were recorded for the lunch or dinner meals.</p> <p>-08/09/24, no food temperatures were recorded for the dinner meal.</p> <p>-08/10/24, no food temperatures were recorded for the dinner meal.</p> <p>-08/11/24, no food temperatures were recorded for the breakfast or dinner meals.</p> <p>-08/12/24, no food temperatures were recorded for the dinner meal.</p> <p>-08/15/24, only the milk and coffee temperatures were recorded for the lunch meal.</p> <p>-08/16/24, no temperatures were recorded for the dinner meal.</p> <p>-08/17/24, no temperatures were recorded for the lunch or dinner meals.</p> <p>-08/18/24, no temperatures were recorded for the dinner meal.</p> <p>-08/26/24, no temperatures were recorded for the dinner meal.</p> <p>-08/28/24, no temperatures were recorded for the breakfast or lunch meals.</p> <p>-09/01/24, only the milk, coffee, and juice temperatures were recorded for the lunch meal, and only the main entree temperature was recorded for the dinner meal.</p> <p>-09/02/24, no temperatures were recorded for the lunch or dinner meals.</p> <p>-09/03/24, no temperatures were recorded for the breakfast or lunch meals.</p> <p>-There was no documentation to indicate that food temperatures were measured or recorded for any meals on 08/03/24, 08/04/24, 08/05/24, 08/20/24, 08/21/24, 08/22/24, 08/23/24, 08/24/24, 08/25/24, 08/29/24, and 08/30/24.</p> <p>Cook #2 said all meal temperatures should be measured and documented, but were not.</p> <p>During a resident group interview on 09/03/24 at 12:59 P.M., Resident #3 said he/she had complained about the food to staff and said there had been discussions about the food with [NAME] #2 during monthly Food Committee Meetings. Resident #3 said breakfast that morning was atrocious, the biscuits were dry and hard, there was no gravy, and there was only one small slice of sausage. Resident #3 said he/she did not eat breakfast that morning and had only a few bites of lunch because he/she had lost his/her appetite. Resident #3 said there was not enough protein served in the meals, and said he/she gets his/her own snacks and protein drinks brought in from home.</p> <p>Non-Sampled Resident (NS-RT) #4 said the breakfast sausage that morning was sliced so thin you could see through it. NS-RT #4 said lunch that day was bad, there was only a tiny amount of filling in the sandwich, he/she could not tell if it was tuna or chicken salad, there was only a very thin slice of tomato on it and said the tater tots were cold and raw.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Another resident said he/she often did not like the food but ate it anyway because there was no other choice.</p> <p>During an interview on 09/03/24 at 01:23 P.M., Nurse #2 said residents often complained about the food, and said that today's breakfast was terrible, that some residents said it was awful. Nurse #2 said she offered to make residents peanut butter and jelly sandwiches, but some residents did not eat.</p> <p>During an interview on 09/03/24 at 02:49 P.M., Nurse #3 said residents often complained that they do not like the food. Nurse #3 said sometimes for breakfast she has seen scrambled eggs and oatmeal served on the same plate, and said it was as though they were feeding a dog.</p> <p>During an interview on 09/03/24 at 04:35 P.M., the Administrator said the Facility had recently hired a Food Service Director (FSD), and that [NAME] #2 was filling in until the new FSD starts on 09/16/24. The Administrator said she had not approved the use of paper plates for breakfast. When the Surveyor reviewed the findings of the lunch time test tray with the Administrator, she agreed it sounded unappetizing.</p> <p>The Administrator said there were no other documented Food Committee Meeting Minutes besides the Minutes from 08/21/24 and said she had not reviewed them until the surveyor asked for them.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>37342</p> <p>Based on records reviewed and interviews, for two of three sampled residents (Resident #1 and Resident #3), the Facility failed to ensure they maintained complete and accurate medical records, when documentation by nursing related to the conduction of weekly skin assessments was not consistently completed.</p> <p>Findings include:</p> <p>Review of the Facility Policy, titled Skin Assessment, dated 03/04/24, indicated a full body skin assessment would be conducted and documented by a licensed or registered nurse upon admission, readmission, daily for three days, and weekly thereafter.</p> <p>Review of the Facility Policy, titled Documentation in the Medical Record, dated 0/04/24, indicated licensed staff would document all assessments, observations, and services provided in the resident's medical record in accordance with state law and Facility policy.</p> <p>1) Resident #1 was admitted to the Facility in April 2024, diagnoses included epilepsy and hypertension.</p> <p>Review of Resident #1's Skin Integrity Care Plan, dated 04/22/24, indicated he/she would have weekly skin checks conducted by nursing.</p> <p>Review of Resident #1's Medical Record indicated nursing conducted a weekly skin check on 05/27/24.</p> <p>Further review of Resident #1's Medical Record indicated there was no documentation to support that weekly skin checks, due 04/29/24, 05/06/24, 05/13/24, and 05/20/24 had been conducted by nursing, or any other weekly skin check after 05/27/24.</p> <p>2) Resident #3 was admitted to the Facility in September 2021, diagnoses included nontraumatic subarachnoid hemorrhage, dysphagia and anxiety.</p> <p>Review of Resident #3's Treatment Administration Record (TAR) for August 2024 indicated he/she was scheduled to have weekly skin checks on 08/07/24, 08/14/24, 08/21/24, and 08/28/24.</p> <p>Further review of Resident #3's TAR indicated that all of these dates were checked off as having been conducted by nursing.</p> <p>However further review of Resident #3's Medical Record indicated that there were no Weekly Skin Assessment Forms completed for 08/14/24 and 08/21/24.</p> <p>During a telephone interview on 09/04/24 at 10:48 A.M., the Director of Nurses (DON) said weekly skin checks should be conducted every week by nursing and should be documented using the Weekly Skin Assessment Form in the electronic medical record, but were not.</p>		