

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225556	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER Mont Marie Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 36 Lower Westfield Road Holyoke, MA 01040	

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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who experienced an acute onset of shortness of breath, and required the administration of supplemental oxygen, the Facility failed to ensure that nursing staff were competent in how to set-up and operate a portable oxygen tank, when nursing were unaware they needed to use a key to open the tanks valve in order to access and administer the oxygen. Findings include: Review of the facility's policy titled, Oxygen Administration, dated August 2021 indicated the following: -Assemble the equipment and supplies as needed, such as a portable oxygen cylinder, and regulator. -Turn on the oxygen-Place appropriate device on the resident (i.e., mask, nasal cannula, and/or nasal catheter). Resident #1 was admitted to the Facility in November 2025, diagnoses included Congestive Heart Failure, Chronic Kidney Disease, and Diabetes. Review of Resident #1's Nursing Progress Note, dated 12/29/25 at 11:30 A.M., indicated Resident #1 was alert and breathing on room air (without supplemental oxygen) at 10:18 P.M. and said he/she could not breathe. Resident #1 was assisted to the chair and assessed by Nursing to have had a low oxygen saturation level (the percentage of red blood cells carrying oxygen in the body) and the portable oxygen tank on hand as well as the portable oxygen tank from the second floor were empty. During an interview on 01/20/26 at 12:05 P.M., Nurse #1 said she wrote the Progress Note dated 12/25/25 at 11:32 P.M. Nurse #1 said Nurse #2 responded to Resident #1's call bell when he/she complained of difficulty breathing. Nurse #1 said Nurse #2 alerted her to the situation and she (Nurse #1) went to Resident #1's room, assisted him/her to the chair, assessed his/her vital signs and found his/her oxygen saturation to be low. Nurse #1 said while she was with Resident #1, she asked Nurse #2 to bring an oxygen tank to the room as soon as possible. Nurse #1 said Nurse #2 came back to Resident #1's room and told her the oxygen tank on their unit (Unit 1) as well as the oxygen tank on Unit 2 appeared to be empty. During an interview on 01/20/26 at 12:55 P.M., the Staff Development Coordinator (SDC) said she came into the facility the night of 12/25/25, said she inspected the oxygen tanks in question, and said neither of them were empty. The SDC said that if the oxygen tank valve was not fully opened by turning the key on the top of the tank, the gauge on the regulator (a device that attaches to an oxygen tank/cylinder that features a pressure gauge to show the remaining oxygen left in a tank) would not accurately reflect the amount of oxygen in the tank. The SDC said if Nurse #2 did not complete this step, the gauge would indicate the oxygen tank was empty. During an interview on 01/20/26 at 2:50 P.M., Nurse #2 said she answered Resident #1's call bell during the evening of 12/25/25 and Resident #1 told her he/she was having difficulty breathing. Nurse #2 said she alerted Nurse #1 who responded to the room with the vital signs machine. Nurse #2 said after Resident #1's oxygen saturation was assessed by Nurse #1 to have been very low, she (Nurse #2) went to obtain the oxygen tank from the code cart on the unit. Nurse #2 said the regulator attached to the oxygen tank showed the tank was empty. Nurse #2 said somebody (she could not remember who) went to Unit 2 to get their oxygen tank and told her that tank was empty</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 225556	If continuation sheet Page 1 of 2

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>too.Nurse #2 said she later learned that neither tank was empty, and that she did not know that she needed to twist the top of the oxygen tank with a metal key to turn the oxygen on, after which the gauge on the regulator would indicate the amount of oxygen that was left in the tank.During a follow up telephone interview on 01/21/26 at 12:50 P.M., the Staff Development Coordinator (SDC) said Nurse #2 completed all clinical competencies when she was hired, including all the steps needed to prepare a portable oxygen tank for usage, and should have known the key needed to be placed on the tank valve and turned in order to fully engage the oxygen tank for use, and that the reading on the gauge would not be accurate until this step was completed.During a telephone interview on 01/21/26 at 1:55 P.M., with the Assistant Director of Nursing and the Administrator, they said Nurse #2 completed all necessary competencies upon hire which included all aspects of oxygen administration and she should have known how to prepare the portable oxygen tank for usage.</p>		