

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 04/04/2025
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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44222</p> <p>Based on record review and interview the facility failed to accurately complete Minimum Data Set (MDS) Assessments for two Residents (#52 and #60) out of a total sample of 18 residents.</p> <p>Specifically, the facility failed to:</p> <ol style="list-style-type: none"> 1. For Resident #52, accurately code for dental status when the Resident had full upper and lower dentures that were loose fitting. 2. For Resident #60, accurately code for two unhealed pressure ulcers present during the MDS observation period. <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the Centers for Medicare and Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual version 1.19.1 dated October 2024, indicated the following: <ul style="list-style-type: none"> -Poor oral health has a negative impact on: - quality of life - overall health - nutritional status -Ask the resident, family, or significant other whether the resident has or recently had dentures or partials. (If resident or family/significant other reports that the resident recently had dentures or partials, but they do not have them at the facility, ask for a reason.) -Check L0200A, broken or loosely fitting full or partial denture: if the denture or partial is chipped, cracked, uncleanable, or loose. A denture is coded as loose if the resident complains that it is loose, the denture visibly moves when the resident opens their mouth, or the denture moves when the resident tries to talk. -Many residents have dentures or partials that fit well and work properly. However, for individualized care planning purposes, consideration should be taken for these residents to make sure that they are in possession of their dentures or partials and that they are being utilized properly for meals, snacks, medication pass, and social activities. -Additionally, the dentures or partials should be properly cared for with regular cleaning and by assuring that they continue to fit properly throughout the resident's stay. <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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Resident #52 was admitted to the facility in February 2024 with diagnoses including Cachexia, Dysphagia Oropharyngeal Phase, and Malignant Neoplasm Unspecified.</p> <p>Review of Resident #52's Dental Consult dated 7/16/24, indicated:</p> <ul style="list-style-type: none"> -Resident was alert, oriented, calm, and cooperative. -Full upper and full lower Dentures were present. -Resident wore the upper dentures sometimes, and the lower dentures never. -The upper and lower dentures were loose. -There were no natural teeth present. <p>Review of the MDS dated [DATE], indicated Resident #52:</p> <ul style="list-style-type: none"> -was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15 points. -had no dentures, no missing or broken teeth, or any other dental concerns. <p>On 4/1/25 at 10:46 A.M., the surveyor observed a full upper denture plate in Resident 52's mouth, and no teeth or dentures were present on the bottom gum. During an interview at the time, Resident #52 said that he/she has had full upper and lower dentures for years. Resident #52 also said that the dentures were loose and that he/she only wore the upper dentures for eating, but never wore the lower dentures because they were too large.</p> <p>During an interview on 4/3/25 at 9:59 A.M., Nurse #3 said Resident #52 had no (natural) teeth. Nurse #3 said that the Resident was wearing full upper dentures, and he/she told Nurse #3 that the full lower dentures were in the bedside drawer. Nurse #3 said that Resident #52 did not care to wear the bottom dentures because they were too loose.</p> <p>During an interview on 4/3/25 at 10:15 A.M., with the Regional Director of Case Management and the MDS Coordinator, the Regional Director of Case Management said that the MDS dated [DATE], should have reflected that Resident #52 was edentulous (without natural teeth) since his/her admission to the facility, and that the Resident's dentures were noted as loose in the clinical record. The Regional Director of Case Management also said that each comprehensive MDS completed since Resident #52 was admitted to the facility was incorrectly coded for dental status. The Regional Director of Case Management said that the MDS dated [DATE], should have been coded for edentulous and for loose fitting dentures, but was not coded accurately.</p> <p>50320</p> <p>2. Review of the Centers for Medicare and Medicaid Services, Long-Term Care Facility Resident Assessment Instrument 3.0 (RAI) User's Manual Version 1.19.1, Dated October 2024 indicated:</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>-Coding instructions for pressure ulcer/injury, code yes if the resident had any pressure ulcer/injury (Stage 1, 2, 3, 4, or unstageable) in the 7-day look back period.</p> <p>Resident #60 was admitted to the facility in December 2024 with diagnoses including Diabetes Mellitus Type II, Acute Kidney Failure Unspecified, dependance on Renal Dialysis.</p> <p>Review of Resident #60's Care Plan for Pressure Ulcer Development indicated:</p> <p>-right heel wound unstageable and Stage 2 of left foot, initiated 1/16/25.</p> <p>Review of Resident #60's February 2025 Treatment Administration Record (TAR) indicated the Resident:</p> <p>>was receiving wound care treatments for the right heel, initiated 2/5/25</p> <p>>wound care treatments were completed as ordered by the Physician, 2/5/25 through 2/26/25</p> <p>>was also receiving treatments to the left lateral foot, initiated 2/17/25</p> <p>>left lateral foot treatments were completed as ordered by the Physician, 2/17/25 through 2/26/25</p> <p>Review of the Wound Assessment Report dated 2/25/25, indicated Resident #60:</p> <p>-had an unstageable right heel pressure injury and a Stage 2 pressure injury of the left lateral foot.</p> <p>Review of Resident #60's most recent Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD - the last day of the seven day look back observation period) of 2/26/25, indicated Resident #60:</p> <p>-had no unhealed pressure ulcers.</p> <p>During an interview on 4/2/25 at 2:38 P.M., the MDS Coordinator said Resident #60's MDS assessment dated [DATE], should have been coded yes for pressure ulcer/injury for the left foot and right heel pressure ulcers present during the 7-day look back period. The MDS Coordinator said the MDS was not coded for the left foot and right heel pressure ulcers and would need to be corrected.</p>		

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<p>F 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.</p> <p>42741</p> <p>Based on interview, and record review, the facility failed to ensure recommendations made by the Behavioral Health Care Team were implemented for one Resident (#53), out of a total sample of 18 residents.</p> <p>Specifically, for Resident #53, the facility failed to ensure an Electrocardiogram (EKG-noninvasive medical test that records the electrical activity of the heart) was completed every six months as recommended by the Behavioral Health Nurse Practitioner.</p> <p>Findings include:</p> <p>Resident #53 was admitted to the facility in February 2024 with diagnoses including Parkinson's Disease, Obsessive Compulsive Disorder, and Dementia with psychotic disturbance.</p> <p>Review of the Nurse Practitioner (NP) from the Behavioral Health Provider Notes, dated 4/3/24, 7/22/24, 9/30/24, 1/27/25, and 3/10/25, indicated the following:</p> <p>>Current Medication</p> <p>-Seroquel (antipsychotic medication that has potential to cause heart arrhythmias)</p> <p>>Plan/Recommendations</p> <p>-Medication Monitoring: EKG for QTc (test that checks for a change in the QTc interval [a part of the heart rhythm] which could indicate potentially dangerous arrhythmias).</p> <p>Review of Resident #53's medical record indicated Resident #53 had a baseline EKG completed on 1/27/24, prior to his/her admission to the facility.</p> <p>Further review of Resident #53's medical record indicated the next EKG for Resident #53 was performed on 3/3/25, (14 months after the baseline EKG was completed).</p> <p>During an interview on 4/3/25 at 12:52 P.M., the Director of Nursing (DON) said she would expect a recommendation made by the Behavioral Health Provider to be put into place shortly after the recommendation had been made. The DON said a Physician order should have been put into place for a follow-up EKG to be performed six months after the baseline EKG was performed on 1/27/24, as the Resident was administered Seroquel medication daily.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48206</p> <p>Based on observation, record review, and interview, the facility failed to maintain appropriate hygiene practices while serving meals in the dining room, on one (3rd Floor Unit) out of three Units observed.</p> <p>Specifically, the facility failed to ensure that nursing staff who were distributing food during the breakfast meal on the 3rd Floor Unit performed appropriate hand hygiene to prevent contamination and the spread of foodborne illnesses.</p> <p>Findings include:</p> <p>Review of the facility policy titled Food Preparation and Service, revised 2001, indicated:</p> <ul style="list-style-type: none"> -Food distribution means the processes involved in getting food to the resident. This may include .dispensing food portions for individual residents, family style and dining room service, or delivering meals to residents' rooms or dining areas to be distributed . -Food service means the process involved in actively serving food to the resident. When actively serving residents in dining room or outside a resident's room where trained staff are serving food/beverage choices from a mobile food cart or steam table, there is not need for food to be covered. -Food Distribution and Service: <ul style="list-style-type: none"> >Food and nutrition services staff, including nursing personnel, wash their hands before serving food to residents. >Employees also wash their hands after collecting soiled plates and food waste prior to handling food trays. <p>On 4/2/25 from 7:46 A.M. through 8:06 A.M., during the breakfast meal observation in the 3rd Floor Dining Room, the surveyor observed:</p> <ul style="list-style-type: none"> -7 Staff members (2 Nurses, 4 Certified Nurses Aides [CNAs], 1 Dietary Aide) were in the dining room and assisting with the meal service. -The 2 Nurses and 4 CNA's were serving meal trays which were plated by the Dietary Aide who was at the steam table. -10 residents were seated in the dining room and being served meals by the staff. -Staff were observed serving residents, pouring and serving beverages, and clearing plates, cups, and other dirty utensils and items for the residents in the dining room. <p>(continued on next page)</p>		

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