

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225557	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2024
NAME OF PROVIDER OR SUPPLIER Eastpointe Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Central Avenue Chelsea, MA 02150	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>43846</p> <p>Based on interviews and observations, the facility failed to ensure staff treated residents in a dignified manner during the dining experience. Specifically, for residents who were dependent on staff for assistance with meals, staff were standing over the residents while providing assistance, on the third floor unit.</p> <p>Findings include:</p> <p>Review of the facility policy titled Dignity, dated 10/22, indicated each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality. Residents shall be treated with dignity and respect at all times.</p> <p>1. On 4/17/24 from 7:28 A.M. to 7:32 A.M., the surveyor observed a Certified Nurses Assistant (CNA) standing, not at eye level while assisting a Resident with his/her meal.</p> <p>On 4/17/24 from 7:37 A.M. to 7:43 A.M., the surveyor observed a CNA standing, not at eye level while assisting a Resident with his/her meal.</p> <p>On 4/17/24 7:39 A.M. to 7:44 A.M., the surveyor observed a CNA standing, not at eye level while assisting a Resident with his/her meal.</p> <p>During an interview on 4/19/24 at 9:44 A.M., the Director of Nurses (DON) said CNA's should never stand while feeding a resident. The DON said staff should be seated and at eye level with the resident while assisting them with their meal.</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43807</p> <p>Based on record review and interviews, the facility failed to obtain informed consent for three Residents, (#155, #84 and #146) out of a total sample of 39 residents. Specifically,</p> <ol style="list-style-type: none"> 1. For Resident #155, the facility failed to obtain a psychotropic medication consent prior to administering a psychotropic medication. 2. For Resident #84, the facility failed to obtain a psychotropic medication consent prior to administering a psychotropic medication. 3. For Resident #146, the facility failed to obtain a psychotropic medication consent prior to administering a psychotropic medication. <p>Findings include:</p> <p>A review of the facility policy titled 'Psychotropic Consents' with a revision date of January 2023 indicated the following:</p> <ul style="list-style-type: none"> -Prior to administering psychotropic medications, consents should be obtained for their use. <p>1.Resident #155 was admitted to the facility in March 2024 with diagnoses including anxiety and post-traumatic stress disorder (PTSD).</p> <p>Review of the most recent Minimum Data Set (MDS) assessment dated [DATE], indicated a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15 indicating intact cognition.</p> <p>Review of the Resident's April physician's orders indicated the following:</p> <ul style="list-style-type: none"> - Fluoxetine (antidepressant medication) Oral Capsule 20 MG (milligrams), give 3 capsules by mouth in the morning for PTSD. <p>Review of the medical record did not indicate a signed and dated psychotropic consent form by the responsible party.</p> <p>Review of the Resident's April medication administration record (MAR) indicated the following:</p> <ul style="list-style-type: none"> - Fluoxetine 20 MG was administered as ordered. <p>During an interview and medical record review on 4/18/24 at 1:26 P.M., Nurse #4 said that the psychotropic consent forms should be obtained before psychotropic medications are administered.</p> <p>During an interview and medical record review on 4/23/24 at 2:22 P.M., Social Worker #1 said that a Fluoxetine psychotropic consent was not obtained prior to administering the medication. She said that psychotropic consents should be obtained prior to the administration of psychotropic medications.</p> <p>(continued on next page)</p>

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/18/24 at 1:58 P.M., the Director of Nursing said psychotropic consent forms should be obtained prior to the administration of psychotropic medications.</p> <p>2. Resident #84 was admitted to the facility in February 2024 with diagnoses including major depressive disorder and post-traumatic stress disorder (PTSD).</p> <p>Review of the most recent Minimum Data Set (MDS) assessment dated [DATE], indicated a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15 indicating intact cognition.</p> <p>Review of the April physician's orders indicated the following:</p> <ul style="list-style-type: none"> - Mirtazapine (antidepressant medication) oral tablet 15MG, give one tablet by mouth in the evening for mood. <p>Review of the April medication administration record (MAR) indicated the following:</p> <ul style="list-style-type: none"> - Mirtazapine oral tablet 15 MG was being administered as ordered. <p>Further review of the medical record did not indicate a signed and dated psychotropic consent from the responsible party.</p> <p>During an interview and medical record review on 4/18/24 at 1:26 P.M., Nurse #4 said that the psychotropic consent forms should be obtained before psychotropic medications are administered.</p> <p>During an interview and medical record review on 4/23/24 at 2:22 P.M., the Social Worker said that a Mirtazapine psychotropic consent was not obtained prior to administering the medication. She said that psychotropic consents should be obtained prior to the administration of psychotropic medications.</p> <p>During an interview on 4/18/24 at 1:58 P.M., the Director of Nursing said psychotropic consent forms should be obtained prior to the administration of psychotropic medications.</p> <p>48990</p> <p>3. Resident #146 was admitted to the facility in December 2023 with diagnoses including hypertension and chronic kidney disease.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 3/28/24, indicated that Resident #146 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 0 out of 15. This MDS also indicated Resident #146 received antipsychotic medication.</p> <p>Review of the Medication Administration Record (MAR) indicated the following physician's orders documented as implemented 4/7/24 to 4/17/24:</p> <ul style="list-style-type: none"> -Trazodone HCl (a psychotropic medication) oral tablet 100 MG, Give 1 tablet by mouth at bedtime, initiated 2/9/24. <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Seroquel (a psychotropic medication) oral tablet, give 12.5 mg by mouth in the morning, initiated 2/9/24.</p> <p>-Seroquel Oral Tablet 25 MG, give 0.5 tablet by mouth one time a day, initiated 2/9/24.</p> <p>-Seroquel Oral Tablet 50 MG, give 1 tablet by mouth at bedtime, initiated 2/9/24.</p> <p>Review of the medical record did not indicate a signed and dated psychotropic consent form by the responsible party.</p> <p>During an interview and medical record review on 4/18/24 at 1:26 P.M., Nurse #4 said that the psychotropic consent forms should be obtained before psychotropic medications are administered.</p> <p>During an interview on 4/18/24 at 7:08 A.M., the Director of Nursing (DON) said psychotropic medications require a signed consent. The DON said nurses are responsible for obtaining consent prior to administration of psychotropic medications.</p>

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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45984</p> <p>Based on observation, record review and interview, the facility failed to notify a resident of a room change, including the reason for the change, for one Resident (#108) out of a total sample of 39 residents. Specifically, the facility failed to provide a written notice explaining the reason for a room change for Resident #108 resulting in the Resident being moved to a new room against their wishes.</p> <p>Findings include:</p> <p>Review of the facility policy titled Room Change, dated and revised October 2022, indicated the following:</p> <ul style="list-style-type: none"> -The resident has the right to refuse transfer to another room in the facility if the purpose of the transfer is: Solely for the convenience of the staff -When a resident room change is occurring, the resident being moved or their representative, will be informed of the change. The resident receiving a new roommate will also be notified. -The notice of a change in room or roommate assignment will be both verbal and in writing and will include the reason(s) for the change. Staff should complete a Room Change Notice and provide to the resident or their representative and placed in the resident's medical record. -Information regarding a resident's room change will be documented in the resident's medical record. <p>Resident #108 was admitted to the facility in January 2023 with diagnoses including cerebral infarction, osteomyelitis, and insomnia.</p> <p>Review of Resident #108's most recent Minimum Data Set (MDS) assessment dated [DATE], indicated that Resident #108 had a Brief Interview for Mental Status score of 15 out of a possible 15 indicating intact cognition.</p> <p>During an interview on 4/16/24 at 9:47 A.M., Resident #108 said he/she recently had a room change without any warning and against his/her wishes. The Resident continued to say that nursing aides and the Administrator came into his/her room, threw his/her belongings in bags and moved him/her downstairs within five minutes. He/she continued to say he/she was and still is very upset by how it was handled. Resident #108 said he/she has had numerous problems with his/her current roommate since he/she moved rooms, and it can be very hard at times.</p> <p>During an interview on 4/17/24 at 10:14 A.M., Resident #108 said after he/she returned from the hospital on 8/2/23, he/she was provided a private room on the sixth floor. He/she continued to say that he/she made a complaint to the Director of Nursing (DON) about the care he/she was receiving by a nurse on the sixth floor and the next day the facility made him/her move rooms with five minutes notice.</p> <p>(continued on next page)</p>		

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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 4/17/24 at 12:08 P.M., with the permission of Resident #108, Resident #108's family member (#1) said Resident #108's room change appeared to happen after he/she complained about a nurse to the DON. Family Member #1 said the room change was very abrupt and Resident #108 had no notice, they put all of his/her belongings in green trash bags and brought him/her downstairs to a different unit. Family Member #1 continued to say the Resident did not know where any of his/her belongings were in the trash bags and the Resident was unable to unpack the bags by him/herself. Family Member #1 said when he/she came in to visit Resident #108 two days later, his/her belongings were still in the green trash bags. Family Member #1 said the new room was not move-in ready, the dresser was missing a drawer and there was no chair for Resident #108 to sit in. Family Member #1 continued to say that maintenance was scrambling the next day to find equipment for the room and he/she had to demand a chair so Resident #108 was not stuck in bed all day.</p> <p>Review of Resident #108's room history indicated that he/she moved rooms from the sixth floor to the fourth floor on 3/27/24.</p> <p>Review of the document titled Room Change dated, 3/28/24 indicated that Resident #108 moved rooms to the fourth floor. The document stated:</p> <ul style="list-style-type: none"> - Reason room transfer as initiated: Resident does not require private room. - Transfer occurred on: 3/27/24. <p>The Room Change document was completed after Resident #108 moved rooms, not prior.</p> <p>Review of the document titled Grievance/Concern & Comment Form dated 4/1/24 completed by the Social Worker with Resident #108's Family Member #1 indicated the following:</p> <ul style="list-style-type: none"> - Description of what happened: Room change was unsatisfactory. - Please state the nature of your concern: Resident #108's Family Member #1 called to voice complaint that the room Resident #108 was moved to was not set up for his/her arrival. <p>Review of Resident #108's impaired communication care plan dated 1/18/24, indicated the following interventions:</p> <ul style="list-style-type: none"> - Allow time to process information. - Anticipate resident's needs if resident is unable to express needs. - Reduce distractions in resident's environment. <p>Review of Resident #108's behavior care plan dated 1/18/24, indicated the following intervention:</p> <ul style="list-style-type: none"> - Provide non-confrontational environment for care. <p>Review of a progress note written by Social Worker #1 on 3/28/24 at 2:33 P.M., indicated the following:</p> <p>(continued on next page)</p>

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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Resident and his/her Family Member #1 to this writer's office to voice the short notice the Resident was given prior to his/her move from 610p to 414D. They both are stating the Resident has a recent cancer diagnosis and should have been allowed to stay in a private room. Resident and Family Member #1 say they have reached out to the administrator for a meeting to discuss the move and their wish for the Resident to be returned to the Dockside unit.</p> <p>Review of Resident #108's physician's visit on 3/29/24 at 9:58 A.M., indicated the following:</p> <p>-Patient seen today for follow up. Recently moved rooms and notes feeling more depressed due to new roommate; will have psych reevaluate.</p> <p>Review of Resident #108's psychiatric visit history indicated the last time he/she was seen by psychiatric services was on 3/27/24. Resident #108 has not been seen since the physician's visit on 3/29/24.</p> <p>During an interview on 4/18/24 at 9:53 A.M., Social Worker #1 said when a room change happens, she gets room change form and has the resident sign it and the form gets put in the resident's chart. Social Worker #1 said a room change might happen due to not getting along with a roommate or admissions and the resident is allowed to refuse a room change. Social worker #1 said the resident should be taken to the new room to make sure it fits the resident's needs, and the room is expected to be move-in ready. Social Worker #1 said Resident #108 was told a new admission was coming in and the facility needed his/her room and he/she refused. Resident #108 was reapproached by the Assistant Director of Nursing and he/she still refused to move rooms. Social Worker #1 said shortly after the second refusal, two Certified Nursing Assistants (CNAs) and the Administrator came into Resident #108's room and said we really need the room, again Resident #108 refused. Social Worker #1 said the CNAs and Administrator came back 30 minutes later and moved Resident #108's belongings and him/herself to a new room. Social Worker #1 said the Administrator moved Resident #108 to a new room against his/her wishes. Social Worker #1 said there were other empty rooms on the unit, and she was not sure why the Administrator did not put the new admission in that room and allowed Resident #108 to stay in his/her current room. The surveyor asked if a room change form with done for Resident #108 as it was not observed in his/her medical record and Social Worker #1 said if the room change form is not in Resident #108's chart then it was not completed.</p> <p>During an interview on 4/18/24 at 10:19 A.M., the DON said a room change should never be for convenience and the resident is allowed to say no to changing rooms, they cannot be forced to move rooms. The DON continued to say she would expect the resident to see the new room before they move in and sign a room change form. The DON said the Administrator wanted to move Resident #108 off the sixth floor.</p> <p>During an interview on 4/18/24 at 11:03 A.M., the Maintenance Director said she received a call from the Administrator that she needed to move Resident #108's belongings very abruptly.</p> <p>During an interview on 4/18/24 at 12:07 P.M., CNA #6 said Resident #108 told him that he/she did not want to move rooms, but the facility made him/her. CNA #6 said he was not sure why they made the resident move rooms if he/she did not want to.</p> <p>During an interview on 4/18/24 at 12:37 P.M., Resident #108 said it has been really hard in the new room, his/her current room disturbs him/her often.</p> <p>(continued on next page)</p>		

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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/19/24 at 8:25 A.M., Nurse #1 said the Administrator and CNAs came to Resident #108's room and moved him/her out of it even though he/she was refusing to leave.</p> <p>During an observation on 4/19/24 at 1:04 P.M., the surveyor was on the other side of the fourth-floor unit from Resident #108's room. The surveyor heard someone yelling loudly Go to hell!, as the surveyor approached Resident #108's room, it was Resident #108's roommate yelling at Resident #108.</p> <p>During an interview on 4/22/24 at 10:59 A.M., the Administrator said all residents should have reasonable notice for a room change, he continued to say residents should get a 30-day notice for a room change. The Administrator said a resident has the right to refuse a room change and Resident #108's room change process was not appropriate and not done properly.</p> <p>Review of a progress note written by Social Worker #1 on 4/19/24 at 10:55 A.M., indicated the following:</p> <p>- Resident #108 verbally consented to move to a new room. He/she said he/she will not be rushed and will use the weekend to unpack his/her personal belongings.</p>

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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>48990</p> <p>Based on interview and record review, the facility failed to ensure requests to access personal funds for less than \$100.00 (\$50.00 for Medicaid residents) were honored within the same day for one Resident (#6), out of 39 total sampled residents. Specifically, the facility required 48 hours notice for a Resident to gain access to \$25.00 of personal funds.</p> <p>Findings include:</p> <p>Resident #6 was admitted to the facility in February 2007 with diagnoses including adult failure to thrive.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 2/1/24, indicated that Resident #6 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15.</p> <p>During an interview on 4/16/24 at 8:35 A.M., Resident #6 said the facility manages his/her money. Resident #6 said he/she was upset because he/she needs to make an appointment in advance to get access to money. Resident #6 said when he/she wants \$25.00 from his/her personal funds he/she has had to wait up to a week. Resident #6 said he/she went down yesterday at 1:00 P.M. to request \$25.00 for today and she will be able to go get it at 11:00 A.M. today. He/she says it's very frustrating because he/she wants to be able to go out to buy things when he/she wants to, but always has to plan and wait for access to his/her money.</p> <p>During an interview on 4/17/24 at 11:40 A.M., the Business Office Assistant said she is in charge of personal fund requests for all residents. The Business Office Assistant said when any residents request \$25.00 or more of personal funds it requires 48 hours notice because the check request takes 24 hours and then a staff member has to go cash the check at the bank. The Business Office Assistant said it is not possible for resident's to get \$25.00 the same day, but if they wanted less than \$25.00 they can use the petty cash on hand, but anything over \$25.00 requires advanced notice at least 24 hours notice, but usually 48 hours.</p> <p>During an interview on 4/17/24 at 1:25 P.M., the Administrator said all residents should have access to a realistic amount of their funds daily. The Administrator said Resident #6 should have been able to get \$25.00 the same day.</p>		

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<p>F 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>45984</p> <p>Based on record review and interview, the facility failed to meet the obligation to issue to residents who received services under Medicare Part A, a Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN), which informs a resident of his/her potential liability for payment and related standard claim appeal rights, for two of three records reviewed.</p> <p>Findings include:</p> <p>The SNFABN provides information to the resident/beneficiaries so that they can decide if they wish to continue receiving the skilled services that may not be paid for by Medicare and assume financial responsibility. If the SNF provides the beneficiary with the SNFABN, the facility had met its obligation to inform the beneficiary of his/her potential liability for payment and related standard claim appeal rights.</p> <p>Review of three records provided indicated that two of the three records reviewed failed to include the Advanced Beneficiary Notice as required.</p> <p>During an interview on 4/17/24 at 11:33 A.M., the Social Worker said she could only find one of the three requested appropriate Advance Beneficiary Notices. She continued to say that the former Case Manager of the facility either did not complete the appropriate Advance Beneficiary Notices or misplaced them. The social worker said she would expect the appropriate notice to have been given.</p>

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>45763</p> <p>Based on observations and interviews, the facility failed to ensure resident Protected Health Information (PHI) was secure and not visible to others on one of three nursing units.</p> <p>Findings include:</p> <p>Review of the facility policy titled HIPAA Policy & Procedure, dated November 17, 2017, indicated, but was not limited to, the following:</p> <p>-The facility considers maintaining the security and confidentiality of protected health information (PHI) a matter of its highest priority. The following conditions apply to all those having access to protected health information:</p> <p>-Prevent unauthorized use of any information in files maintained, stores, or processed by Eastpointe Rehab Center.</p> <p>On 4/18/24 at 8:51 A.M., the surveyor observed resident information displayed on an unattended nursing cart computer in the hallway of the cityside unit, the nurse was in a resident room administering medication. The computer displayed a resident's name, date of birth, allergies, medications, vital signs, code status, and special instructions for treatment; this information was visible to any passerby.</p> <p>On 4/18/24 at 9:04 A.M., the surveyor observed resident information displayed on an unattended nursing cart computer in the hallway of the cityside unit, the nurse was in a resident room administering medication. The computer displayed a resident's name, date of birth, allergies, medications, vital signs, code status, and special instructions for treatment; this information was visible to any passerby.</p> <p>On 4/18/24 at 9:10 A.M., the surveyor observed resident information displayed on an unattended nursing cart computer in the hallway of the cityside unit, the nurse was in a resident room administering medication. The computer displayed a resident's name, date of birth, allergies, medications, vital signs, code status, and special instructions for treatment; this information was visible to any passerby.</p> <p>On 4/18/24 at 11:26 A.M., the surveyor observed resident information displayed on an unattended nursing cart computer in the common area near the nursing station of the cityside unit, the nurse was in a resident room administering medication. The computer displayed a resident's name, date of birth, allergies, medications, vital signs, code status, and special instructions for treatment; this information was visible to any passerby and there was a resident standing within a foot of the screen displaying HPI.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Eastpointe Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Central Avenue Chelsea, MA 02150	

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/18/24 at 11:39 A.M., the surveyor observed resident information displayed on an unattended nursing cart computer in the common area near the nursing station of the cityside unit, the nurse was in a resident room administering medication. The computer displayed a resident's name, date of birth, allergies, medications, vital signs, code status, and special instructions for treatment; this information was visible to any passerby.</p> <p>On 4/18/24 at 11:43 A.M., the surveyor observed resident information displayed on an unattended nursing cart computer in the common area near the nursing station of the cityside unit, the nurse was in a resident room administering medication. The computer displayed a resident's name, date of birth, allergies, medications, vital signs, code status, and special instructions for treatment; this information was visible to any passerby.</p> <p>On 4/18/24 at 11:46 A.M., the surveyor observed resident information displayed on an unattended nursing cart computer in the hallway of the cityside unit, the nurse was in a resident room administering medication. The computer displayed a resident's name, date of birth, allergies, medications, vital signs, code status, and special instructions for treatment; this information was visible to any passerby.</p> <p>On 4/18/24 at 1:19 P.M., the surveyor observed resident information displayed on an unattended nursing cart computer in the common area near the nursing station of the cityside unit, the nurse was in a resident room administering medication. The computer displayed a resident's name, date of birth, allergies, medications, vital signs, code status, and special instructions for treatment; this information was visible to any passerby.</p> <p>On 4/18/24 at 1:30 P.M., the surveyor observed resident information displayed on an unattended nursing cart computer in the common area near the nursing station of the cityside unit, the nurse was in a resident room administering medication. The computer displayed a resident's name, date of birth, allergies, medications, vital signs, code status, and special instructions for treatment; this information was visible to any passerby and there was a resident standing within a foot of the screen.</p> <p>During an interview on 4/18/24 at 1:44 P.M., the Director of Nursing said private resident information such as date of birth, allergies, and medication should not be exposed or visible to other residents while the nursing cart is not attended.</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43846</p> <p>Based on observation, interview and policy review, the facility failed to maintain a homelike environment on three of four resident care units.</p> <p>Findings include:</p> <p>1a. During environmental rounds on 4/17/24 at 12:08 P.M., on the 3rd floor Arborside unit, the surveyor observed the following:</p> <ul style="list-style-type: none"> - room [ROOM NUMBER]: in the resident bedroom paint was lifting above the ac/heat unit under the window and the bedroom door was scuffed. The resident bathroom was missing paint on the walls, two brown stained ceiling tiles and a bare wall under the mirror. - room [ROOM NUMBER]: in the resident bedroom, multiple paint chips were observed on three walls. - room [ROOM NUMBER]: in the resident bedroom, a scuffed bedroom door and paint was missing on one wall. - room [ROOM NUMBER]: in the resident bedroom, paint chips were observed on one wall and scuffed closet doors were observed. - room [ROOM NUMBER]: in the resident room, a scuffed door and missing paint on three walls. - room [ROOM NUMBER]: in the resident room, one broken floor tile and plaster lifting under the window. - Throughout the unit, the resident hand rails were scuffed. <p>49880</p> <p>1b. During Environmental rounds on 4/17/24 at 12:16 P.M. on the third floor Arborside unit the surveyor observed the following:</p> <ul style="list-style-type: none"> -room [ROOM NUMBER]: Marked up walls in resident room, plaster broken along the wall near the bathroom. -room [ROOM NUMBER]: Paint was peeling behind the toilet in resident bathroom. Paint on the walls was very marked up/scuffed in resident room along the wall where the bureaus are. -room [ROOM NUMBER]: Walls throughout resident room were dirty. -room [ROOM NUMBER]: The shared bathroom between rooms [ROOM NUMBERS] had a strong odor. The floor was very dirty around the toilet and there were holes in the wall under the soap dispenser. The floors in the bathroom were scuffed up. <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-room [ROOM NUMBER]: A strong odor was noted from the room. During initial rounding on 4/16/24 at 8:08 A.M., a dried brown, odorous substance was observed on the nightstand and bureau, consistent with feces.</p> <p>-room [ROOM NUMBER]: There were holes in the wall under where the sanitizer was hanging in the room. The bathroom wall was marked up and has broken plaster behind the trash can.</p> <p>room [ROOM NUMBER]: The night stand of the window bed was missing the top drawer. The wall behind the bed was marked up and plaster was broken.</p> <p>-room [ROOM NUMBER]: The window side night stand was missing the bottom door. There was a brown substance on ceiling in bathroom. Holes in the wall behind the door bed.</p> <p>room [ROOM NUMBER]: On the corner of the wall near the closet, plaster was missing and metal was exposed. In the shared bathroom with room [ROOM NUMBER] there were holes in the wall under the soap dispenser and the walls were scuffed and plaster was broken behind the trash barrel.</p> <p>-room [ROOM NUMBER]: The bathroom baseboard was lifting away from the wall, walls are scuffed and plaster was broken behind the trash barrel.</p> <p>- The resident bathroom (male) in the hallway was missing baseboard around the toilet, there was no mirror over the sink, baseboard was peeling off under the sink. There was a strong odor in the bathroom.</p> <p>-In the resident bathroom (female) in the hallway, the baseboard is peeling off the wall, there was a hole in the wall behind the door</p> <p>- Unpainted patched paint on the wall outside the elevator</p> <p>45984</p> <p>2. During environmental rounds on 4/22/24 at 8:36 A.M. on the 4th floor Bayside unit, the surveyor observed the following:</p> <p>- room [ROOM NUMBER]: The ceiling tiles were stained brown</p> <p>- room [ROOM NUMBER]: The bathroom walls were gouged with plaster exposed and missing paint</p> <p>- room [ROOM NUMBER]: The ceiling tiles were stained brown</p> <p>- room [ROOM NUMBER]: The ceiling tiles were stained brown</p> <p>- room [ROOM NUMBER]: The corner of the wall next to the bathroom door was broken off</p> <p>- room [ROOM NUMBER]: The floor molding behind the entry door was peeling off the wall</p> <p>- room [ROOM NUMBER]: There was exposed plaster where the wall meets the ceiling next to the bathroom door. The wall was gauged next to the bathroom door.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- room [ROOM NUMBER]: The wall was gauged next to bathroom door and there was bubbling paint on the wall across from the window bed.</p> <p>- Hallway: Next to nursing station and behind the set of double doors next to the nursing station there was exposed plaster on the wall needing paint.</p> <p>- Dining room: There was a stained, bowed ceiling tile next to the window and exposed plaster on the walls which was missing paint.</p> <p>3. During environmental rounds on 4/22/24 at 9:10 A.M., on the 6th floor Dockside unit, the surveyor observed the following:</p> <p>- Hallway: The handrails across from room [ROOM NUMBER] and next to the nursing station were loose and not completely secured to the wall.</p> <p>During an interview on 4/19/24 at 10:42 A.M., the Maintenance Director said her staff check log books on every floor twice a day. The Maintenance Director said nurses will call for other issues that are more important for something like a broken call light and toilet issues. The Maintenance Director said her and her staff do daily rounds and said she needs to order ceiling tiles and other supplies to complete the multiple issues the building has on the resident units. The Maintenance Director said she is aware of all the environment issues the building has but needs to order supplies and make a plan on how to fix them all because it is a very large building.</p> <p>During an interview on 4/22/24 at 8:10 A.M., the Director of Nurses (DON) said she is aware that the environment on the resident care units is an issue and is not aware of any plans at the moment to fix the issues. The DON said the third floor environment issues make it not homelike as she would like.</p>

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>48990</p> <p>Based on record review, observation and interviews, the facility staff failed to ensure one Resident (#19) was free from verbal and mental abuse, out of a total of 39 sampled residents. Specifically, Resident #19 was told to wear a bra in a common area by the Administrator and it resulted in mental anguish and psychological distress.</p> <p>Findings include:</p> <p>Review of the facility policy titled Abuse, last revised 10/23/22, indicated, but was not limited to the following:</p> <ul style="list-style-type: none"> -The facility prohibits the mistreatment, neglect, and abuse of residents/patients. -The facility has designed and implemented processes, which strive to ensure the prevention and reporting of suspected or alleged resident/patient abuse. -Definition: Mental abuse: Includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation. -Definition: Verbal abuse: The use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within hearing distance, regardless of their age, ability to comprehend, or disability. <p>Review of the facility policy titled Quality of Life - Dignity, dated 10/2022, indicated, but was not limited to the following:</p> <ul style="list-style-type: none"> -Resident has the right to refuse any portions of care or assistance provided to them. It is the responsibility of the facility to honor this choice and to ensure resident remains safe. -Staff shall speak respectfully to the residents at all times. -Verbal staff-to-staff communication shall be conducted outside the hearing range of residents and the public. <p>Resident #19 was admitted to the facility in September 2022 with diagnoses including asthma and heart failure.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 1/18/24, indicated that Resident #19 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15.</p> <p>(continued on next page)</p>

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/18/24 at 8:04 A.M., Resident #19 said when he/she was in the day room a few months ago, with other residents and staff present, the Administrator approached him/her and said he/she needed to go back to his/her room and put on a bra because he/she was dressed inappropriately. Resident #19 said he/she told the Administrator he/she did not want to wear a bra because it is uncomfortable and the Administrator responded saying he/she needed to buy comfortable bras. Resident #19 said the Administrator said he/she needed to be wearing a bra when in common areas. Resident #19 said the Administrator left the day room and yelled at all the staff members sitting at the desk, which is next to the day room, to make sure he/she wears a bra because he/she is dressed inappropriately. Resident #19 said he/she felt humiliated by this, still feels humiliated by it, and doesn't feel comfortable when the Administrator is near him/her because he/she fears humiliation again. Resident #19 said sometimes when he/she goes out for special events he/she will wear a bra, but does not usually wish to wear a bra in the common areas because it's his/her home.</p> <p>During the Resident Council meeting held on 4/17/24 at 11:29 A.M, Resident #19 said the Administrator is very rude and disrespectful. Resident #19 said that he/she felt humiliated and embarrassed when the Administrator addressed him/her not wearing a bra in public, where everyone, including other residents and nurses could overhear.</p> <p>During an interview on 4/17/24 at 12:23 P.M., Certified Nurse Assistant (CNA) #1 said about two months ago the Administrator told Resident #19 that he/she needed to wear a bra, while he/she was with other residents. CNA #1 said after the Administrator went to the desk and told all the CNA's and nurses that they needed to make sure Resident #19 was wearing a bra when other people are around. CNA #1 said the way the Administrator discussed this was inappropriate and embarrassed the Resident. CNA #1 said Resident #19 does not usually want to wear a bra. CNA #1 said Resident #19's breasts were covered, but the shirt was low cut.</p> <p>During an interview on 4/17/24 at 12:50 P.M., the Activities Director said she was asked to help Resident #19 shop for bras by the Administrator because Resident #19 should be wearing one. The Activities director said Resident #19 had never wanted to wear one before, but agreed to order one and when it came Resident #19 wore it for only a day or two.</p> <p>During an interview on 4/17/24 at 1:08 P.M., CNA #2 said she was at the nurses' station when the Administrator told the staff that Resident #19 had to wear a bra because he/she was dressed inappropriately. CNA #2 said Resident #19 has a larger bust and the shirt was a little low cut, but the shirt was not inappropriate.</p> <p>During an interview on 4/17/24 at 1:09 P.M., CNA #3 said she was at the nurses' station when the Administrator told the staff Resident #19 had to wear a bra because he/she was dressed inappropriately. CNA #3 said staff needs to respect Resident #19 wishes to not wear a bra because it is his/her right to decide what he/she wants to wear, so the Administrator should not have told staff he/she needed to wear one.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/18/24 at 8:15 A.M., CNA #4 said it is Resident #19's choice to not wear a bra. CNA #4 said Resident #19 told her he/she was embarrassed that the Administrator told him/her that he/she needed to wear a bra when in common areas after the encounter that day. CNA #4 said the Administrator was yelling when informing staff that Resident #19 needed to wear a bra and it was inappropriate because other residents and people nearby could hear him yelling. CNA #4 said she heard Resident #19 tell the Administrator that he/she was upset and felt disrespected, and heard the Administrator respond by saying here's the phone, why don't you call and report me?</p> <p>During an interview on 4/18/24 at 8:18 A.M., CNA #5 said after the Administrator told Resident #19 that he/she needed to wear a bra he came out to the nurses' station, which is next to the day room, and was yelling at the staff that they needed to help Resident #19 put a bra on because he/she was not dressed appropriately. CNA #5 said the Administrator was yelling and people around could hear him telling all the staff that Resident #19 was dressed inappropriately and needed to wear a bra. CNA #5 said Resident #19 said he/she was humiliated and only agreed to buy a bra because he/she did not want to be humiliated again. CNA #5 said it is Resident #19's right to choose not to wear a bra and Resident #19 does not wish to wear a bra most times because its more comfortable and it's his/her home.</p> <p>During an interview on 4/18/24 at 8:50 A.M., CNA #4 and CNA #5 said they did not report the incident. Both CNA #4 and CNA #5 said the Administrator was inappropriate but did not report abuse. CNA #4 and CNA #5 said they would have reported it but did not because it was their boss and feared they would be fired. CNA #5 said she did not know where else she could report, and that the sign on the unit with the abuse reporting hotline was just placed on the wall two days ago when the survey began. During this interview, CNA #4 and CNA #5 showed the surveyor a form titled Nurses and C.N.A. Inservice [sic] Continued, dated 4/15/24, indicating:</p> <p>-Conversations regarding dignity need to be had in private at all times. If you notice a resident exposed or dress [sic] inappropriately, please calmly and discreetly remove them from the situation, and speak with them in private as well as get assistance to help you. Conversations like this should never occur in a public area as they can embarrass the resident.</p> <p>CNA #4 and CNA #5 said the administration gave this form to them on Tuesday (4/16/24) and told them they needed to sign it.</p> <p>During an interview on 4/18/24 at 1:53 P.M., the Director of Nursing (DON) said the inservice form referenced by the CNAs was written by her and was dispersed to all staff because she observed staff needing education on resident privacy. The DON said she gave this inservice to the Administrator, who had begun dispersing this education Monday 4/15/24.</p> <p>Review of Investigation Statement from Administrator, dated 4/18/24, indicated, but was not limited to:</p> <p>-I was conducting my unit rounds and I noticed Resident #19 was not dressed appropriately.</p> <p>-The patients' breasts were hanging out.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-I went to the nurse's station and spoke to aide as discreetly as possible to alert her of this dignity concern. I anticipated the aid would remove him/her from the day room and speak with her in private about this concern.</p> <p>-I did notify the Activities Director to assist with offering to get her appropriate attire.</p> <p>During an interview on 4/22/24 at 10:54 A.M., the Administrator said two months ago, he had just rounded the floor and noticed the resident was not dressed appropriately. The administrator could not define appropriately dressed to the surveyor. The Administrator said he told a CNA to address the inappropriate dressing. The Administrator said he emailed the Activities Director to follow up on assisting Resident #19 in ordering any clothing he/she needs. The Administrator said residents have the right to preference and choice on how they dress.</p> <p>Review of Investigation Statement from Activities Assistant #1, undated, indicated, but was not limited to:</p> <p>-The Administrator came to the day room a couple months ago and asked me why is Resident #19 not wearing a bra, then I went and asked CNA #5 and the Administrator was screaming at CNA #5 and she told him to calm down because he was screaming at her.</p> <p>On 4/18/24 at 8:59 A.M., the surveyor reported allegation to the Director of Nursing (DON). The DON said this is a report of abuse and needs to be reported and investigated. The Director of Nursing said she and the governing body were not aware of this allegation and should have been notified when it occurred.</p> <p>During an interview on 4/18/24 at 8:59 A.M., Corporate Nurse #1 said Resident #19 does not have to wear a bra if he/she does not want to and the Administrator should never have done that and will be suspended immediately.</p> <p>Refer to F607, F609, F610.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45984</p> <p>Based on observation, record review and interviews, the facility failed to ensure staff implemented their abuse policy for two Residents (#108, and #19), out of a total sample of 39 residents. Specifically, the facility failed to 1. ensure the accused staff member was not employed in the building while an abuse investigation was still pending for Resident #108 and 2. identify, report, and investigate Resident #19's abuse allegation.</p> <p>Findings include:</p> <p>Review of the facility policy titled Abuse, dated 10/23/22, indicated the following:</p> <ul style="list-style-type: none"> - Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain, or mental anguish. - Mental Abuse: Include, but it not limited to, humiliation, harassment, threats of punishment or deprivation. - Exploitation: Taking advantage of a resident for personal gain through the use of manipulation, intimidations, threats or coercion. - The facility has designed and implemented processes, which strive to ensure the prevention and reporting of suspected or alleged resident/patient abuse. - Prevention: Reinforce staff education, with emphasis on required reporting of concerns, incidents, and grievances. - Facility will post signage in an easily accessible location for staff alerting them of their rights to report suspicions of abuse without fear of retaliation. Sign to include the right to file a complaint to their State Agency if they feel they have been retaliated against. - Identification: Instruct staff, resident/patient, family, visitor, etc. to report immediately, without fear of reprisal, any knowledge or suspicion of suspected abuse, neglect, mistreatment, and/or misappropriation of property. - Investigation: All alleged violations involving abuse, neglect, exploitation, and/or misappropriation of resident property will be thoroughly investigated by the facility under the direction of the Administrator and in accordance with state and federal law. <p>Employee Suspension:</p> <p>-1. Any time an allegation is made involving abuse, neglect, or mistreatment of a resident, which names a specific employee, the employee is suspended until the completion of the investigation.</p> <p>(continued on next page)</p>

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-2. The employee is not to remain on duty, and is not to be assigned to any other area of the facility.</p> <p>-3. The employee is relieved if his/her duties until the investigation is complete.</p> <p>-Reporting: Once an allegation of abuse has been made, the supervisor who initially received the report must inform the Administrator/Director of Nursing immediately and initiate gathering requested information. An investigation MUST be directed by the Administrator or designee immediately.</p> <p>-Reporting: Facility maintain policy encouraging staff to report all allegations/suspicious of abuse without fear of retaliation.</p> <p>1. Resident #108 was admitted to the facility in January 2023 with diagnoses including cerebral infarction, osteomyelitis, and insomnia.</p> <p>Review of Resident #108's most recent Minimum Data Set (MDS) assessment dated [DATE], indicated that the Resident #108 had a Brief Interview for Mental Status score of 15 out of a possible 15 indicating intact cognition.</p> <p>During an interview on 4/17/24 at 10:14 A.M., Resident #108 said after he/she returned from the hospital on 8/2/23, he/she was provided a private room on the sixth floor. Resident #108 continued to say that he/she made a complaint to the Director of Nursing (DON) about the care he/she was receiving by Nurse #1 on the sixth floor and the next day the facility made him/her move rooms with five minutes notice. The Resident continued to say that he/she is afraid to speak up about things now with the fear of retaliation.</p> <p>During a telephone interview on 4/17/24 at 12:08 P.M., with the permission of Resident #108, Resident #108's family member (#1) said Resident #108's room change appeared to happen after he/she complained about Nurse #1 to the DON. Family Member #1 said the room change was very abrupt and Resident #108 had no notice, they put all of his/her belongings in green trash bags and brought him/her downstairs to a different unit. Family Member #1 continued to say the Resident did not know where any of his/her belongings were in the trash bags and the Resident was unable to unpack the bags by him/herself. Family Member #1 said when he/she came in to visit Resident #108 two days later, Resident #108's belongings were still in the green trash bags. Family Member #1 said the new room was not move-in ready, the dresser was missing a drawer and there was no chair for Resident #108 to sit in. Family Member #1 continued to say that maintenance was scrambling the next day to find equipment for the room and he/she had to demand a chair so Resident #108 was not stuck in bed all day.</p> <p>Review of Resident #108's room history indicated that he/she moved rooms from the sixth floor to the fourth floor on 3/27/24.</p> <p>Review of the document titled Room Change dated 3/28/24, indicated that Resident #108 moved rooms to the fourth floor. The document stated:</p> <p>- Reason room transfer as initiated: Resident does not require private room.</p> <p>- Transfer occurred on: 3/27/24.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Eastpointe Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Central Avenue Chelsea, MA 02150	
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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/18/24 at 10:19 A.M., the surveyor told the Director of Nursing (DON) of an allegation of abuse stating that Resident #108 felt as if his/her room was changed against his/her wishes out of retaliation due to him/her making a complaint about the care that Nurse #1 provided the day prior to his/her room change.</p> <p>Review of the intake report on the Health Care Facility Reporting System (HCFRS), dated 4/19/24 at 9:20 A. M. reported by the DON indicated the following:</p> <ul style="list-style-type: none"> - Select Incident/Allegation/Report Type: Resident/Patient Rights - Incident Narrative: This morning resident reported to the DPH surveyor that he/she feels as follows: :You know that I feel my room was changed after I went to the LNHA with my concerns with my nurse [Nurse #1] is the reason my room was changed. <p>Review of the facility's nursing schedule for 4/22/24 indicated that Nurse #1 was working on the sixth floor, Dockside unit.</p> <p>During an observation on 4/22/24 at 10:31 A.M., the surveyor observed Nurse #1 working on a medication cart on the sixth-floor unit.</p> <p>During an interview on 4/22/24 at 12:06 P.M., the DON said Resident #108's investigation is still pending and not completed yet. When asked why Nurse #1 was working in the facility while the investigation against her was still pending, the DON was not sure. The surveyor and DON reviewed what the DON reported on HCFRS she said she misinterpreted what the surveyor originally reported to her about Nurse #1 despite mentioning Nurse #1 in the report. The DON continued to say Nurse #1 should not be working in the facility while Resident #108 resides there and while the investigation is still pending.</p> <p>48990</p> <p>2. Resident #19 was admitted to the facility in September 2022 with diagnoses including asthma and heart failure.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 1/18/24, indicated that Resident #19 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/18/24 at 8:04 A.M., Resident #19 said when he/she was in the day room, with other residents and staff present, a few months ago the Administrator approached him/her and said he/she needed to go back to his/her room and put on a bra because he/she was dressed inappropriately. Resident #19 said he/she told the Administrator he/she did not want to wear a bra because it is uncomfortable and the Administrator responded saying he/she needed to buy comfortable bras. Resident #19 said the Administrator said he/she needed to be wearing a bra when in common areas. Resident #19 said the Administrator left the day room and yelled at all the staff members sitting at the desk, which is next to the day room, to make sure he/she wears a bra because he/she is dressed inappropriately. Resident #19 said he/she felt humiliated by this, still feels humiliated by it, and doesn't feel comfortable when the Administrator is near her because she fears humiliation again. Resident #19 said sometimes when he/she goes out for special events he/she will wear a bra, but does not usually wish to wear a bra in the common areas because it's his/her home.</p> <p>During an interview on 4/18/24 at 8:15 A.M., CNA #4 said it is Resident #19's choice to not wear a bra. CNA #4 said Resident #19 told her he/she was embarrassed that the Administrator told him/her that he/she needed to wear a bra when in common areas after the encounter that day. CNA #4 said the Administrator was yelling when informing staff that Resident #19 needed to wear a bra and it was inappropriate because other residents and people nearby could hear him yelling. CNA #4 said she heard Resident #19 tell the Administrator that he/she was upset and felt disrespected, and heard the Administrator respond by saying here's the phone, why don't you call and report me?</p> <p>During an interview on 4/18/24 at 8:18 A.M., CNA #5 said after the Administrator told Resident #19 that he/she needed to wear a bra, he came out to the nurses' station, which is next to the day room, and was yelling at the staff that they needed to help Resident #19 put a bra on because he/she was not dressed appropriately. CNA #5 said the Administrator was yelling and people around could hear him telling all the staff that Resident #19 was dressed inappropriately and needed to wear a bra. CNA #5 said Resident #19 said he/she was humiliated and only agreed to buy a bra because he/she did not want to be humiliated again. CNA #5 said it is Resident #19's right to choose not to wear a bra and Resident #19 does not wish to wear a bra most times because its more comfortable and it's his/her home.</p> <p>During an interview on 4/18/24 at 8:50 A.M., CNA #4 and CNA #5 said they did not report the incident. Both CNA #4 and CNA #5 said the Administrator was inappropriate but did not report abuse. CNA #4 and CNA #5 said they would have reported it but did not because it was their boss and feared they would be fired. CNA #5 said she did not know where else she could report, and that the sign on the unit with the abuse reporting hotline was just placed on the wall two days ago when the survey began. During this interview, CNA #4 and CNA #5 showed the surveyor a form titled Nurses and C.N.A. Inservice [sic] Continued, dated 4/15/24, indicating:</p> <p>-Conversations regarding dignity need to be had in private at all times. If you notice a resident exposed or dress [sic] inappropriately, please calmly and discreetly remove them from the situation, and speak with them in private as well as get assistance to help you. Conversations like this should never occur in a public area as they can embarrass the resident.</p> <p>CNA #4 and CNA #5 said the administration gave this form to them on Tuesday (4/16/24) and told them they needed to sign it.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/18/24 at 1:53 P.M., the Director of Nursing (DON) said the in-service form referenced by the CNAs was written by her and was dispersed to all staff because she observed staff needing education on resident privacy. The DON said she gave this in-service to the Administrator, who had begun dispersing this education Monday 4/15/24.</p> <p>During an interview on 4/22/24 at 10:54 A.M., the Administrator said two months ago, he had just rounded the floor and noticed the resident was not dressed appropriately. The administrator could not define what appropriately dressed means to the surveyor. The Administrator said he told a CNA to address the inappropriate dressing. The Administrator said he emailed the Activities Director to follow up on assisting Resident #19 in ordering any clothing he/she needs. The Administrator said residents have the right to preference and choice on how they dress.</p> <p>During an interview on 4/18/24 at 8:59 A.M., Corporate Nurse #1 said Resident #19 does not have to wear a bra if he/she does not want to and the Administrator should never have done that and will be suspended immediately.</p> <p>On 4/18/24 at 8:59 A.M., the surveyor reported allegation to the Director of Nursing (DON). The DON said this is a report of abuse and needs to be reported and investigated. The Director of Nursing said she and the governing body were not aware of this allegation and should have been notified when it occurred.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43807</p> <p>Based on record review and interviews, the facility failed to report an altercation between Residents (#68 and #96) and failed to report an allegation of abuse for one Resident (#19) out of a sample of 39 Residents. Specifically, 1. For Residents #68 and #96, the facility failed to report a verbal altercation to the State Agency (SA) within two hours. 2. failed to report an allegation of abuse for one Resident (#19).</p> <p>Findings include:</p> <p>A review of the facility policy titled 'Abuse' with a revision date of October 2022 indicate the following:</p> <ul style="list-style-type: none"> -Prevention: Reinforce staff education, with emphasis on required reporting of concerns, incidents, and grievances. -Facility will post signage in an easily accessible location for staff alerting them of their rights to report suspicions of abuse without fear of retaliation. Sign to include the right to file a complaint to their State Agency if they feel they have been retaliated against. -Identification: Instruct staff, resident/patient, family, visitor, etc. to report immediately, without fear of reprisal, any knowledge or suspicion of suspected abuse, neglect, mistreatment, and/or misappropriation of property. -Reporting: Once an allegation of abuse has been made, the supervisor who initially received the report must inform the Administrator/Director of Nursing immediately and initiate gathering requested information. An investigation MUST be directed by the Administrator or designee immediately. -Reporting: Facility maintain policy encouraging staff to report all allegations/suspicions of abuse without fear of retaliation. -Staff should notify the shift supervisor, charge nurse, manager immediately if suspected abuse, neglect, mistreatment, or misappropriation occurs. -Once an allegation of abuse has been made, the supervisor who initially received the report must inform the Administrator, Director of Nursing immediately and initiate gathering requested information. An investigation must be directed by the Administrator or designee immediately. -Notify the local law enforcement and appropriate State Agency (SA) immediately no later that two hours after the allegation/suspected incident. <p>1. Resident #68 was admitted to the facility in January 2014 with diagnoses including bipolar disorder.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the most recent Minimum Data Set (MDS) assessment dated [DATE] indicated a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15, indicating intact cognition.</p> <p>Resident #96 was admitted to the facility in April 2021 with diagnoses including bipolar disorder.</p> <p>A review of the most recent Minimum Data Set (MDS) assessment dated [DATE] indicated a Brief Interview for Mental Status (BIMS) score of 11 out of a possible 15 indicating moderate cognitive impairment.</p> <p>During an interview on 4/16/24 at 8:43 A.M., Resident # 68 told the surveyor he/she got into an altercation on 11/23/23, with Resident #96. He/she said the police were called to manage the incident. The Resident said he/she was offered a room transfer but he/she refused.</p> <p>During an interview on 4/19/24 at 10:10 A.M., Resident #96 told the surveyor he/she could not remember any altercations between him/her and Resident #68 on 11/23/23.</p> <p>A review of Resident #96's Nurse's progress note dated 11/23/23 indicated the following:</p> <p>Patient noted to b3 fightnor with other resedent patients redirected, not easily redirected. In rhe mean time; another resident called 911</p> <p>which responded. [Sic].</p> <p>During an interview on 4/19/24 at 9:55 A.M., Nurse#4 said she worked on 11/23/23, she said there was an incident between Resident #68 and #96, she could not remember the details, but she remembers the police were called.</p> <p>During an interview on 4/19/24 at 10:00A.M., the Social Worker said she returned to work on 11/27/23. She was informed by staff that Residents #68 and #96 had a verbal altercation on 11/23/23, and the police were called. She told the surveyor that she immediately offered them both room transfers and both Residents refused. She said she informed the Director of Nurses about the incident. The Social Worker said that the altercation should have been reported to the Director of Nurses by staff on 11/23/23 so that a report could be filed to the state agency within two hours.</p> <p>During an interview on 4/19/24 at 1:10 P.M., the Director of Nurses said that if an incident happens between two residents, she expects to be called on her personal phone at whatever hour and day by staff. The Director of Nurses said the altercation should have been reported within two hours to the State Agency.</p> <p>A review of the Health Care Facility Reporting System (HCFRS) did not indicate that the facility reported the incident to the State Agency on 11/23/23.</p> <p>48990</p> <p>2. Resident #19 was admitted to the facility in September 2022 with diagnoses including asthma and heart failure.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the most recent Minimum Data Set (MDS) assessment, dated 1/18/24, indicated that Resident #19 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15.</p> <p>During an interview on 4/18/24 at 8:04 A.M., Resident #19 said when he/she was in the day room, with other residents and staff present, a few months ago the Administrator approached him/her and said he/she needed to go back to his/her room and put on a bra because he/she was dressed inappropriately. Resident #19 said he/she told the Administrator he/she did not want to wear a bra because it is uncomfortable and the Administrator responded saying he/she needed to buy comfortable bras. Resident #19 said the Administrator said he/she needed to be wearing a bra when in common areas. Resident #19 said the Administrator left the day room and yelled at all the staff members sitting at the desk, which is next to the day room, to make sure he/she wears a bra because he/she is dressed inappropriately. Resident #19 said he/she felt humiliated by this, still feels humiliated by it, and doesn't feel comfortable when the Administrator is near her because she fears humiliation again. Resident #19 said sometimes when he/she goes out for special events he/she will wear a bra, but does not usually wish to wear a bra in the common areas because it's his/her home.</p> <p>During an interview on 4/18/24 at 8:15 A.M., CNA #4 said it is Resident #19's choice to not wear a bra. CNA #4 said Resident #19 told her he/she was embarrassed that the Administrator told him/her that he/she needed to wear a bra when in common areas after the encounter that day. CNA #4 said the Administrator was yelling when informing staff that Resident #19 needed to wear a bra and it was inappropriate because other residents and people nearby could hear him yelling. CNA #4 said she heard Resident #19 tell the Administrator that he/she was upset and felt disrespected, and heard the Administrator respond by saying here's the phone, why don't you call and report me?</p> <p>During an interview on 4/18/24 at 8:18 A.M., CNA #5 said after the Administrator told Resident #19 that he/she needed to wear a bra he came out to the nurses' station, which is next to the day room, and was yelling at the staff that they needed to help Resident #19 put a bra on because he/she was not dressed appropriately. CNA #5 said the Administrator was yelling and people around could hear him telling all the staff that Resident #19 was dressed inappropriately and needed to wear a bra. CNA #5 said Resident #19 said he/she was humiliated and only agreed to buy a bra because he/she did not want to be humiliated again. CNA #5 said it is Resident #19's right to choose not to wear a bra and Resident #19 does not wish to wear a bra most times because its more comfortable and it's his/her home.</p> <p>During an interview on 4/18/24 at 8:50 A.M., CNA #4 and CNA #5 said they did not report the incident. Both CNA #4 and CNA #5 said the Administrator was inappropriate but did not report abuse. CNA #4 and CNA #5 said they would have reported it but did not because it was their boss and feared they would be fired. CNA #5 said she did not know where else she could report, and that the sign on the unit with the abuse reporting hotline was just placed on the wall two days ago when the survey began. During this interview, CNA #4 and CNA #5 showed the surveyor a form titled Nurses and C.N.A. Inservice [sic] Continued, dated 4/15/24, indicating:</p> <p>-Conversations regarding dignity need to be had in private at all times. If you notice a resident exposed or dress [sic] inappropriately, please calmly and discreetly remove them from the situation, and speak with them in private as well as get assistance to help you. Conversations like this should never occur in a public area as they can embarrass the resident.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>CNA #4 and CNA #5 said the administration gave this form to them on Tuesday (4/16/24) and told them they needed to sign it.</p> <p>During an interview on 4/18/24 at 1:53 P.M., the Director of Nursing (DON) said the in-service form referenced by the CNAs was written by her and was dispersed to all staff because she observed staff needing education on resident privacy. The DON said she gave this in-service to the Administrator, who had begun dispersing this education Monday 4/15/24.</p> <p>During an interview on 4/22/24 at 10:54 A.M., the Administrator said two months ago, he had just rounded the floor and noticed the resident was not dressed appropriately. The administrator could not define appropriately dressed to the surveyor. The Administrator said he told a CNA to address the inappropriate dressing. The Administrator said he emailed the Activities Director to follow up on assisting Resident #19 in ordering any clothing he/she needs. The Administrator said residents have the right to preference and choice on how they dress.</p> <p>On 4/18/24 at 8:59 A.M., the surveyor reported allegation to the Director of Nursing (DON). The DON said this is a report of abuse and needs to be reported and investigated. The Director of Nursing said she and the governing body were not aware of this allegation and should have been notified when it occurred.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43807</p> <p>Based on record review and interviews, the facility failed to investigate an altercation between Residents (#68 and #96) and failed to investigate an allegation of abuse for one Resident (#19) out of a sample of 39 Residents. Specifically, 1. For Residents #68 and #96, the facility failed to investigate a verbal altercation and 2. For Resident 19, the facility failed to investigate an allegation of abuse.</p> <p>Findings include:</p> <p>Review of the facility policy titled Abuse, last revised 10/23/22, indicated, but was not limited to the following:</p> <ul style="list-style-type: none"> -All alleged violations involving abuse will be thoroughly investigated by the facility under the direction of the Administrator and in accordance with state and federal law. -Staff should notify the shift supervisor, charge nurse, manager immediately if suspected abuse, neglect, mistreatment, or misappropriation occurs. -Once an allegation of abuse has been made, the supervisor who initially received the report must inform the Administrator/Director of Nursing immediately and initiate gathering requested information. An investigation MUST be directed by the Administrator or designee immediately. -Facility maintain policy encouraging staff to report all allegations/suspicions of abuse without fear of retaliation. <p>1. Resident #68 was admitted to the facility in January 2014 with diagnoses including bipolar disorder.</p> <p>A review of the most recent Minimum Data Set (MDS) assessment dated [DATE] indicated a Brief Interview for Mental Status (BIMS) score of 15/15 indicating intact cognition.</p> <p>Resident #96 was admitted to the facility in April 2021 with diagnoses including bipolar disorder.</p> <p>A review of the most recent Minimum Data Set (MDS) assessment dated [DATE] indicated a Brief Interview for Mental Status (BIMS) score of 11 out of a possible 15 indicating moderate cognitive impairment.</p> <p>During an interview on 4/16/24 at 8:43 A.M., Resident # 68 told the surveyor he/she got into an altercation on 11/23/23, with Resident #96. He/she said the police were called to manage the incident. The Resident said he/she was offered a room transfer but he/she refused.</p> <p>During an interview on 4/19/24 at 10:10 A.M., Resident #96 told the surveyor he/she could not remember any altercations between him/her and Resident #68 on 11/23/23.</p> <p>A review of Resident #96's Nurse's progress note dated 11/23/23 indicated the following:</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Patient noted to b3 fightnor with other resedent patients redirected, not easily redirected. In the mean time; another resident called 911 which responded. [Sic].</p> <p>During an interview on 4/19/24 at 9:55 A.M., Nurse#4 said she worked on 11/23/23, she said there was an incident between Resident #68 and #96, she could not remember the details, but she remembers the police were called.</p> <p>During an interview on 4/19/24 at 10:00A.M., the Social Worker said she returned to work on 11/27/23. She was informed by staff that Residents #68 and #96 had a verbal altercation on 11/23/23, and the police were called. She told the surveyor that she immediately offered them both room transfers and both Residents refused. She said she informed the Director of Nurses about the incident. The Social Worker said that the altercation should have been reported to the Director of Nurses by staff on 11/23/23 so that an investigation could be initiated.</p> <p>During an interview on 4/19/24 at 1:10 P.M., the Director of Nurses said that if an incident happens between two residents, she expects to be called on her personal phone at whatever hour and day by staff. The Director of Nurses said the altercation should have been reported by staff to the Director of Nurses so that an investigation could be initiated immediately. The Director of Nurses said that she could not locate a completed investigation between Resident #68 and #96.</p> <p>48990</p> <p>2. Resident #19 was admitted to the facility in September 2022 with diagnoses including asthma and heart failure.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 1/18/24, indicated that Resident #19 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15.</p> <p>During an interview on 4/18/24 at 8:04 A.M., Resident #19 said when he/she was in the day room, with other residents and staff present, a few months ago the Administrator approached him/her and said he/she needed to go back to his/her room and put on a bra because he/she was dressed inappropriately. Resident #19 said he/she told the Administrator he/she did not want to wear a bra because it is uncomfortable and the Administrator responded saying he/she needed to buy comfortable bras. Resident #19 said the Administrator said he/she needed to be wearing a bra when in common areas. Resident #19 said the Administrator left the day room and yelled at all the staff members sitting at the desk, which is next to the day room, to make sure he/she wears a bra because he/she is dressed inappropriately. Resident #19 said he/she felt humiliated by this, still feels humiliated by it, and doesn't feel comfortable when the Administrator is near her because she fears humiliation again. Resident #19 said sometimes when he/she goes out for special events he/she will wear a bra, but does not usually wish to wear a bra in the common areas because it's his/her home.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/18/24 at 8:15 A.M., CNA #4 said it is Resident #19's choice to not wear a bra. CNA #4 said Resident #19 told her he/she was embarrassed that the Administrator told him/her that he/she needed to wear a bra when in common areas after the encounter that day. CNA #4 said the Administrator was yelling when informing staff that Resident #19 needed to wear a bra and it was inappropriate because other residents and people nearby could hear him yelling. CNA #4 said she heard Resident #19 tell the Administrator that he/she was upset and felt disrespected, and heard the Administrator respond by saying here's the phone, why don't you call and report me?</p> <p>During an interview on 4/18/24 at 8:18 A.M., CNA #5 said after the Administrator told Resident #19 that he/she needed to wear a bra he came out to the nurses' station, which is next to the day room, and was yelling at the staff that they needed to help Resident #19 put a bra on because he/she was not dressed appropriately. CNA #5 said the Administrator was yelling and people around could hear him telling all the staff that Resident #19 was dressed inappropriately and needed to wear a bra. CNA #5 said Resident #19 said he/she was humiliated and only agreed to buy a bra because he/she did not want to be humiliated again. CNA #5 said it is Resident #19's right to choose not to wear a bra and Resident #19 does not wish to wear a bra most times because its more comfortable and it's his/her home.</p> <p>During an interview on 4/18/24 at 8:50 A.M., CNA #4 and CNA #5 said they did not report the incident. Both CNA #4 and CNA #5 said the Administrator was inappropriate but did not report abuse. CNA #4 and CNA #5 said they would have reported it but did not because it was their boss and feared they would be fired. CNA #5 said she did not know where else she could report, and that the sign on the unit with the abuse reporting hotline was just placed on the wall two days ago when the survey began. During this interview, CNA #4 and CNA #5 showed the surveyor a form titled Nurses and C.N.A. Inservice [sic] Continued, dated 4/15/24, indicating:</p> <p>-Conversations regarding dignity need to be had in private at all times. If you notice a resident exposed or dress [sic] inappropriately, please calmly and discreetly remove them from the situation, and speak with them in private as well as get assistance to help you. Conversations like this should never occur in a public area as they can embarrass the resident.</p> <p>CNA #4 and CNA #5 said the administration gave this form to them on Tuesday (4/16/24) and told them they needed to sign it.</p> <p>During an interview on 4/18/24 at 1:53 P.M., the Director of Nursing (DON) said the in-service form referenced by the CNAs was written by her and was dispersed to all staff because she observed staff needing education on resident privacy. The DON said she gave this in-service to the Administrator, who had begun dispersing this education Monday 4/15/24.</p> <p>During an interview on 4/22/24 at 10:54 A.M., the Administrator said two months ago, he had just rounded the floor and noticed the resident was not dressed appropriately. The administrator could not define appropriately dressed to the surveyor. The Administrator said he told a CNA to address the inappropriate dressing. The Administrator said he emailed the Activities Director to follow up on assisting Resident #19 in ordering any clothing he/she needs. The Administrator said residents have the right to preference and choice on how they dress.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/18/24 at 8:59 A.M., Corporate Nurse #1 said Resident #19 does not have to wear a bra if he/she does not want to and the Administrator should never have done that and will be suspended immediately.</p> <p>On 4/18/24 at 8:59 A.M., the surveyor reported allegation to the Director of Nursing (DON). The DON said this is a report of abuse and needs to be reported and investigated. The Director of Nursing said she and the governing body were not aware of this allegation and should have been notified when it occurred.</p>

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43807</p> <p>Based on record review, policy review, and interview for two Residents (#64 and #118) out of 39 sampled residents, the facility failed to complete a notice of intent to transfer/discharge to the hospital. Specifically, the facility failed to notify the residents in writing for the reason of transfer and send a copy to the ombudsman.</p> <p>Findings Include:</p> <p>Review of the facility policy titled Bed Hold, last revised October 2022, indicated the following but not limited to:</p> <p>Policy:</p> <p>-It is the policy of the facility to provide the resident, responsible party or legal representative with notice of the facilities bed-hold policy upon admission and at the time of transfer or therapeutic leave from the facility to ensure continuity of care and residents post therapeutic leave or hospitalization .</p> <p>Procedure:</p> <p>-Prior to transfer, therapeutic leave or acute transfer(or as soon as practicable), the facility will provide the resident and/or their representative a written notice that includes:</p> <ol style="list-style-type: none"> a. The duration of the State bed hold policy (Medicaid Residents), is any, which the resident is permitted to return to the facility to their bed and room if applicable. b. The reserve bed payment policy of the state if any. c. Facility policy regarding bed-hold periods permitting residents to return. <p>1. Resident #64 was admitted to the facility in October 2023 with diagnoses including diabetes mellitus and severe obesity.</p> <p>A review of the Minimum Data Set (MDS) assessments dated 3/1/24, and 3/8/24 and 2/14/24 did not indicate a completed Brief Interview for Mental Status (BIMS) score. A review of the MDS dated [DATE] indicated a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15 indicating intact cognition.</p> <p>A review of the census list indicated the following:</p> <p>*Resident was transferred out to the hospital on 3/1/24 and returned on 3/8/24.</p> <p>*Resident was transferred out to the hospital on 4/7/24 and returned on 4/8/24.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the electronic medical record did not indicate any progress notes indicating that written notices of transfer were provided to the Resident and a copy mailed out to the ombudsman on 3/1/24 and 4/7/24.</p> <p>Further review of the chart did not indicate any filed copies of written notices of transfers dated 3/1/24 and 4/7/24.</p> <p>During an interview on 4/19/24 at 12:00 P.M., the Social Worker said all the written notices of transfers are supposed to be filed in the chart after they are given to the Resident and mailed out to the ombudsman. She said if the notices are not filed in the chart, they were not provided to the Resident.</p> <p>45343</p> <p>2. Resident #118 was admitted to the facility in January 2024 with diagnoses including Type 2 diabetes mellitus, depression, and anxiety disorder.</p> <p>Review of the Minimum Data Set assessment dated [DATE] indicated Resident #118 is cognitively intact.</p> <p>Review of Resident #118's clinical record indicated he/she was transferred to the hospital on 4/14/24.</p> <p>During an interview on 4/18/24 at 11:03 A.M., Resident #118 said he/she did not receive any paperwork prior to being discharged to the hospital.</p> <p>Additional review of the clinical record failed to indicate the facility provided Resident #118 with a transfer/discharge notice as required.</p> <p>During an interview on 4/19/24 at 12:00 P.M., the Social Worker said notice of transfer should be provided by Social Services each time the resident leaves the building to go to the hospital. And a copy should be filed in the resident's chart and faxed to the Ombudsman.</p> <p>During an interview on 4/19/24 at 1:30 P.M., the Director of Nursing said nursing staff are responsible for completing the discharge/transfer notice and providing it to the resident.</p>

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>48990</p> <p>Based on observation, record review, and interview, the facility failed to identify and complete a Significant Change in Status (SCSA) Minimum Data Set assessment (MDS) for one Resident (#144), who elected to receive hospice care services, out of a total sample of 39 residents.</p> <p>Findings include:</p> <p>Review of the MDS 3.0 Resident Assessment Instrument (RAI) Manual, dated October 2019, indicated a SCSA comprehensive assessment must be completed by the end of the 14th calendar day following determination that a significant change has occurred.</p> <p>Resident #144 was admitted to the facility in July 2023 with diagnoses including dementia and adult failure to thrive.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 3/1/24, indicated that Resident #144 was rarely/never understood and that his/her cognitive skills were severely impaired.</p> <p>Review of the active physician's orders indicated Resident #144 initiated Hospice Services as of March 6, 2024.</p> <p>Review of the nursing progress note, dated 3/6/24, indicated Resident #144 had been admitted to hospice effective today 3/6/2024.</p> <p>During an interview on 4/17/24 at 7:39 A.M., the MDS Nurse said when a resident is admitted to hospice services a significant change in status MDS assessment is required to be completed within 14 days. The MDS nurse said Resident #144 was not on hospice during the previous MDS assessment and a significant change in status MDS assessment should have been completed after he/she was admitted to hospice services on 3/6/24, but it was not done.</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>45984</p> <p>Based on observation, interview, and record review the facility failed to accurately code the Minimum Data Set (MDS) assessment for four Residents (#59, #144, #98, and #103) out of a total sample of 39 Residents. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> 1. Accurately code the preferred language for Resident #59 2. Accurately code hospice services for Resident #144. 3. Accurately document the presence of a contracture (an abnormal and usually permanent shortening of a muscle, resulting in distortion or deformity; stiffness of the joints that causes deformity and prevents full extension) for Resident #98. 4a. Accurately document the presence of a contracture for Resident #103. 4b. Accurately document the administration of an antipsychotic medication for Resident #103. <p>Findings include:</p> <ol style="list-style-type: none"> 1. Resident #59 was admitted to the facility in September 2013 with diagnoses including hemiplegia of the left side and cerebral infarction. <p>Review of Resident #59's most recent Minimum Data Set Assessment (MDS) indicated that the Resident had a Brief Interview for Mental Status score of 14 out of a possible 15 indicating intact cognition. Further review of the MDS indicated that Resident #59's preferred language was coded as Italian.</p> <p>During an interview on 4/17/24 at 9:00 A.M., the surveyor attempted to speak with Resident #59. Resident #59 was unable to speak in English, during the interview he/she was able to say, No English, Spanish.</p> <p>During an interview on 4/17/24 at 10:54 A.M., the Activities Director said Resident #59 speaks Spanish and does not speak Italian.</p> <p>During an interview on 4/18/24 at 10:10 A.M., Social Worker #1 said Resident #59 speaks Spanish and not Italian.</p> <p>During an interview on 4/18/24 at 11:22 A.M., the MDS Nurse said she obtains MDS information about the residents through hospital discharge paperwork, resident, staff and family interviews, staff documentation and previous MDS assessments. When asked what language Resident #59 speaks, she said Italian.</p> <p>During an interview on 4/18/24 at 11:46 A.M., the MDS nurse said she made a mistake, and that Resident #59 speaks Spanish and his/her MDS was inaccurately coded.</p> <p>48990</p> <p>(continued on next page)</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Resident #144 was admitted to the facility in July 2023 with diagnoses including dementia and adult failure to thrive.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 3/1/24, indicated that Resident #144 was rarely/never understood and that his/her cognitive skills were severely impaired. This MDS also indicated Resident #144 was receiving hospice services.</p> <p>Review of the active physician's orders indicated Resident #144 initiated Hospice Services as of March 6, 2024.</p> <p>Review of the nursing progress note, dated 3/6/24, indicated Resident #144 had been admitted to hospice effective today 3/6/202.</p> <p>During an interview on 4/17/24 at 7:39 A.M., the MDS Nurse said the 3/1/24 MDS was coded incorrectly because Resident #144 not admitted to hospice until 3/6/24, which was 5 days after.</p> <p>49880</p> <p>3. Review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual, updated October 2023, indicated that functional limitation in range of motion is defined as the limited ability to move a joint that interferes with daily functioning, particularly activities of daily living or places the resident at risk for injury. The RAI manual also indicated that functional limitation of the upper extremity included the shoulder, elbow, wrist, and fingers.</p> <p>Resident #98 was admitted to the facility in November 2019 with diagnoses that included injury at C4 level of the cervical spine, lack of coordination, neuralgia, chronic pain, repeated falls.</p> <p>Review of Resident #98's most recent Minimum Data Set (MDS) Assessment, dated 1/4/24, indicated a Brief Interview for Mental Status (BIMS) score of 11 out of 15 indicating that Resident #98 had moderate cognitive impairment. The MDS further indicated that Resident #98 required partial/moderate assistance for personal hygiene and substantial/ max assistance for showering/ bathing.</p> <p>The MDS Assessment failed to indicate that Resident #98 had functional limitations in range of motion of the upper extremity.</p> <p>On 4/16/24 at 8:21 A.M., the surveyor observed Resident #98's left hand. Resident #98 was unable to open his/her hand, and could not extend his/her third, fourth or fifth fingers at all.</p> <p>During an interview and observation on 4/18/24 at 10:55 A.M., the Director of Rehab said that Resident #98 has a contracture to his/her left hand.</p> <p>During an interview on 4/19/24 at 11:11 A.M., the Director of Nurses (DON) said that she would expect a contracture to be accurately coded on the MDS Assessment as Resident #98 having functional limitations in range of motion of the upper extremity.</p> <p>During an interview on 4/19/24 at 12:32 P.M., the MDS Nurse said that Resident #98's contracted hand should be coded as an impairment to one side of the upper extremities since it causes functional limitations in range of motion but was not.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4a. Resident #103 was admitted to the facility in July 2023 with diagnoses that included hemiplegia and hemiparesis following cerebral infarction, lack of coordination, abnormalities of gait and mobility.</p> <p>Review of Resident #103's most recent MDS assessment, dated 3/21/24, indicated that he/she was unable to participate in the Brief Interview for Mental Status Exam and was assessed by staff as having moderate cognitive impairment. The MDS Assessment further indicated that Resident #103 is dependent for Activities of Daily Living (ADLs).</p> <p>The MDS failed to indicate a functional limitation for range of motion of the upper extremities.</p> <p>On 4/16/24 at 10:05 A.M., the surveyor observed Resident #103 sitting in his/her wheelchair in their room. Resident #103's right hand was observed to be contracted. Resident #103 was unable to open the hand or extend fingers when asked.</p> <p>During an interview and observation on 4/18/24 at 11:00 A.M., the Director of Rehab said that Resident #103 has a contracture to his/her right hand which had most recently been evaluated in October 2023 by therapy services.</p> <p>During an interview on 4/19/24 at 10:16 A.M., Nurse #6 said that Resident #103 has impaired range of motion from a contracture in his/her right hand.</p> <p>During an interview on 4/19/24 at 11:11 A.M., the Director of Nurses (DON) said that she would expect a contracture to be accurately coded on the MDS Assessment as Resident #103 having functional limitations in range of motion of the upper extremity.</p> <p>During an interview on 4/19/24 at 12:32 P.M., the MDS Nurse said that Resident #130 ' s contracted hand should be coded as an impairment to one side of the upper extremities since it causes functional limitations in range of motion but is not.</p> <p>4b. Review of the RAI Manual dated as revised October 2023 indicated coding instructions for section N0450A to code 1, yes if antipsychotics were received on a routine basis only.</p> <p>Review of Resident 103's most Recent MDS Assessment, dated 3/21/24, indicated he/she is prescribed an antipsychotic medication.</p> <p>Review of Section N0450A of the MDS failed to indicate that Resident #103 received an antipsychotic medication on a routine basis.</p> <p>Review of Resident #103's active physician's orders indicated an order, dated 9/6/23, for Olanzapine (an antipsychotic medication) 2.5 milligrams, give two tablets at bedtime.</p> <p>Review of Resident #103's March 2024 Medication Administration Record indicated that Resident #103 received antipsychotic medication every day as ordered.</p> <p>During an interview on 4/19/24 at 11:11 A.M., the Director of Nurses said she would expect accurate MDS coding related to a resident receiving an antipsychotic medication.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43846</p> <p>Based on record review, observations and interviews, the facility failed to ensure resident centered care plans were implemented and/or developed for seven Residents (#60, #92, #5, #142, #103, #96 and #85) out of a total sample of 39 residents. Specifically,</p> <ol style="list-style-type: none"> 1. For Resident #60, the facility failed to implement his/her right hand grip splint. 2a. For Resident #92, the facility failed to implement supervision with meals. 2b. For Resident #92, the facility failed to implement booties to his/her bilateral feet while in bed. 3. For Resident #5, the facility failed to implement the plan of care for falls. 4. For Resident #142, the facility failed to develop a plan of care for pain. 5. For Resident #103, the facility failed to develop a plan of care for a contracture. 6. For Resident #96, the facility failed to develop a history of alcohol abuse care plan. 7a. For Resident #85, the facility failed to develop a history of alcohol abuse care plan. 7b. For Resident #85, the facility failed to develop a personalized foreign language communication care plan. <p>Findings include:</p> <ol style="list-style-type: none"> 1. Resident #60 was admitted to the facility in September 2021 with diagnoses that included dementia, dysphagia and anxiety. <p>Review of Resident #60's most recent Minimum Data Set (MDS) assessment, dated 2/15/24, indicated he/she was assessed by nursing staff to have severe cognitive impairments. Further review of the MDS indicated the Resident is dependent on staff for activities of daily living.</p> <p>On 4/16/24 at 7:55 A.M., the surveyor observed the Resident in bed without a splint on his/her right hand.</p> <p>On 4/17/24 at 7:26 A.M., the surveyor observed the Resident in bed without a splint on his/her right hand.</p> <p>On 4/18/24 at 7:31 A.M., the surveyor observed the Resident in bed without a splint on his/her right hand.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #60's physician orders, dated 9/7/23, indicated right hand grip splint: remove in AM with ADL care, inspect skin. Splint to be removed prior to getting in wheelchair.</p> <p>Review of Resident #60 at risk for pressure ulcers care plan, dated 11/28/23, indicated right hand grip splint: remove in AM with ADL (activities of daily living) care, inspect skin. Splint to be removed prior to getting in wheelchair every day.</p> <p>During an interview on 4/18/24 at 11:24 A.M., Certified Nurse Aide (CNA) #7 said he cares for Resident #60 a lot on the day shift and said the Resident does not receive morning ADL care until after breakfast which is normally around 9:00 A.M CNA #7 said he has not seen the Residents' hand splint in a long time.</p> <p>During an interview on 4/18/24 at 11:29 A.M., Unit Manager #1 said Resident #60 does have an order to have a right hand splint on and said it should be in his/her hand until he/she gets out of bed.</p> <p>45343</p> <p>2a. Review of the facility policy titled Activities of Daily Living, revised October 2022, indicated:</p> <ul style="list-style-type: none"> - Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADL's). - Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal hygiene. <p>Procedure:</p> <ul style="list-style-type: none"> -2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: <ul style="list-style-type: none"> a. hygiene (bathing, dressing, grooming, and oral care) d. dining (meals and snacks) <p>Resident #92 was admitted to the facility in December 2022 with diagnoses including Alzheimer's disease, abnormal weight loss, atrophic wasting of tissue (disorder of the skin), and pressure induced deep tissue damage of left heel.</p> <p>Review of Resident #92's most recent Minimum Data Set (MDS) assessment dated [DATE], indicated he/she was assessed by nursing staff to have severe cognitive impairments. Further review of the MDS indicated that Resident #92 required supervision/touching assistance of one staff member for eating.</p> <p>On 4/17/24 at 7:44 A.M., 4/18/24 at 7:54 A.M., 8:06 A.M., and 1:25 P.M., and 4/19/24 at 7:53 A.M., Resident #92 was observed eating in his/her room. There were no staff present to provide supervision or assistance.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a record review on 4/17/24 at 9:46 A.M., Resident #92's care plan last updated on 4/16/24 indicated the following: Eating: Supervision/Touching.</p> <p>Review of Resident #92's active Certified Nursing Assistant Kardex (a form indicating level of assistance a resident requires) indicated the following: Eating: supervision/touching assistance with eating.</p> <p>During an interview on 4/19/24 at 10:47 A.M., Certified Nursing Assistant (CNA) #5 said Resident #92 should be supervised with all meals.</p> <p>During an interview on 4/22/24 at 6:45 A.M., the Director of Nursing said a staff member should be present at all times during meals to provide supervision and assistance to Resident #92 as per their plan of care.</p> <p>2b. Resident #92 was admitted to the facility in December 2022 with diagnoses including Alzheimer's disease, abnormal weight loss, atrophic wasting of tissue (disorder of the skin), and pressure induced deep tissue damage of left heel.</p> <p>Review of Resident #92's most recent Minimum Data Set (MDS) assessment dated [DATE], indicated he/she was assessed by nursing staff to have severe cognitive impairments. Further review of the MDS indicated that Resident #92 is dependent on staff for activities of daily living.</p> <p>On 4/16/24 at 9:22 A.M., 4/17/24 at 9:46 A.M., 4/18/24 at 7:14 A.M., and 10:10 A.M., and 4/19/24 at 7:24 A.M., Resident #92 was observed lying in bed without booties on his/her feet.</p> <p>During a record review on 4/17/24 at 7:29 A.M., Resident #92's care plan last updated on 4/18/24 indicated the following: blue booties on bilateral feet while in bed. Keep heels offloaded while in bed of chair.</p> <p>Review of Resident #92's active Certified Nursing Assistant Kardex (a form indicating level of assistance a resident requires) indicated the following: Dressing: Blue booties on bilateral feet while in bed. Keep heels offloaded while in bed of chair.</p> <p>During an interview on 4/19/24 at 10:47 A.M., Certified Nursing Assistant (CNA) #5 said Resident #92 should have their booties on when in bed to protect his/her skin.</p> <p>During an interview on 4/22/24 at 6:47 A.M., the Director of Nursing said the booties should be applied to Resident #92 as ordered and documented in a nursing note if he/she is not tolerating them.</p> <p>Review of the medical record failed to indicate Resident #92 is not tolerating bilateral lower extremity booties.</p> <p>49880</p> <p>3. Resident #5 was admitted to the facility in December 2014 with diagnoses that include hemiplegia and hemiparesis, dementia and chronic pain.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #5's most recent Minimum Data Set (MDS) Assessment, dated 2/8/24, indicated a Brief Interview for Mental Status (BIMS) score of 6 out of 15 indicating that Resident #5 has severe cognitive impairment. The MDS Assessment further indicates that Resident #5 is dependent on staff for Activities of Daily Living (ADLS).</p> <p>On 4/16/24 at 8:13 A.M., 4/17/24 at 7:30 A.M. and 11:25 A.M., and 4/18/24 at 7:07 A.M., Resident #5 was observed lying in bed without floor mats in place.</p> <p>Review of Resident #5's fall risk care plan, dated 1/16/24, indicated that the following safety devices should be in place: low bed, floor mat(s), anti-roll back device on wheelchair and anti-tippers on wheelchair.</p> <p>During an interview on 4/18/24 at 12:57 P.M., Unit Manager #1 said she would expect that floor mats were in place per the plan of care for Resident #5.</p> <p>During an interview on 4/18/24 at 11:10 A.M., the Director of Nurses (DON) said that she would expect fall mats were in place per the plan of care for Resident #5.</p> <p>During an interview on 4/22/24 at 8:59 A.M., Certified Nursing Assistant (CNA) #8 said that he takes care of Resident #5 often. CNA #8 said that Resident #5 does not have fall mats in his/her room.</p> <p>4. Resident #142 was admitted to the facility in April 2023 with diagnoses that include osteoarthritis to left and right hand, joint pain, chronic pain and cerebrovascular accident.</p> <p>Review of Resident #142's most recent Minimum Data Set (MDS) Assessment, dated 1/18/24, indicated a Brief Interview for Mental Status (BIMS) score of 12 out of 15 indicating that Resident #142 had moderate cognitive impairment.</p> <p>During an observation and interview on 4/16/24 at 8:06 A.M., Resident #142 was observed rubbing his/her hands together and moaning. Resident #142 said that he/she has a lot of pain in his/her hands from arthritis. Resident #142 said that his/her hands hurt all the time.</p> <p>Review of Resident #142's physician's orders indicated the following:</p> <ul style="list-style-type: none"> - Gabapentin (a medication used to treat certain types of pain) 400 milligrams daily at 12:00 P.M., dated 1/31/24. - Gabapentin 600 milligrams twice daily, morning and night, dated 1/30/24. - Tylenol 650 milligrams every 6 hours as needed for pain, dated 8/29/23. <p>Review of Resident #142's active care plans failed to indicate a plan of care for pain management.</p> <p>During an interview on 4/17/24 at 9:43 A.M., Nurse #6 said that Resident #142 has pain in his/her hands due to arthritis and he/she takes medication for it.</p> <p>During an interview on 4/18/24 at 12:49 A.M., Unit Manager #1 said that Resident #142 should have a care plan in place to address pain management.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Resident #103 was admitted to the facility in July 2023 with diagnoses that include hemiplegia and hemiparesis following cerebral infarction, lack of coordination, abnormalities of gait and mobility.</p> <p>Review of Resident #103's most recent MDS assessment, dated 3/21/24, indicated he/she was unable to participate in the Brief Interview for Mental Status Exam and was assessed by staff as having moderate cognitive impairment. The MDS Assessment further indicated that Resident #103 is dependent for Activities of Daily Living (ADLs).</p> <p>On 4/16/24 at 10:05 A.M., the surveyor observed Resident #103 sitting in his/her wheelchair in resident room. Resident #103's right hand was observed to be contracted. Resident #103 was unable to open his/her hand or extend fingers when asked.</p> <p>During an interview and observation on 4/18/24 at 11:00 A.M., the Director of Rehab said that Resident #103 has a contracture to his/her right hand.</p> <p>During an interview on 4/19/24 at 10:16 A.M., Nurse #6 said that Resident #103 has impaired range of motion from a contracture in his/her right hand.</p> <p>During an interview on 4/19/24 at 10:20 A.M., Unit Manager #1 said she would expect that a plan of care be in place for to address the management of a contracture for Resident #103.</p> <p>During an interview on 4/19/24 at 11:12 A.M., the Director of Nurses (DON) said that she would expect a plan of care in place for Resident #103 to address the management of a contracture.</p> <p>43807</p> <p>Review of the facility policy titled 'Substance Use-Illicit' with a revision date of January 2023 indicated the following:</p> <p>- The facility is responsible to provide quality skilled nursing care in a safe and healthy environment. We acknowledge that residents admitted to our facility may have drug dependency and alcoholism which can cause significant concerns to our residents, visitors and employees.</p> <p>6. Resident #96 was admitted to the facility in April 2021 with diagnoses including bipolar disorder and a history of alcohol abuse.</p> <p>Review of Resident #96's Minimum Data Set (MDS) assessment dated [DATE], indicated a Brief Interview for Mental Status (BIMS) score of 11 out of a possible 15 which indicates moderate cognitive impairment.</p> <p>A review of the Resident's careplan did not indicate a personalized history of an alcohol abuse care plan.</p> <p>During an interview on 4/18/24 at 8:09 A.M., the Social Worker said Resident #96 should have a personalized history of alcohol abuse care plan developed with personalized interventions.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/18/24 at 12:28 PM, the Behavioral Program Director said residents with a history of alcohol abuse should have personalized care plans and interventions because the triggers to drink alcohol are always present.</p> <p>7a. Resident #85 was admitted to the facility in April 2023 with diagnoses including a traumatic brain injury, and tobacco abuse and dependence.</p> <p>Review of Resident #85's Minimum Data Set (MDS) assessment dated [DATE], indicated a Brief Interview for Mental Status (BIMS) score of 10 out of a possible 15 which indicated moderate cognitive impairment.</p> <p>Review of the most recent Nurse Practitioner note dated 4/3/24 indicated the following:</p> <p>- Social History- Resident has a history of ETOH (alcohol) abuse, referred to us because of homelessness to undergo rehab and placement.</p> <p>A review of the Resident's careplan did not indicate a personalized history of an alcohol abuse care plan.</p> <p>During an interview on 4/18/24 at 8:09 A.M., the Social Worker said Resident #85 should have a personalized history of alcohol abuse care plan developed with personalized interventions.</p> <p>During an interview on 4/18/24 at 12:28 PM, the Behavioral Program Director said residents with a history of alcohol abuse should have personalized care plans and interventions because the triggers to drink alcohol are always present.</p> <p>7b. A review of the facility policy titled Interpreter Services with a revision date of January 2023 indicated the following:</p> <p>-The resident's primary language shall be documented in the medical record. Use of interpreter services and provision of translated vital documents or oral translation of all vital documents to residents shall be documented and placed in the resident's medical record.</p> <p>Resident #85 was admitted to the facility in April 2023 with diagnoses including a traumatic brain injury, and tobacco abuse and dependence.</p> <p>A review of the Minimum Data Set (MDS) assessment dated [DATE] indicated a Brief Interview for Mental Status (BIMS) score of 10 out of a possible 15 which indicated moderate cognitive impairment.</p> <p>Further review of the MDS assessments dated 1/4/24 and 10/5/23 indicated that the Resident speaks Spanish and would prefer an interpreter.</p> <p>On 4/16/24 at 9:05 A.M., the surveyor observed the Resident in his/her room. He/she initiated a conversation in Spanish with the surveyor.</p> <p>On 4/17/24 at 8:04 A.M., the surveyor observed the Resident in his/her room. He/she initiated a conversation in Spanish with the surveyor.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview and observation on 4/22/24 at 8:46 A.M., Nurse #3 went into the Resident's room with the surveyor, Nurse #4 told the surveyor that the Resident speaks Spanish only. Nurse #3 was observed having difficulty communicating clearly with the Resident.</p> <p>A review of the medical record did not indicate a personalized communication care plan with interventions.</p> <p>During an interview on 4/18/24 at 10:32 A.M., the Social Worker said the Resident is Spanish speaking and he/she should have a personalized communication care plan and interventions developed.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43807</p> <p>Based on observations, interviews and record reviews, the facility failed to revise a care plan for one Resident (#107) out of a sample of 39 Residents. Specifically, the facility failed to update and revise Resident #107's behavior care plan.</p> <p>Findings include:</p> <p>Review of the facility policy titled 'Care Plan Comprehensive' with a revision date of October 2022 indicated the following:</p> <p>-11. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change.</p> <p>Resident #107 was admitted to the facility in May 2020 with diagnoses including Dementia with behavioral disturbance and a history of falls.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment dated [DATE] did not indicate a Brief Interview for Mental Status (BIMS) score because the Resident is rarely understood.</p> <p>On 4/16/24 at 8:59 A.M., the surveyor observed the Resident #107 fully dressed, sitting out of bed on a chair beside the bed. The Resident's room was pitch black and the curtains were drawn. The surveyor could not see the Resident from the hallway.</p> <p>A review of the behavior care plan dated 1/17/24 and revised on 2/8/24 did not indicate that the Resident prefers to sit in a pitch black room with curtains drawn.</p> <p>During an interview on 4/16/24 at 9:05 A.M., Certified Nurse's Assistant (CNA) #11 told the surveyor the Resident likes to sit in a pitch-black room, with the curtains drawn, she said the Resident gets very upset if staff turn the light on or try to draw the curtains.</p> <p>During an interview on 4/22/24 at 8:46 A.M., Nurse #3 said the Resident likes to sit in a pitch-black room with the curtains drawn, he said it is very hard to keep an eye on him/her because he/she gets upset when staff turn the lights on or draw the curtains. Nurse #3 said the Resident is currently on antipsychotic medications and his/her careplan indicates a history of falls. He said there should be a care plan developed with interventions on how to work with the Resident when he/she has the lights off and curtains drawn.</p> <p>During an interview on 4/18/24 at 11:40 A.M., the Social Worker said the Resident likes to sit in a pitch-black room, with the curtains drawn, she said the Resident gets upset when staff turn the lights on or draw the curtains. The Social Worker said she needs to revise and update the behavior care plan and add this specific behavior with personalized interventions.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43807</p> <p>Based on observation, record review and interview, the facility failed to meet professional standards of nursing practice for four Residents (#107, #101, #142, and #38) out of a sample of 39 residents. Specifically:</p> <ol style="list-style-type: none"> For Resident #107, (i) The facility failed to regularly notify the Nurse Practitioner after the Resident refused to take his/her prescribed antipsychotic medication. (ii) Notify the Psychiatric Nurse and [NAME] Monitor after the Resident refused to take his/her prescribed antipsychotic medication. For Resident #101, the facility failed to follow the physician's order to contact the medical doctor when a blood sugar value went below the specific levels. For Resident #142, the facility failed to follow physician's orders for an Occupational Therapy (OT) evaluation. For Resident #38, the facility failed to address a malfunctioning suprapubic catheter (a surgically created connection between the urinary bladder and the skin used to drain urine from the bladder) according to professional standards of care. <p>Findings include:</p> <ol style="list-style-type: none"> Resident #107 was admitted to the facility in May 2020 with diagnoses including Dementia with behavioral disturbance and a history of falls. <p>A review of the most recent Minimum Data Set (MDS) assessment dated [DATE] did not indicate a Brief Interview for Mental Status (BIMS) score because the Resident is rarely understood.</p> <p>A review of the Resident's April physician's orders indicated the following:</p> <ul style="list-style-type: none"> - Quetiapine Fumarate 25 milligrams (an antipsychotic medication) give, 1 tablet orally in the evening related to unspecified Dementia, unspecified severity with behavioral disturbance. - Quetiapine Fumarate 50 milligrams, give 50 milligrams by mouth one time a day related to unspecified Dementia with behavioral disturbance. <p>A review of the behavior careplan initiated 1/17/24 indicated the following history:</p> <ul style="list-style-type: none"> -refusal of care and medications, physical abuse towards staff, throwing items at staff, yelling out, argumentative, paranoia, accusatory, wandering, and hard to redirect. <p>A review of the behavior care plan initiated 4/18/24 indicated the following history:</p> <ul style="list-style-type: none"> -Resident likes to sit in a dark room with curtains drawn. <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/22/24 at 10:08 A.M., Nurse #3 said that he works in the facility full time and he knows the Resident very well. He said his/her behaviors have been stable.</p> <p>A review of the Resident's March medication administration record (MAR) indicated the following:</p> <ul style="list-style-type: none"> - The Resident refused to take Quetiapine Fumarate 25 milligrams on 3/12, 3/14, 3/16, 3/17, 3/28 and 3/30. - The Resident refused to take Quetiapine Fumarate 50 milligrams on 3/1, 3/3, 3/5, 3/16, 3/18, 3/21, 3/22, 3/28, 3/29, and 3/30. <p>A review of the Resident's April medication administration record (MAR) indicated the following:</p> <ul style="list-style-type: none"> - The Resident refused to take Quetiapine Fumarate 25 milligrams on 4/4, 4/7, 4/9, 4/11, 4/13, 4/14, 4/16, and 4/18. - The Resident refused to take Quetiapine Fumarate 50 milligrams on 4/4, 4/7, 4/9, 4/11, 4/13, 4/14, 4/16, and 4/18. <p>A review of the Resident's medical record indicated that he/she has a Legal Guardian and a [NAME] monitor. The treatment plan was initiated in July 2023.</p> <p>A review of the March and April electronic medical administration notes indicated that the Nurse Practitioner or the Medical Director were not notified on all the days the Resident refused the antipsychotic medication.</p> <p>Further review of the medical record did not indicate that the [NAME] Monitor and the Psychiatric Nurse were notified that the Resident was refusing to take his/her antipsychotic medication.</p> <p>During an interview on 4/22/24 at 11:50 A.M., Nurse #4 said the Nurse Practitioner should be notified when Residents who do not make their health care decisions refuse to take antipsychotic medications, she said if the Resident has a [NAME] monitor, they should be notified as well.</p> <p>During an interview on 4/22/24 at 11:58 A.M., the Social Worker said Nurses should let her know when residents who have a [NAME] monitor refuse to take their antipsychotics so she can notify the [NAME] monitor.</p> <p>During an interview on 4/19/24 at 8:44 A.M., the Director of Nurses said she expects the Nurse Practitioner or the Medical Director to be notified each time a Resident who has a [NAME] monitor and cannot make their own healthcare decisions refuse to take antipsychotic medications, she said she also expects the [NAME] monitor to be notified so he is aware of the severity of refusal so he can make a decision whether the treatment plan needs to be expanded.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/23/24 at 9:59 A.M., the Psychiatric Nurse said the staff have not reported to her that the Resident is refusing to take his/her antipsychotic medication, she said the Resident is not a candidate for a gradual dose reduction because he/she has a history of psychosis, and reducing the antipsychotics would reduce his/her quality of life. She said she is open to discussing with the Nurse Practitioner and [NAME] Monitor whether the antipsychotic medication needs to be changed from oral to an intramuscular antipsychotic.</p> <p>During an interview on 4/23/24 at 9:54 A.M, the Nurse Practitioner said she has worked in the facility for the past month and no staff member has reached out to her to inform her that the Resident is refusing his/her antipsychotic medication. She expects to be notified so she can work with the [NAME] monitor and the Psychiatric Nurse to determine whether the Resident could benefit from a liquid or intramuscular antipsychotic.</p> <p>During an interview on 4/22/24 at 12:04 P.M., the [NAME] Monitor said the facility has never notified him that the Resident was refusing to take his/her antipsychotic medications. He said the facility should notify him so he can make the decision with the Nurse Practitioner, and the Psychiatric Nurse, whether he needs to go back to court to expand the treatment plan for an intramuscular or liquid antipsychotic or have the Resident hospitalized on the days he/she refuses his/her antipsychotic medications to maintain his/her quality of life.</p> <p>45984</p> <p>2. Resident #101 was admitted to the facility in June 2022 with diagnoses including cerebral infarction and type 2 Diabetes Mellitus.</p> <p>Review of Resident #101's most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated that the Resident #101 had a Brief Interview for Mental Status score of 15 out of a possible 15 indicating intact cognition. Further review of the MDS indicated the Resident requires assistance with activities of daily living and requires insulin injections.</p> <p>Review of Resident #101's Blood Sugar Summary Log indicated that on 4/3/24 at 9:06 A.M., his/her blood sugar levels measured 62.0 mg/dL.</p> <p>Review of Resident #101's physician's order dated 9/5/23 indicated the following:</p> <ul style="list-style-type: none"> - Humalog Solution 100 unit/ml (Insulin Lispro) (a medication used to help control blood sugar levels) - Inject per sliding scale, if: 0-70 = 0 (no insulin) Call MD (medical doctor) subcutaneously (beneath the skin) with meals <p>Review of Resident #101's care plan dated 1/14/24 indicated the following:</p> <ul style="list-style-type: none"> - Focus: Diabetes: potential for hyperglycemia/hypoglycemia (high blood sugar/low blood sugar): Type 2 Diabetes - Interventions: -Administer insulin according to established parameters by physician <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Administer medications as ordered. See Medication administration record. Monitor effectiveness and side effects</p> <p>-Check blood glucose level per physician's order</p> <p>-If Resident #101 exhibits signs/symptoms of hypoglycemia or hyperglycemia, test blood glucose level and follow physician's orders.</p> <p>-Monitor for signs/symptoms of hyper/hypoglycemia</p> <p>Review of Resident #101's Medication Administration Record (MAR) failed to indicate that the physician was notified due to his/her blood sugar being below 70 mg/dL.</p> <p>Further review of Resident #101's medical record failed to indicate that the physician was notified of the Resident's blood sugar being below 70 mg/dL.</p> <p>During an interview on 4/19/24 at 8:46 A.M., the Director of Nursing (DON) said if a physician is notified if should be documented in the resident's chart.</p> <p>During an interview on 4/19/24 at 11:17 A.M., Nurse #4 said physician's orders should always be followed and if the physician needs to be notified it should be done and documented in the resident's chart. Nurse #4 and the surveyor reviewed Resident #101's electronic medical record together and Nurse #4 said there was no documentation that the physician was notified.</p> <p>During an interview on 4/19/24 at 12:37 P.M., the DON and the surveyor reviewed Resident #101's medical record together and she said there was no documentation that the physician was notified of Resident #101's low blood sugar level.</p> <p>49880</p> <p>3. Resident #142 was admitted to the facility in April 2023 with diagnoses that included osteoarthritis to left and right hand, joint pain, and cerebrovascular accident.</p> <p>Review of Resident #142's most recent Minimum Data Set (MDS) Assessment, dated 1/18/24, indicated a Brief Interview for Mental Status (BIMS) score of 12 out of 15 indicating that Resident #142 has moderate cognitive impairment.</p> <p>During an observation and interview on 4/16/24 at 8:06 A.M., Resident #142 was observed rubbing his/her hands together and moaning. Resident #142 said that he/she has a lot of pain in his/her hands from arthritis. Resident #142 said that his/her hands hurt all the time.</p> <p>Review of medical record indicated that a diagnosis of primary osteoarthritis to left and right hand was added on 3/11/24.</p> <p>Review of physician's progress note, dated 3/11/24, indicated a plan for occupational therapy consult due to bilateral hand arthritis with pain, stiffness, tenderness and stiffness.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #142's physician's orders, dated 3/11/24, indicated Occupational therapy consult: bilateral hand arthritis with pain, tenderness and stiffness.</p> <p>Review of Resident #142's most recent Occupational Therapy evaluation provided to the surveyor was dated 7/12/23.</p> <p>During an interview on 4/18/24 at 10:55 A.M., the Director of Rehab (DOR) said that a referral was not received for an Occupational Therapy evaluation for Resident #142. The DOR said the most recent evaluation was completed in July 2023.</p> <p>During an interview on 4/18/24 at 12:40 P.M., Unit Manager #1 said that the order for an occupational therapy evaluation was not communicated to the Rehab department and was not done.</p> <p>45763</p> <p>4. For Resident #38 the facility failed to address a malfunctioning suprapubic catheter (a surgically created connection between the urinary bladder and the skin used to drain urine from the bladder) according to professional standards of care.</p> <p>Review of the facility policy titled Catheter - suprapubic catheter replacement, reviewed January 2023, indicated, but was not limited to, the following:</p> <p>-Deflate foley balloon with 10 mL (milliliter) syringe and remove used tube. If resistance is met, stop and notify the physician.</p> <p>Resident #38 was admitted to the facility in May 2014 with a diagnoses including chronic suprapubic catheter, urinary retention, and paraplegia.</p> <p>Review of the Minimum Data Set (MDS), dated [DATE], indicated that Resident #38 scored an 8 out of 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident had moderate cognitive impairment. Further review of the MDS indicated that Resident #38 was dependent on staff assistance for eating, oral hygiene, toileting hygiene, showering/bathing, dressing, personal hygiene, and bed mobility.</p> <p>Review of Resident #38's most recent medical practitioner progress note indicated Resident #38 had a suprapubic tube/catheter.</p> <p>Review of Resident #38's care plans indicated a care plan for a suprapubic catheter.</p> <p>Review of Resident #38's physician orders indicated the following order:</p> <p>-May change 16 f (French, a measure denoting the size of the catheter) suprapubic catheter when blocked per NP (Nurse Practitioner) as needed for blockage - initiated 3/4/24</p> <p>Review of a nursing progress note, dated 3/4/24, indicated that Resident #38 was being sent to the hospital because his/her suprapubic catheter appeared to be leaking and did not flush well.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the hospital paperwork, dated 3/4/24, indicated that Resident #38 was evaluated for catheter dysfunction. Further review of the hospital paperwork indicated that Resident #38's suprapubic catheter tubing was in place, but cut and tied into a knot.</p> <p>During an interview on 4/22/24 at 7:37 A.M., the Director of Nursing (DON) said that on 3/4/24 Resident #38's suprapubic tube became blocked, and that Unit Manager #1 and Unit Manager #2 were assisting Resident #38's nurse in addressing the blocked catheter. The DON said that the Unit Managers called Nurse #10 for assistance, and that nurse #10 had cut Resident #38's suprapubic tube and tied it into a knot. The DON said that Nurse #10 should not have done that as this was not proper practice/procedure. The DON said that when the Unit Managers felt resistance when attempting to flush the suprapubic catheter that they should have stopped, notified the physician, and sent the Resident to the hospital.</p> <p>During an interview on 4/22/24 at 8:05 A.M., Unit Manager #1 said Resident #38's suprapubic catheter was blocked on 3/4/24. Unit Manager #1 said that she had called the physician who had given an order to replace the suprapubic catheter in the facility in an attempt to avoid sending the Resident to the hospital. Unit Manager #1 said she and Unit Manager #2 were unable to deflate the balloon, which was necessary in order to be able to remove the catheter for replacement, so Unit Manager #2 called Nurse #10 for assistance. Unit Manager #1 said that Nurse #10 then used scissors to cut the catheter in an attempt to deflate the balloon, and since a clamp was not available Nurse #10 tied the tube into a knot. Unit Manager #1 said that when the Unit Managers failed to deflate the balloon they should have called the physician to send the Resident to the hospital.</p> <p>During an interview on 4/22/24 at 8:50 A.M., Nurse #10 said he was brought into Resident #38's room to address an issue with an occluded suprapubic catheter. Nurse #10 said the catheter balloon was unable to be deflated using normal protocols, so he cut the head of the catheter off using scissors in an attempt to deflate the balloon in order to be able to remove the catheter for replacement. Nurse #10 said that after cutting the catheter he was still unable to remove it, and as a clamp was unavailable he had tied the catheter in a knot.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45343</p> <p>Based on observations, record review, interviews and policy review the facility failed to provide assistance with Activities of Daily Living (ADLs), specifically, the facility failed to provide assistance with showers, for one Resident (#102), out of a total sample of 39 residents.</p> <p>Findings Include:</p> <p>Review of the facility policy titled Activities of Daily Living (ADL's), Supporting, revised October 2022, indicated the following:</p> <p>Policy Statement:</p> <ul style="list-style-type: none"> -Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADL's). -Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal hygiene. <p>Policy Interpretation and Implementation:</p> <ul style="list-style-type: none"> -2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: <ul style="list-style-type: none"> a. hygiene (bathing, dressing, grooming, and oral care). <p>Resident #102 was admitted to the facility in March 2021 with diagnoses including Alzheimer's disease, bipolar, obsessive-compulsive disorder, chronic respiratory failure with hypoxia, and repeated falls.</p> <p>Review of Resident #102's most recent Minimum Data Set (MDS) assessment dated [DATE], indicated the Resident had Brief Interview for Mental Status score of 11 out of a possible 15 indicating that he/she has moderate cognitive impairments. Further review of the MDS indicated that Resident #102 requires supervision/touch assistance of one staff member for bathing.</p> <p>During an interview on 4/16/24 at 9:24 A.M., Resident #102 said he/she has not received a shower in two weeks. Resident #102 said his/her shower days are Mondays and Thursdays but he/she has not been assisted with a shower.</p> <p>Review of Resident #102's active Certified Nursing Assistant (CNA) Kardex (a form that shows all resident care needs) indicated Resident #102 required supervision from staff for bathing tasks.</p> <p>Review of the shower schedule for the unit indicated Resident #102 was scheduled to have a shower weekly on Mondays and Thursdays on the 2:45 P.M. to 11:15 P.M. shift.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/19/24 at 10:44 A.M., CNA #5 showed the surveyor the showering schedule that indicated Resident #102 is scheduled for a shower on Mondays and Thursdays. CNA #5 said if a resident refuses care she will let the nurse know and the nurse will document the refusal. CNA #5 was asked if she offered Resident #102 a shower today and she said no.</p> <p>During an interview on 4/19/24 at 1:43 P.M., Unit Manager #1 said if a resident refuses care the CNA should document the refusal and said if she is notified she will document the refusal in a nursing note.</p> <p>During an interview on 4/22/24 at 6:41 A.M., The Director of Nursing (DON) said weekly showers should be provided to all residents Monday through Friday on the residents scheduled shower day. The DON said if the resident refuses care the nurse should be notified and it should be documented in the nurses note and on the activities of daily living (ADL) flow sheet.</p> <p>Review of Resident #102's medical record failed to indicate Resident #102 refused care.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>49880</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure that one Resident (#115) received treatment and care in accordance with professional standards of practice out of a total sample of 39 residents. Specifically, for Resident #115, the facility failed to complete a dressing change in accordance with physician's orders.</p> <p>Findings Include:</p> <p>Resident #115 was admitted to the facility in January 2024 with diagnoses that included dementia, edema, chronic pain, and lack of coordination.</p> <p>Review of Resident #115's most recent annual Minimum Data Set (MDS) Assessment, dated 2/27/24, indicated that he/she was unable to participate in the Brief Interview for Mental Status Exam and was assessed by staff as having moderate cognitive impairment.</p> <p>On 4/16/24 at 8:01 A.M., the surveyor observed Resident #115 in the dining room. Resident #115 had a dressing on his/her left hand that had red, dry stains on the dressing consistent with blood. The dressing was dated 4/15/24.</p> <p>On 4/17/24 at 7:15 A.M., the surveyor observed Resident #115 to have a dressing on his/her left hand that had red, dry stains on the dressing consistent with blood. The dressing was dated 4/15/24.</p> <p>Review of Resident #115's physician's order, dated 4/15/24, indicated skin tear to left hand cleanse with normal saline, apply bacitracin and cover with DPD [dry protective dressing] every day. Monitor for signs and symptoms of infection for 14 days.</p> <p>Review of Resident #115's nurses notes failed to indicate that Resident #115 refused any care or dressing changes on 4/16/24.</p> <p>Review of the April 2024 Treatment Administration Record (TAR) indicated that the dressing was changed on 4/16/24.</p> <p>Review of Resident #115's active skin care plan, dated 4/15/24, indicated that Resident #115 has a skin tear to the left dorsal hand.</p> <p>Review of skin check dated 4/16/24, indicated that Resident #115 has a 5.0 x 7.0-centimeter skin tear on the left dorsal hand.</p> <p>During an interview on 4/17/24 at 11:32 A.M., Nurse #6 said that Resident #115's dressing was not changed on 4/16/24.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/18/24 at 11:25 A.M., the Director of Nurses (DON) said that if there is a daily dressing change order, the expectation is that it is changed. The DON said that if there was a dried red substance on the dressing, consistent with blood, it should have been changed at that time. The DON said if a resident refuses the dressing change, it should be documented on the TAR and in the nurse's progress notes.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>43846</p> <p>Based on observation, record review and interview for one Resident (#136) the facility failed to implement interventions for the prevention and treatment of pressure ulcers out of a total of 39 sampled Residents. Specifically, for Resident #136 the facility failed to set his/her air mattress to the correct setting.</p> <p>Findings include:</p> <p>Resident #136 was admitted to the facility in September 2023 with diagnoses that included dementia, pressure ulcer of sacral region stage 4 and pain.</p> <p>Review of Resident #126's most recent Minimum Data Set (MDS) assessment, dated 1/11/24, indicated he/she scored a 6 out of a possible 15 on the Brief Interview for Mental Status (BIMS) indicated the Resident has severe cognitive impairments. Further review of the MDS indicated he/she has one stage 4 pressure ulcer and is at risk for developing pressure ulcers.</p> <p>On 4/16/24 at 9:55 A.M., the surveyor observed Resident #136 in bed, his/her air mattress was set to 90 lbs.</p> <p>On 4/17/24 at 8:47 A.M., the surveyor observed Resident #136 in bed, his/her air mattress was set to 90 lbs.</p> <p>On 4/18/24 at 7:07 A.M., the surveyor observed Resident #136 in bed, his/her air mattress was set to 90 lbs.</p> <p>On 4/19/24 at 8:55 A.M., the surveyor observed Resident #136 in bed, his/her air mattress was set to 90 lbs.</p> <p>Review of Resident #126's physician orders, dated 8/29/23, indicated low air loss mattress: check setting closest to resident's current weight and mattress functionality.</p> <p>Review of Resident #126's stage 4 pressure ulcer care plan, dated 11/6/23, indicated low air loss mattress: check setting closest to resident's current weight and mattress functionality.</p> <p>Review of Resident #126's medical record indicated on 4/6/24 his/her weight was 128.6 pounds (lbs).</p> <p>During an interview on 4/19/24 at 8:55 A.M., Nurse #4 said Resident #136 has an air mattress and said the mattress should be set to weight per the doctors order. Nurse #4 said Resident #136 has a stage 4 pressure ulcer on his/her sacral region and the air mattress is an intervention for wound management.</p> <p>During an interview on 4/19/24 at 9:46 A.M., the Director of Nurses (DON) said Resident #136 has a chronic pressure ulcer on his/her sacrum and said the air mattress should be set to weight per the doctors order.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43807</p> <p>Based on observation, record review and interview, the facility failed to ensure the environment was free from accident hazards. Specifically, the facility failed to: 1) store smoking materials safely for one Resident (#85) and 2) properly investigate and assess a resident after sustaining a fall resulting in hospitalization for one Resident (#74) out of a total sample of 39 residents.</p> <p>Findings include:</p> <p>A review of the facility policy titled 'Smoking' with a revision date of October 2022 indicate the following:</p> <ul style="list-style-type: none"> -The facility is smoke free, therefore, residents, employees, family members, visitors and others shall not be permitted to smoke inside the building. -Residents are not permitted to hold their smoking materials e.g., cigarettes. <p>Review of the document titled 'Smoking Rules and safety Agreement' with no revision date indicated the following:</p> <ul style="list-style-type: none"> - All smoking is supervised in this facility. - Smoking is permitted in the designated smoking areas and at designated smoking times. - You may not retain your cigarettes, or other smoking materials. <p>Review of the facility policy titled Fall Prevention and Management revised January 2023, indicated the following:</p> <ul style="list-style-type: none"> - Assessment and Procedure: <ul style="list-style-type: none"> - Fall risk assessments will be completed for all residents; initially on admission/readmission, quarterly, significant change and after an identified fall. - As part of the assessment, the nurse will help identify individuals with a history of falls and risk factors for subsequent falling. The staff will record a history of one of more recent falls (for example, within 90 days). Root causes for fall history will be identified. - The staff will: <ul style="list-style-type: none"> - document risk factors for falling in the resident's record and discuss the resident's fall risk - implement goals and interventions with resident/patient/family - Post Fall: <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Eastpointe Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Central Avenue Chelsea, MA 02150	

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Obtain vital signs - obtain neurological checks per policy for any unwitnessed falls or any fall with evidence of injury to head - The nurse will complete an incident report - Resident fall will be evaluated for 72 hours post fall, including vital signs every shift <p>1. Resident #85 was admitted to the facility in April 2023 with diagnoses including a traumatic brain injury, and tobacco abuse and dependence.</p> <p>Review of Resident #85's most recent Minimum Data Set (MDS) assessment dated [DATE], indicated a Brief Interview for Mental Status (BIMS) score of 10 out of a possible 15 which indicated moderate cognitive impairment.</p> <p>On 4/16/24 at 9:05 A.M., the surveyor observed the Resident in bed, a pack of cigarettes was observed in the Resident's bedside drawer. The Resident removed them and showed them to the surveyor.</p> <p>On 4/17/24 at 8:04 A.M., the surveyor observed the Resident in bed, he/she immediately pulled a pack of cigarettes from his/her bedside drawer and showed them to the surveyor.</p> <p>Review of the Resident's smoking care plan initiated on 10/30/2023 indicated the following:</p> <ul style="list-style-type: none"> - Smoking materials to be held by nursing staff. <p>Review of the facility smoking rules and safety agreement signed by the Resident on 1/29/24 indicated the following:</p> <ul style="list-style-type: none"> - You may not retain your cigarettes or other smoking materials. <p>During an interview and observation on 4/22/24 at 8:46 A.M., both the surveyor and Nurse #3 observed the Resident in bed. The Resident took out a pack of cigarettes from his/her bedside drawer to show both the Nurse and Surveyor. Nurse #3 said Residents should not have cigarettes in their rooms, he said smoking materials should be locked away by staff for safety purposes.</p> <p>During an interview on 4/18/23 at 10:23 A.M., the Social Worker said residents are not supposed to have cigarettes in their rooms. She said smoking materials should be stored and locked by staff for safety purposes.</p> <p>During an interview on 4/18/24 at 10:37 A.M., the Director of Nurses said residents should not have smoking materials in their rooms, all smoking materials should be locked away by staff to provide a safe environment for all residents and staff.</p> <p>45984</p> <p>2. Resident #74 was admitted to the facility in April 2023 with diagnoses including epilepsy, insomnia and alcoholic cirrhosis.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #74's most recent Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #74 had a Brief Interview for Mental Status score of 9 out of a possible 15 indicating moderate cognitive impairment. Further review of the MDS indicated the Resident requires assistance with Activities of Daily Living.</p> <p>Review of Resident #74's nursing progress notes indicated the following:</p> <ul style="list-style-type: none"> - Dated 4/11/24 at 3:05 P.M.: Resident is being sent out to the hospital. He/she was found on the floor next to his/her bed with 1/2 pint of vodka. NP (nurse practitioner) has been notified. - Dated 4/11/24 at 3:48 P.M.: Resident alert and oriented x 3. Resident found by aide on ground of room, near resident's bed. Resident reported feeling no pain/discomfort, resident reported not hitting head. Upon assessment, resident also found with with bottle of unopened alcohol in hand. Neuro checks performed. Resident sent to hospital for further evaluation. Family notified. <p>Review of Resident #74's behavior care plan dated 4/11/24 indicated the following intervention:</p> <ul style="list-style-type: none"> - Monitor resident for target behaviors: ETOH (alcohol) abuse <p>Review of Resident #74's medical record failed to indicate that a fall assessment was completed after the reported fall.</p> <p>Review of Resident #74's incident report for the fall on 4/11/24 indicated that the resident did not go to the hospital when in fact the resident did. The remainder of the report was blank.</p> <p>During an interview on 4/17/24 at 10:46 A.M., Resident #74 said he/she does not remember what happened when he/she fell .</p> <p>During an interview on 4/17/24 at 11:45 A.M., the Director of Nursing (DON) said Resident #74 was inebriated when he/she fell .</p> <p>During an interview on 4/18/24 at 12:24 P.M., the Behavioral Program Director said Resident #74 left the facility to get potato chips, when he/she came back the Resident was inebriated and fell in his/her room.</p> <p>During an interview on 4/19/24 at 10:22 A.M., the DON said an investigation for Resident #74's fall should have been completed. The DON continued to say a fall assessment should have been completed after Resident #74 fell but was not.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45984</p> <p>Based on observation, record review and interview, the facility failed to address the nutrition and hydration status of three Residents (#74, #26 and #38) out of a total sample of 39 residents. Specifically, the facility failed to: 1) address a significant weight change in a timely manner for Resident #74, 2) address a significant weight change in a timely manner and obtain weights for Resident #26 and 3) offer sufficient fluid intake to maintain proper hydration and health for Resident #38.</p> <p>Findings include:</p> <p>Review of the facility policy titled Nutrition At Risk, dated as revised January 2023, indicated the following:</p> <ul style="list-style-type: none"> - Residents who are identified at nutritional risk are placed on the nutrition risk program, which consists of weekly weights (or more frequently if indicated), daily mealtime monitoring, and evaluation for between-meal nourishments (snacks and/or supplements). The resident's plan of care is monitored weekly by the interdisciplinary care team. - Residents with any of the following conditions are considered at nutritional risk: <ul style="list-style-type: none"> - Weight change of 5% in 30 days or 10% in 180 days. - Insidious weight loss over a period of 2 months or more - When a resident is identified at nutritional risk, the following procedure takes place: <ul style="list-style-type: none"> - Weekly or more frequent resident weights are recorded in the Weight record by the nursing staff - The interdisciplinary staff performs daily mealtime monitoring. Problems are communicated to the nutrition professional for follow-up. - The nutrition professional evaluates between-meal nourishment/snacks. - Resident status is discussed at care plan meetings on a weekly basis or when a significant change in condition occurs. - The nutrition professional reviews the list of residents at nutritional risk each week, updating the identification of those residents at risk as needed, and documents this information in the medical record as appropriate. - The nutrition professional records the nutritional intake status and progress of the nutritional plan of care each in the resident's medical record. - The nutrition professional (or other applicable interdisciplinary care team member) updates the care plan with any changes as needed. <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1) Resident #74 was admitted to the facility in April 2023 with diagnoses including epilepsy, insomnia, and alcoholic cirrhosis.</p> <p>Review of Resident #74's most recent Minimum Data Set Assessment (MDS), dated [DATE], indicated that Resident #74 had a Brief Interview for Mental Status score of 9 out of a possible 15 indicating moderate cognitive impairment. Further review of the MDS indicated the Resident requires assistance with all Activities of Daily Living.</p> <p>Review of Resident #74's weight log indicated the following:</p> <ul style="list-style-type: none"> - 1/10/24: 159.5 lbs. (pounds) - 2/2/24: 168 lbs. - 2/6/24: 168 lbs. - 3/5/24 170 lbs. - 3/6/24: 170 lbs. - 4/2/24: 171 lbs. - 4/12/24: 173 lbs. <p>Resident #74 had a significant weight gain of 7.21% in 23 days from 1/10/24 to 2/2/24. Resident #74 continued to have an increase in total body weight through 4/12/24 for a total body weight of 173 lbs.</p> <p>Review of Resident #74's care plan, dated 4/14/24, indicated the following:</p> <ul style="list-style-type: none"> - Focus: The resident has a nutritional problem d/t (due to) hx (history) of significant weight gain, need for therapeutic diet. - Interventions: Provide and serve diet as ordered, Registered Dietitian (RD) to evaluate and make diet change recommendations PRN (as needed), weigh resident per MD (medical doctor) order <p>Review of Resident #74's document titled Mini Nutritional assessment dated [DATE] indicated the following:</p> <ul style="list-style-type: none"> - Resident has no decrease in food intake in the last 3 months. No weight loss in the last 3 months. <p>The Mini Nutrition Assessment failed to identify the significant weight gain from 1/10/24 to 2/2/24.</p> <p>Review of Resident #74's document titled Comprehensive Nutrition assessment dated [DATE] indicated the following:</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Resident #74 presents for annual nutrition assessment. Noted with significant weight gain over six months. RD will follow PRN (as needed).</p> <p>The significant weight gain was not identified until 4/14/24, 72 days since it was documented on the Resident's weight log.</p> <p>During an interview on 4/18/24 at 1:15 P.M., Registered Dietitian #1 said she started working in the facility on March 5, 2024, and works roughly 16-24 hours per week. Registered Dietitian #2 said she began working as a contracted RD for the facility in April and currently works one or two days per week in the facility. RD #1 said there was a lapse in RD coverage in the building for a few weeks and there was no RD working for the facility. RD #1 and RD#2 said they are currently trying to catch up on weighing and assessing all the residents in the building due to not having an RD in the building. They continued to say they are assessing the residents with the highest risk first and will then assess the other residents in the facility as they need to catch up, they said they are starting with identifying significant weight losses in the facility first. RD #1 and RD #2 said the certified nursing assistants obtain the weights and have nursing input them in the electronic medical record. RD #2 said ideally a reweigh would be done within 24-48 hours once a significant weight change is identified and assess the resident within 72 hours. RD #1 and RD #2 said the Mini Nutritional Assessments (MNA) do not focus on significant weight gains, only significant weight losses and focuses more on malnutrition. They further said the MNA does not capture weight gain. RD #2 said she saw Resident #74 on 4/14/24 and ideally should have seen him/her sooner due to the significant weight gain identified on 2/2/24.</p> <p>During an interview on 4/18/24 at 2:18 P.M., the Director of Nursing (DON) said there was no RD employed in the facility from 2/12/24 through 3/4/24 with Registered Dietitian #1 starting on 3/5/24.</p> <p>During an interview on 4/19/24 at 8:33 A.M., the DON said it is a concern that there was no RD available for the facility from 2/12/24 through 3/4/24. She continued to say there should always be one available to assess the nutritional needs of the residents.</p> <p>2) Resident #26 was admitted to the facility in May 2019 with diagnoses including vascular dementia and type 2 Diabetes Mellitus.</p> <p>Review of Resident #26's most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated that the Resident #26 was unable to complete the Brief Interview for Mental Status exam indicating severe cognitive impairment. Further review of the MDS indicated the resident requires substantial/maximum assistance for ADLs.</p> <p>Review of Resident #26's weight log indicated the following:</p> <ul style="list-style-type: none"> - 8/18/23: 191 lbs. (pounds) - 2/28/24: 162 lbs. - 2/28/24: 162 lbs. - 3/5/24: 160.4 lbs. <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- 4/2/24: 158 lbs.</p> <p>From 8/18/23 to 2/28/24, Resident #26 had a significant weight loss of 15.18% in 194 days.</p> <p>Review of Resident #26's physician's orders failed to indicate that there was an order for the Resident to be weighed.</p> <p>No documentation was provided that indicated Resident #26 was weighed from 8/18/23 through 2/28/24.</p> <p>Review of Resident #26's care plan dated 1/15/24 indicated the following:</p> <ul style="list-style-type: none"> - Focus: Resident #26 is at nutritional risk related to DM (diabetes mellitus). Hx (history) of significant weight loss. - Interventions: Educate resident/representative regarding nutritional needs and requirements, modify diet as appropriate according to Resident's food tolerances and preferences, weigh as ordered, review with MD (medical doctor) or RD (registered dietitian) if 5 lbs. weight loss in 30 days, 7.5% in 90 or 10% in 180 days. <p>Review of Resident #26's document titled Mini Nutritional assessment dated [DATE] indicated the following:</p> <ul style="list-style-type: none"> - No weight loss in the last 3 months. Mini Nutrition Score: 11. 8-11 points: At risk for malnutrition. <p>Review of Resident #26's documented titled Comprehensive Nutrition assessment dated [DATE] indicated the following:</p> <ul style="list-style-type: none"> - Per electronic medical record history, he/she lost ~30# (pounds) between August 2023 and February 2024. Since 2/28, he/she seems to be weight stable around 160#. Rt (resident) at nutrition risk given history of significant weight loss, though seems more stable at this time. Will continue to monitor weight trends, and PO (by mouth) intakes. <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/18/24 at 1:15 P.M., Registered Dietitian #1 said she started working in the building on March 5, 2024, and works roughly 16-24 hours per week. Registered Dietitian #2 said she began working as a contracted RD for the facility in April 2024, and currently works one or two days per week in the facility. RD #1 said there was a lapse in RD coverage in the building for a few weeks and there was no RD working for the facility. RD #1 and RD #2 said they are currently trying to catch up on weighing and assessing all the residents in the building due to not having an RD in the building. They continued to say they are assessing the residents with the highest risk first and will then assess the other residents in the facility as they need to catch up, they said they are starting with identifying significant weight losses. RD #1 and RD #2 said the certified nursing assistants obtain the weights and have nursing input them in the electronic medical record. RD #2 said ideally a reweigh would be done within 24-48 hours once a significant weight change is identified and assess the resident within 72 hours. RD #1 and RD #2 said the Mini Nutritional Assessments (MNA) only focus on significant weight loss and malnutrition risk. When asked why Resident #26's MNA did not mention the significant weight loss from 8/18/23 to 2/28/24, RD #1 and #2 said the MNA only look back three months and since the weight loss started prior to the last three months it was not addressed. RD #1 and RD #2 said Resident #26 should have been weighed at least monthly which would have allowed the significant weight loss to be identified sooner and addressed sooner.</p> <p>During an interview on 4/18/24 at 2:18 P.M., the Director of Nursing (DON) said there was no RD employed in the facility from 2/12/24 through 3/4/24 with Registered Dietitian #1 starting on 3/5/24.</p> <p>During an interview on 4/19/24 at 8:33 A.M., the DON said it is a concern that there was no RD available for the facility from 2/12/24 through 3/4/24. She continued to say there should always be one available to assess the nutritional needs of the residents.</p> <p>45763</p> <p>3) Review of the facility policy, titled Hydration, revised January 2023, indicated, but was not limited to, the following:</p> <p>-It is the policy of this facility to ensure residents maintain optimal nutritional and hydration status through assessment and provision of food and fluids according to individual needs, preferences, and goals.</p> <p>Procedure:</p> <p>-The Registered Dietician (sic.) will assess resident's nutritional needs on admission/readmission, quarterly, upon significant change and upon physician/nursing request.</p> <p>- The RD (Registered Dietitian) will make nutritional recommendations including fluid needs based on individual assessment in accordance with evidence based standards of care (American Dietetic Association).</p> <p>-The RD will ensure that fluids provided via the diet and the meal tray meet established needs. Resident's fluid preferences will be honored as much as possible.</p> <p>Resident #38 was admitted to the facility in May 2014 with a diagnoses including dementia, paraplegia, and Parkinson's Disease.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Minimum Data Set (MDS), dated [DATE], indicated that Resident #38 scored an 8 out of 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident had moderate cognitive impairment. Further review of the MDS indicated that Resident #38 was dependent on staff assistance for eating, oral hygiene, toileting hygiene, showering/bathing, dressing, personal hygiene, and bed mobility.</p> <p>Review of Resident #38's incontinence care plan indicated the following intervention:</p> <p>-Offer fluids with and between meals</p> <p>Review of Resident #38's Respiratory care plan indicated the following intervention:</p> <p>-Encourage fluids unless contraindicated.</p> <p>During an interview and observation on 4/18/24 at 9:01 A.M., Resident #38 said I have to practically beg staff to bring me water, and that staff never offer water or drinks to the Resident. The surveyor observed Resident #38's water pitcher, it was on the bedside table, empty, and out of reach of the Resident. Resident #38 said he/she would not be able to reach the water pitcher. Resident #38 asked the surveyor to ask his/her nurse for water.</p> <p>On 4/18/24 at 9:43 A.M., the surveyor observed Resident #38's water pitcher on the bedside table, empty, and out of reach of the Resident.</p> <p>On 4/18/24 at 11:34 A.M., the surveyor observed Resident #38's water pitcher on the bedside table, empty, and out of reach of the Resident.</p> <p>On 4/18/24 at 3:06 P.M., the surveyor observed Resident #38's water pitcher on the bedside table, empty, and out of reach of the Resident.</p> <p>On 4/19/24 at 7:16 A.M., the surveyor observed Resident #38's water pitcher on the bedside table, empty, and out of reach of the Resident.</p> <p>On 4/19/24 at 8:15 A.M., the surveyor observed Resident #38 finishing breakfast. The surveyor then continuously observed Resident #38 from 8:15 A.M., until 12:42 P.M. when the Resident received his/her lunch; the surveyor joined staff when they entered Resident #38's room. Throughout the 6 hour and 27-minute observation the Resident was never offered fluids, or encouraged to consume fluids as care planned and Resident #38's water pitcher remained empty and out of reach.</p> <p>During an interview on 4/19/24 at 12:42 P.M., Resident #38 said he/she was thirsty. Resident #38 said most of his/her daily fluid intake consists of milk sent on his/her meal trays, the Resident says he/she rarely drinks coffee but enjoys drinking water. The Resident said although he/she is capable of asking staff for water/drinks he/she does not because in the past when he/she would ask staff for water/drinks he/she would get attitude so he/she stopped asking. Resident #38 said if staff offered water/drinks he/she would accept it. The only drink observed on Resident #38's lunch tray was four ounces of milk.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/19/24 at 2:26 P.M. Certified Nursing Assistant (CNA) #5 said CNA's offer every resident something to drink and fill their water pitchers after each meal, even if the resident is capable of asking for something to drink on their own. CNA #5 said if a resident needs assistance with drinking the CNA should offer something to drink and then stay with the resident to assist him/her with drinking.</p> <p>On 4/19/24 at 2:29 P.M., the surveyor observed CNA #5 offer water to Resident #38, after the surveyor had brought the concern to the CNA's attention. Resident #38 accepted, and the CNA provided the Resident with a new water pitcher.</p> <p>During an interview on 4/19/24 at 2:32 P.M., Nurse #9 said CNA's should offer water/drinks to all residents after breakfast, including residents who were capable of asking for something to drink. Nurse #9 said Resident #38's careplan interventions including offering fluids between meals and encouraging fluids should be followed. Nurse #9 said Resident #38 was at risk for dehydration as the Resident is on a diuretic, has dementia, requires assistance with activities of daily living and has a suprapubic catheter.</p> <p>During an interview on 4/22/24 at 9:02 A.M., the RD said she would expect all residents to be offered fluid between meals. The RD said Resident #38 was at risk for dehydration and that the Resident had no conditions to contraindicate the staff regularly offering fluids. The RD said that as the Resident was over [AGE] years old that the Resident may have a decreased thirst response, and may not know to ask for fluids. The RD said Resident #38 would not be able to meet his/her fluid needs from the liquids on meals alone, and would require additional fluids between meals.</p> <p>Review of Resident #38's comprehensive nutrition assessment, dated 4/15/24, estimated that in order to meet his/her fluid needs the Resident's would need to consume between 2,560 mL (milliliters) and 2990 mL of fluid per day.</p> <p>Review of Resident #38's physician orders indicated the following order:</p> <p>-House Diabetic Supplement two times a day 237 mL - initiated 3/21/24.</p> <p>Review of Resident #38's meal tickets from 4/15/24 to 4/22/24 indicated Resident #38 received 1,300 mL of fluid per day on his/her meal trays, 709 mL of which were coffee. Review of Resident #38's meal tickets and physician orders indicated the Resident was scheduled to receive a total of 1,774 mL/day, 786 mL less than the lower end of Resident #38's estimated fluid needs.</p> <p>During an interview on 4/22/24 at 11:47 A.M., the Director of Nursing (DON) said she would have expected staff to follow Resident #38's care plan regarding offering fluids between meals and encouraging fluids.</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43807</p> <p>Based on record review and interviews, the facility failed to develop and implement trauma informed care plans for two Residents (#155 and # 84) out of a sample of 39 Residents. Specifically, the facility failed to develop a personalized post-traumatic stress disorder (PTSD) care plan for the Residents.</p> <p>Findings include:</p> <p>A review of the facility policy titled Trauma Informed Care with a revision date of October 2022 indicated the following:</p> <p>-Trauma informed care is an approach to delivering care that involves understanding and recognizing and responding to the effects of all types of trauma.</p> <p>-Procedure</p> <p>(i) Each Resident should be screened for a history of trauma upon admission</p> <p>(ii) The facility social worker or designee should conduct the screening in a private setting</p> <p>(iii) If the screening indicates that the resident has a history of trauma and/or trauma related symptoms, the resident's physician will be notified, and a physician's order will be requested from the resident to be evaluated by a mental health professional who is experienced in working with those exposed to trauma.</p> <p>-Care planning</p> <p>(i) The facility should collaborate with resident trauma survivors, and as appropriate, the resident's family, friends, and any other health care professionals (such as psychologists, mental health professionals) to develop and implement individualized interventions.</p> <p>1. Resident #155 was admitted to the facility in March 2024 with diagnoses including anxiety and post-traumatic stress disorder (PTSD).</p> <p>A review of the most recent Minimum Data Set (MDS) assessment dated [DATE] indicated a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15 indicating intact cognition.</p> <p>Further review of the Minimum Data Set (MDS) assessment indicated a diagnosis of PTSD.</p> <p>A review of the April physician's orders indicated the following:</p> <p>-Fluoxetine HCl oral capsule 20 MG, give 3 capsules by mouth in the morning for PTSD.</p> <p>A review of a psychiatric evaluation dated 4/10/24 indicated the following:</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident has a psychiatric history of PTSD and anxiety disorder.</p> <p>A review of the Resident's careplan did not indicate a PTSD careplan.</p> <p>During an interview on 4/18/24 at 10:16 A.M., the Social Worker said, in addition to the mood care plan, a personalized PTSD care plan should be developed.</p> <p>2. Resident #84 was admitted to the facility in February 2024 with diagnoses including major depressive disorder and post-traumatic stress disorder (PTSD).</p> <p>A review of the most recent Minimum Data Set (MDS) assessment dated [DATE] indicated a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15 indicating intact cognition.</p> <p>Further review of the Minimum Data Set (MDS) assessment indicated a diagnosis of PTSD.</p> <p>A review of a psychiatric evaluation dated 4/10/24 indicated the following:</p> <p>-Resident has a history of PTSD and major depressive disorder.</p> <p>A review of the Resident's careplan did not indicate a PTSD careplan.</p> <p>During an interview on 4/18/24 at 10:16 A.M., the Social Worker said, in addition to the mood care plan, a personalized PTSD care plan should be developed.</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>45343</p> <p>Based on interviews and record review, the facility failed to ensure that sufficient staffing levels were maintained to safely and adequately meet each resident's personal care needs.</p> <p>Finding Included:</p> <p>Review of the facility assessment indicated the following:</p> <p>Staffing Plan:</p> <p>-The grid below depicts staffing patterns when a full census of 195 residents. Nursing, however, flex staff based on census and acuity. Weekday average hours per week are as follows: Licensed registered nurses (RN)/licensed practical nurse (LPN): 7:00 A.M.-3:00 P.M.-256 hours, 3:00 P.M.-11:00 P.M.-200 hours, and 11:00 P.M.-7:00 A.M.-176 hours. Certified nursing assistants (CNA): 7:00 A.M.-3:00 P.M.-160 hours, 3:00 P.M.-11:00 P.M.-144 hours, and 11:00 P.M.-7:00 A.M.-64 hours.</p> <p>- Weekend average hours per week are as follows: Licensed registered nurses (RN)/licensed practical nurse (LPN): 7:00 A.M.-3:00 P.M.-144 hours, 3:00 P.M.-11:00 P.M.-144 hours, and 11:00 P.M.-7:00 A.M.-144 hours. Certified nursing assistants (CNA): 7:00 A.M.-3:00 P.M.-160 hours, 3:00 P.M.-11:00 P.M.-144 hours, and 11:00 P.M.-7:00 A.M.-64 hours.</p> <p>- All staffing is primarily based on the daily census on each unit. Staffing patterns are increased based on acuity and behavior, example being if a resident need one-on-one attention for a period of time or need for two staff members to handle a transfer, such as with a resident that requires A Hoyer lift.</p> <p>During an interview on 4/22/24 at 11:04 A.M., The Administrator said the budgeted hours per patient per day (HPPD) for the facility census is 3.77.</p> <p>Review of the working schedules provided to the surveyor for the first quarter (October, November, and December) as well as the past 30 days, the facility failed to meet the appropriate staffing levels for 122 of 122 days.</p> <p>During an interview on 4/22/24 at 11:09 A.M., the Administrator said staffing is an issue limiting facility admissions.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45343</p> <p>Based on interview, policy review, and in-service documentation review, the facility failed to ensure that the nursing staff received the appropriate competencies and skill sets necessary for the care and treatment of residents. Specifically, the facility failed to 1) ensure annual competencies were completed and documented for three out of five certified nursing assistants (CNAs), and three out of four licensed nurses whose education records were reviewed, and 2) ensure licensed nurses received competencies regarding suprapubic catheter care prior to caring for a resident with a suprapubic catheter.</p> <p>Findings include:</p> <p>According to the Board of Registration in Nursing, 244 CMR 9.00 & 10.00: Standards of Conduct, Definitions and Severability; a competency is defined as the application of knowledge and the use of affective, cognitive, and psychomotor skills required for the role of a nurse licensed by the Board and for the delivery of safe nursing care in accordance with accepted standards of practice.</p> <p>Competency is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.</p> <p>Review of the facility policy titled, Competency of Nursing Staff, last revised [DATE], indicated but was not limited to the following:</p> <ol style="list-style-type: none"> 1. All nursing staff must meet the specific competency requirements of their respective licensure and certification requirements defined by state law. 2. In addition, licensed nurses and nursing assistants employed (or contracted) by the facility will: <ol style="list-style-type: none"> a. participate in facility-specific, competency based staff development and training program; and b. demonstrate specific competencies and skill set deemed necessary to care for the needs of residents, as identified through resident assessments and described in the plan of care 5. Facility and resident-specific competency evaluations will be conducted upon hire, annually and as deemed necessary based on the facility assessment. <p>Review of the Facility Assessment Tool, undated, indicated the following:</p> <p>-All departments have annual competencies completed by the SDC (Staff Development Coordinator) and their respective Department Manager. Any employee who through their actions or by management oversight is determined to require additional training will be provided the education and new competencies completed. Some examples of annual competencies include but are not limited to the following:</p> <p>- G-tube change/care</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - Clean Dressing Change - Medication Administration - Finger stick glucose monitoring - Foley catheter care -Trach care -Mechanical Lifts -CPR/Mock Code -Infection Control -Vital signs -Activities of Daily Living (ADL) <p>The Director of Nursing provided the surveyor with the education files for the CNAs and nurses. Review of the education records for three of five CNAs, and three of four licensed nurses failed to indicate that annual competencies were completed in 2023 or thus far in 2024.</p> <p>During an interview on [DATE] at 11:44 A.M., The Corporate Administrator said it would be the expectation that competencies would be completed yearly to ensure all staff are competent in the care they provide.</p> <p>45763</p> <p>2) Review of the facility policy, titled Competency of Nursing Staff, revised [DATE], indicated, but was not limited to, the following:</p> <ul style="list-style-type: none"> - All nursing staff must meet the specific competency requirements of their respective licensure and certification requirements defined by State Law. - In addition, licensed nurses and nursing assistants employed (or contracted) by the facility will: <ul style="list-style-type: none"> a. participate in a facility-specific, competency-based staff development and training program; and b. demonstrate specific competencies and skill sets deemed necessary to care for the needs of residents, as identified through resident assessments and described in the plans of care. - The staff development and training program is created by the nursing leadership, with input from the medical director, and is designed to train nursing staff to deliver individualized, safe, quality care and services for the residents. <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- The following factors are considered in the creation of the competency-based staff development and training program:</p> <ul style="list-style-type: none"> a. An evaluation of the current program to ensure basic nursing competencies; b. Any gaps in education or training that may be contributing to poor outcomes; c. Specialized skills or training needed based on the resident population <p>- The facility assessment includes an evaluation of the staff competencies that are necessary to provide the level and types of care specific to the resident population.</p> <p>- Facility and resident-specific competency evaluations will be conducted upon hire, annually and as deemed necessary based on the facility assessment.</p> <p>- Facility and resident-specific competency evaluations will include:</p> <ul style="list-style-type: none"> a. Lecture with return demonstration for physical activities; b. a pre-and post-test for documentation issues; c. Demonstrated ability to use tools, devices, or equipment used to care for residents; d. Reviewing adverse events that occurred as an indication of gaps in competency; or e. Demonstrated ability to perform activities that are within the scope of practice an individual is licensed or certified to perform. <p>- Competency demonstrations will be evaluated based on the staff member's ability to use and integrate knowledge and skill obtained in training, which will be evaluated by staff already deemed competent in that skill or knowledge.</p> <p>Review of the facility policy titled Catheter - suprapubic catheter replacement, reviewed [DATE], indicated, but was not limited to, the following:</p> <p>-Deflate foley balloon with 10 mL (milliliter) syringe and remove used tube. If resistance is met, stop and notify the physician.</p> <p>Review of the facility assessment, updated [DATE], indicated the facility offers indwelling or other urinary catheter care. Further review of the facility assessment indicated that all departments (of facility staff) have annual competencies completed by the staff development coordinator and their respective department manager. The facility assessment indicated that all licensed nursing staff should complete catheterization competency annually.</p> <p>Resident #38 was admitted to the facility in [DATE] with diagnoses including chronic suprapubic catheter, urinary retention, and paraplegia.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Minimum Data Set (MDS), dated [DATE], indicated that Resident #38 scored an 8 out of 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident had moderate cognitive impairment. Further review of the MDS indicated that Resident #38 was dependent on staff assistance for eating, oral hygiene, toileting hygiene, showering/bathing, dressing, personal hygiene, and bed mobility.</p> <p>Review of Resident #38's most recent medical practitioner progress note indicated Resident #38 had a suprapubic tube/catheter.</p> <p>Review of Resident #38's physician orders indicated the following order:</p> <p>-May change 16 f (French, a measure denoting the size of the catheter) suprapubic catheter when blocked per NP (Nurse Practitioner) [NAME] Low as needed for blockage - initiated [DATE]</p> <p>Review of Resident #38's care plans indicated a care plan for a suprapubic catheter.</p> <p>Review of a nursing progress note, dated [DATE], indicated that Resident #38 was being sent to the hospital because his/her suprapubic catheter appeared to be leaking and did not flush well.</p> <p>Review of the hospital paperwork, dated [DATE], indicated that Resident #38 was evaluated for catheter dysfunction. Further review of the hospital paperwork indicated that Resident #38's suprapubic catheter tubing was in place, but cut and tied into a knot.</p> <p>During an interview on [DATE] at 7:37 A.M., the Director of Nursing (DON) said that on [DATE] Resident #38's suprapubic tube became blocked, and that Unit Manager #1 and Unit Manager #2 were assisting Resident #38's nurse. The DON said that the Unit Managers called Nurse #10 for assistance, and that nurse #10 had cut Resident #38's suprapubic tube and tied it into a knot. The DON said that Nurse #10 should not have done that as that was not proper practice. The DON said that when the Unit Managers felt resistance when attempting to flush the suprapubic catheter that they should have stopped, notified the physician, and sent the Resident to the hospital. The DON said that after Resident #38 returned from the hospital the hospital called and informed the previous DON about the tied suprapubic catheter, which the DON then addressed at a clinical meeting the following day with a plan to complete suprapubic catheter competencies for all nursing staff. The DON said staff should complete competencies regarding all specific resident care needs prior to working with residents without supervision, and on an annual basis.</p> <p>During an interview on [DATE] at 8:05 A.M., Unit Manager #1 said Resident #38's suprapubic catheter was blocked on [DATE]. Unit Manager #1 said that she had called the physician who had given an order to replace the suprapubic catheter in the facility in an attempt to avoid sending the Resident to the hospital. Unit Manager #1 said she and Unit Manager #2 were unable to deflate the balloon, which was necessary in order to be able to remove the catheter for replacement, so Unit Manager #2 called Nurse #10 for assistance. Unit Manager #1 said that Nurse #10 then cut the catheter in an attempt to deflate the balloon, and since a clamp was not available Nurse #10 tied the tube in a knot. Unit Manager #1 said that when the Unit Managers failed to deflate the balloon they should have called the physician to send the Resident to the hospital. Unit Manager #1 said she had not received catheter care education or competency prior to the event, or after the event.</p> <p>(continued on next page)</p>

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 8:50 A.M., Nurse #10 said he was brought into Resident #38's room to address an issue with an occluded suprapubic catheter. Nurse #10 said the catheter balloon was unable to be deflated using normal protocols, so he cut the head of the catheter off in an attempt to deflate the balloon in order to be able to remove the catheter for replacement. Nurse #10 said that after cutting the catheter he was still unable to remove it, and as a clamp was unavailable he had tied the catheter in a knot. Nurse #10 said he was still in the process of orientation at the time of the event and had not received competency or education regarding catheter care prior to the event, or after the event.</p> <p>The facility was unable to provide evidence that Unit Manager #1, Unit Manager #2, or Nurse #10 completed competencies regarding catheter care.</p>

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>45343</p> <p>Based on record review and interview, the facility failed to complete annual Certified Nurse Aide (CNA) performance reviews for three of six sampled CNA's.</p> <p>Findings include:</p> <p>During the review of six CNA employee records on 4/22/24 at 8:17 A.M., the Surveyor noted that three of six sampled CNA's did not receive annual performance reviews.</p> <p>During an interview with the Corporate SDC (staff development coordinator) on 4/22/24 at 11:50 A.M., the above concerns were reviewed. The SDC said performance reviews should be completed on an annual basis around the time of the employees anniversary hire date and should be kept in the employees file.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45343</p> <p>Based on record review, policy review and interviews, the facility failed to ensure psychotropic medications were re-evaluated after 14 days of use for one Resident (#40) out of a total sample of 39 Residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled Psychotropic Medication, 10/22, indicated the following:</p> <p>Policy:</p> <p>Physicians and mid-level providers will use psychotropic medications appropriately working with the interdisciplinary team to ensure appropriate use, evaluation and monitoring.</p> <p>Procedure:</p> <p>12. Residents should not receive PRN (as needed) doses of psychotropic medications unless that medication is necessary to treat a specific condition that is documented in the clinical record.</p> <p>13. The need to continue PRN orders for psychotropic medications beyond 14 days requires that the practitioner document the rationale for the extended order. The duration of the PRN order will be indicated in the order.</p> <p>14. PRN orders for antipsychotic medications will not be renewed beyond 14 days unless the healthcare practitioner has evaluated the resident for the appropriateness of that medication.</p> <p>Resident #40 was admitted to the facility in February 2024 with diagnoses that included pneumonia, anxiety disorder and depression.</p> <p>Review of Resident #40's most recent Minimum Data Set (MDS), dated [DATE], indicated the Resident had a Brief Interview for Mental Status (BIMS) assessment score of 14 out of a possible 15, which indicated he/she is cognitively intact.</p> <p>Review of Resident #40's physician orders indicated the following:</p> <p>-Ativan (Lorazepam) (an anti-anxiety medication) oral tablet 0.5 MG (milligrams) *Controlled Drug*. Give 1 tablet by mouth as needed for anxiety, may give 1 PRN nightly (past 6 P.M.)</p> <p>The Lorazepam order failed to indicate an end date.</p> <p>During an interview on 4/19/24 at 9:42 A.M., The Director of Nursing said if a resident has an as needed (PRN) psychotropic medication order there needs to be a stop date and continued use of the medication needs to be re-evaluated by a physician every 14 days to continue.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45984</p> <p>Based on observation, record review, interview and policy review the facility failed to ensure medications were stored as required for one Resident (#74), out of a total of 39 sampled residents and ensure staff stored drugs and biologicals in accordance with State and Federal laws. Specifically:</p> <ol style="list-style-type: none"> 1. The facility failed to ensure that medication was not left at the bedside for Resident #74 while unsupervised by staff. 2. The facility failed to ensure medications were labeled (date opened) and stored according to manufactures guidelines (refrigerated) on two of four sampled medication carts and two of two sampled medication rooms. <p>Findings include:</p> <p>Review of the facility policy titled Medication Administration revised and dated [DATE] indicated the following:</p> <ul style="list-style-type: none"> - The Director of Nursing will supervise and direct all nursing personnel who administer medications and/or have related functions. - Medications must be administered in accordance with the orders, including any required timeframe. - The individual administering the medication must document in the resident's MAR/EMAR after giving each medication and before administering the next ones. - The individual administering the medication will record in the resident's medical record: reason(s) why a medication was withheld, not administered, or refused (if applicable) <p>Review of facility policy titled, Medication Storage dated as revised ,d+[DATE], indicated:</p> <ul style="list-style-type: none"> - Medications will be stored in an orderly, organized manner in a clean area. -Medications will be stored in the original, labeled containers received from the pharmacy. -Expired, discontinued and/or contaminated medications will be removed from the medication storage areas and disposed of in accordance with facility policy. -Multi-dose vials which have been opened or accessed (e.g., needle-punctured) should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. <p>1. Resident #74 was admitted to the facility in [DATE] with diagnoses including epilepsy, insomnia, and alcoholic cirrhosis.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #74's most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated that the Resident #74 had a Brief Interview for Mental Status score of 9 out of a possible 15 indicating moderate cognitive impairment. Further review of the MDS indicated the Resident requires assistance with Activities of Daily Living.</p> <p>Review of Resident #74's physician order dated [DATE] indicated the following:</p> <ul style="list-style-type: none"> - Ibuprofen 400 MG (milligrams) one tablet by mouth every eight hours as needed for pain. <p>During an observation on [DATE] at 10:46 A.M., Resident #74 was lying in his/her bed with his/her bedside table within his/her reach. On the bedside table was a medicine cup with a white, oval shaped pill in it. There were no staff in the room. When asked what the pill was, Resident #74 was unsure.</p> <p>During an interview on [DATE] at 10:46 A.M., Nurse #5 said she did not give that medicine to Resident #74 and someone on the previous shift must have given it to him/her and did not stay with the resident to make sure he/she swallowed it. Nurse #5 and the surveyor reviewed Resident #74's physician's orders and the medication cart and determined the medication was Ibuprofen Tablet 400 MG. Nurse #5 said the nurse should always stay with the resident while taking medication to ensure all the medication was taken as ordered.</p> <p>During an interview on [DATE] at 10:46 A.M., Resident #74 said he/she must have tried to take the cup of medication and the pill did not leave the cup.</p> <p>Review of Resident #74's medication administration record (MAR) for [DATE], indicated that Nurse #5 administered Resident #74's medication during the 7:00 A.M. - 3:00 P.M. shift. The MAR for Ibuprofen 400 MG was left blank despite the medication being left with the resident.</p> <p>Review of Resident #74's medical record failed to indicate a consent form allowing him/her to self-administer medications.</p> <p>During an interview on [DATE] at 11:45 A.M., the Director of Nursing (DON) said medications should not be left at the bedside and the nurse administering the medication should stay with the resident to ensure they are taken. The DON continued to say if the ibuprofen was administered to Resident #74 it should have been documented on the MAR.</p> <p>49880</p> <p>2. On [DATE] at 8:23 A.M., in the 6th floor medication cart during a medication pass observation, the surveyor observed:</p> <ul style="list-style-type: none"> -An Anuity Elipta inhaler, labeled with an open date [DATE]. Manufacturer's instructions on the inhaler read to discard after six weeks. <p>On [DATE] at 1:18 P.M., in the 6th floor medication cart, the surveyor observed:</p> <ul style="list-style-type: none"> -An opened and undated Fluticasone inhaler. -An opened and undated Advair inhaler. <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 1:25 P.M., in the 6th floor medication room, Ativan (a narcotic medication that must be locked up) was observed in the fridge in a box that was unlocked.</p> <p>During an interview on [DATE] at 1:25 P.M., Nurse #1 said that all inhalers should be labeled with an open date and discarded per manufacturer's guidelines. Nurse #1 also said that the Ativan should be in a lock box in the fridge.</p> <p>On [DATE] at 1:35 P.M., in the 5th floor medication room the surveyor observed:</p> <ul style="list-style-type: none"> -An opened and undated vial of tuberculin solution. <p>During an interview on [DATE] at 1:35 P.M., Unit Manager #1 said that the vial should be labeled with an open date.</p> <p>On [DATE] at 1:50 P.M., in the 3rd floor medication cart the surveyor observed:</p> <ul style="list-style-type: none"> -An unopened vial of Novolin N insulin, labeled as refrigerate until opened. -An unopened vial of Novolog insulin, labeled as refrigerate until opened. -A Trelegy Ellipta inhaler, without any resident name on it and not in its original packaging from the pharmacy. The open date is unclear on the inhaler. -An opened and dated Trilegy Ellipta inhaler, dated with an open date of [DATE]. Manufacturer's instructions listed on the inhaler are to discard after six weeks. <p>During an interview on [DATE] at 1:55 P.M., Nurse #6 said that the insulin vials should have been stored in the fridge until opened. Nurse #6 also said that inhalers should be properly labeled with open dates and resident names.</p> <p>During an interview on [DATE] at 8:50 A.M., Unit Manager #1 said that she would expect inhalers to be labeled with open dates and be clearly labeled with a resident's name.</p> <p>During an interview on [DATE] at 2:17 P.M. The Director of Nurses (DON) said that she would expect clean medication carts and clean medication rooms and fridges. The DON also said that she would expect that unopened insulin vials are stored appropriately in the fridge and that all inhalers are labeled with the dates that they are opened.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49880</p> <p>Based on observations and interviews, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety. Specifically, during observation of the food line in the kitchen, the cook contaminated saran wrap with her chin and chest, then using the contaminated side, applied it over the food on the steam table.</p> <p>Findings Include:</p> <p>On 4/19/24 at 11:20 A.M., Dietary staff #1 pulled saran wrap out of the package, held it in place with her chin and rested it over her apron. The cook then covered a pan of food on the steam table with it contaminated side down. Dietary staff #1 did this a total of four times during preparation of the tray line for the lunch meal.</p> <p>During an interview on 4/22/24 at 8:10 A.M., the Food Service Director said that saran wrap that has been contaminated by the chin and apron of the cook should not then be applied onto food.</p> <p>During an interview on 4/22/24 at 8:15 A.M., Dietary Staff #2 said that saran wrap that has been contaminated by the chin and apron of the cook should not then be applied onto food.</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>43846</p> <p>Based on observation, interview, record review, and policy review, the facility failed to adhere to infection control practices to reduce potential transmission of infection for one Resident (#136), out of 39 sampled Residents. Specifically, for Resident #136, the facility failed to implement enhanced barrier precautions.</p> <p>Findings include:</p> <p>Review of the facility policy titled Enhanced Barrier Precautions, dated 4/1/24, indicated enhanced barrier precautions (EBP) will be initiated for residents as applicable in accordance with CMS and/or state regulations and/or in accordance with CDC guidance to reduce the risks of transmission of Multiple Drug Resistant Organisms (MDROs).</p> <p>Enhanced Barrier Precautions is applicable for residents with any of the following:</p> <ul style="list-style-type: none"> - Wounds and/or indwelling medical devices regardless of the MDRO colonization status. <p>Resident #136 was admitted to the facility in September 2023 with diagnoses that included dementia, pressure ulcer of sacral region stage 4 and pain.</p> <p>Review of Resident #126's most recent Minimum Data Set (MDS) assessment, dated 1/11/24, indicated he/she scored a 6 out of a possible 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident has severe cognitive impairments. Further review of the MDS indicated he/she has one stage 4 pressure ulcer.</p> <p>On 4/16/24 at 9:55 A.M., the surveyor observed Resident #136 in his/her room, the room had no indication that the Resident is on enhanced barrier precautions. No PPE (personal protective equipment) was observed outside or in the Resident room.</p> <p>On 4/17/24 at 8:47 A.M. and 1:11 P.M., the surveyor observed Resident #136 in his/her room, the room had no indication that the Resident is on enhanced barrier precautions. No PPE was observed outside or in the Resident room.</p> <p>On 4/18/24 at 7:07 A.M., the surveyor observed Resident #136 in his/her room, the room had no indication that the Resident is on enhanced barrier precautions. No PPE was observed outside or in the Resident room.</p> <p>During an interview on 4/18/24 at 7:20 A.M., Nurse #1 and Certified Nursing Assistant (CNA) #6 said they have not received any education on EBP and said they have residents with foley catheters, chronic wounds and a g-tube (feeding tube) Resident on this floor that are not on EBP.</p> <p>During an interview on 4/18/24 at 7:24 A.M., Nurse #2 and Nurse #4 said Resident #136 does have a chronic pressure ulcer that requires a daily dressing. Both Nurses said there is no PPE in place for the Resident and said they were not aware that it was needed.</p> <p>(continued on next page)</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>During an interview on 4/18/24 at 7:32 A.M., the Director of Nurses (DON) said there are many residents with pressure ulcers and foley catheters in the facility. The DON said she is aware of the EBP regulation and said that EBP should be in place for Resident #136 but are not.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>45763</p> <p>Based on record reviews, policy review, and interviews, the facility failed to offer influenza vaccinations per the Centers for Disease Control and Prevention (CDC) recommendations and facility policy for two Residents (#83 and #125) out of a total of five residents reviewed.</p> <p>Findings Include:</p> <p>Review of the facility policy, titled Resident Vaccination revised February 2023, indicated the following:</p> <ul style="list-style-type: none"> - Residents should be offered vaccines that aid in preventing infectious diseases unless the vaccine is medically contraindicated or the resident has already been vaccinated. - Prior to receiving vaccinations, the resident or legal representative will be provided information and education regarding the benefits and potential side effects of the vaccinations. - Provision of such education shall be documented in the resident's medical record. - The resident or the resident's legal representative may refuse the vaccine for any reasons. - If vaccines are refused, the refusal should be documented in the resident's medical record. - If the resident receives a vaccine, at least the following information should be documented in the resident's medical record: <ul style="list-style-type: none"> a. Site of administration; b. Date of administration; c. Lot number of the vaccine (located on the vial); d. Expiration date (located on the vial); and e. Name of the person administering the vaccine. <p>Review of the current CDC recommendations, last reviewed 03/12/24, indicated that everyone 6 months and older in the United States, with rare exception, should get an influenza (flu) vaccine every season (peaking between December and February). Further review of current CDC recommendations indicated that vaccination to prevent influenza and its potentially serious complications is particularly important for people who are at higher risk of developing serious influenza complications such as those over the age of 65, and/or those who have certain chronic health conditions.</p> <p>Resident #108 was admitted to the facility in January 2023 with diagnosis including diabetes.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/17/24 at 12:08 P.M., Resident #108's family member said Resident #108 had to receive the influenza vaccine while admitted to the hospital because the facility would not provide it. The family member said that when he/she asked the facility why vaccines weren't offered that the facility told him/her that we'd have to open a new vial and we don't have enough residents to use a new vaccine vile.</p> <p>Resident #83 was admitted to the facility in December 2021 with diagnosis including chronic obstructive pulmonary disease.</p> <p>During an interview on 4/22/24 at 12:15 P.M., Resident #83 said he/she had not been offered, or educated on the risks and benefits of, the influenza vaccine.</p> <p>Review of Resident #83's medical record indicated Resident #83 had not received an influenza vaccine since 10/30/21 and failed to indicate an allergy to the influenza vaccine. Resident #83's medical record failed to indicate that Resident #83 had refused, been offered, or educated on the risks and benefits of, the influenza vaccine.</p> <p>Resident #125 was admitted to the facility in January 2023 with a diagnosis including heart failure.</p> <p>Review of Resident #125's medical record indicated Resident #125 had not received an influenza vaccine since 10/7/22 and failed to indicate an allergy to the influenza vaccine. Resident #125's medical record failed to indicate that Resident #125 had refused, been offered, or educated on the risks and benefits of, the influenza vaccine.</p> <p>During an interview on 4/22/24 at 9:18 A.M., the Regional Infection Control Nurse said there had been recent turnover regarding the infection control role in the facility, and that the Assistant Director of Nursing (ADON) was currently transitioning into the role. The Regional Infection Control Nurse said that the facility should have begun obtaining influenza vaccine consents in August of 2023, and offering, as well as providing education of the risks and benefits of, the vaccine to residents throughout influenza season. The Regional Infection Control Nurse said when the vaccine is offered and education provided that this would be documented, and that refusals would also be documented. The Regional Infection Control Nurse said all residents are eligible for the influenza vaccine unless they have a listed allergy specific to the vaccine. The Regional Infection Control Nurse said she was unable to locate any documentation that Residents #83, #125 had refused, or were ever offered or educated on the risks and benefits of the influenza vaccine this influenza season.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>45763</p> <p>Based on interview and record review the facility failed to offer, or provide education for, the 2023-2024 Covid vaccine for five Residents (#108, #83, #125, #82, and #117) out of a total of five residents reviewed.</p> <p>Findings Include:</p> <p>Review of the facility policy, titled Vaccine Administration, revised September 2022, indicated the following:</p> <ul style="list-style-type: none"> - The facility must offer residents, visitors, and staff vaccination against COVID-19 when vaccine supplies are available to the facility. -The vaccine may be offered and provided directly by the LTC (long term care) facility or indirectly, such as through an arrangement with a pharmacy partner, local health department, or other appropriate health entity. - If a resident, visitor, or staff member requests vaccination against COVID-19 but missed earlier opportunities for any reason (including recent residency or employment, changing health status, overcoming vaccine hesitancy, or any other reason), we expect the facility to offer the vaccine to that individual as soon as possible. - The resident's medical record must include documentation that indicates, at a minimum, that the resident or resident representative was provided education regarding the benefits and potential side effects of the COVID-19 vaccine, and that the resident (or representative) either accepted and received the COVID-19 vaccine or did not receive the vaccine due to medical contraindications, prior vaccination, or refusal. - Documentation should include the date the education and offering took place, and the name of the representative that received the education and accepted or refused the vaccine, if the resident has a representative make the decisions for them. <p>Resident #108 was admitted to the facility in January 2023 with diagnosis including diabetes.</p> <p>During an interview on 4/17/24 at 12:08 P.M., Resident #108's family member said she begged the facility for a COVID-19 vaccine, and that the Resident never received an updated COVID-19 vaccine. The family member said that when he/she asked the facility why vaccines weren't offered that the facility told him/her that we'd have to open a new vile and we don't have enough residents to use a new vaccine vile.</p> <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #108's medical record indicated that the Resident had not received a COVID-19 vaccine since 12/14/21 and failed to indicate an allergy to the COVID-19 vaccine. Resident #108's medical record failed to indicate that Resident #108 had refused, been offered, or educated on the risks and benefits of, the COVID-19 vaccine. Further review of the Resident's medical record indicated a signed consent for the 23/24 COVID-19 vaccine, dated 4/22/24.</p> <p>Resident #83 was admitted to the facility in December 2021 with diagnosis including chronic obstructive pulmonary disease.</p> <p>During an interview on 4/22/24 at 12:15 P.M., Resident #83 said he/she had not been offered, or educated on the risks and benefits of, the COVID-19 vaccine.</p> <p>Review of Resident #83's medical record indicated Resident #83 had not received a COVID-19 vaccine since 12/3/21 and failed to indicate an allergy to the COVID-19 vaccine. Resident #83's medical record failed to indicate that Resident #83 had refused, been offered, or educated on the risks and benefits of, the COVID-19 vaccine. Further review of the Resident's medical record indicated a signed consent for the 23/24 COVID-19 vaccine, dated 4/22/24.</p> <p>Resident #125 was admitted to the facility in January 2023 with diagnosis including heart failure.</p> <p>Review of Resident #125's medical record indicated Resident #125 had not received a COVID-19 vaccine since 10/12/2022 and failed to indicate an allergy to the COVID-19 vaccine. Resident #125's medical record failed to indicate that Resident #125 had refused, been offered, or educated on the risks and benefits of, the COVID-19 vaccine. Further review of the Resident's medical failed to indicate a consent for the COVID-19 vaccine.</p> <p>Resident #82 was admitted to the facility in September 2021 with diagnosis including heart failure.</p> <p>Review of Resident #82's medical record indicated Resident #82 had not received a COVID-19 vaccine since 11/18/22 and failed to indicate an allergy to the COVID-19 vaccine. Resident #82's medical record failed to indicate that Resident #82 had refused, been offered, or educated on the risks and benefits of, the COVID-19 vaccine. Further review of the Resident's medical record indicated a signed consent for the 23/24 COVID-19 vaccine, dated 4/22/24.</p> <p>Resident #117 was admitted to the facility in December 2023 with diagnosis including hypertension.</p> <p>Review of Resident #117's medical record indicated Resident #117 had not received a COVID-19 vaccine since 4/16/21, and failed to indicate an allergy to the COVID-19 vaccine. Resident #117's medical record failed to indicate that Resident #117 had refused, been offered, or educated on the risks and benefits of, the COVID-19 vaccine. Further review of the Resident's medical record indicated a signed consent for the 23/24 COVID-19 vaccine, dated 4/22/24.</p> <p>(continued on next page)</p>

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/22/24 at 9:18 A.M., the Regional Infection Control Nurse said there had been recent turnover regarding the infection control role in the facility, and that the Assistant Director of Nursing (ADON) was currently transitioning into the role. The Regional Infection Control Nurse said that the facility should have been obtaining consents, educating on, and offering the COVID-19 vaccine to residents when it first became available to them around October of 2023. The Regional Infection Control Nurse said when the vaccine is offered and education provided that this would be documented, and that refusals would also be documented. The Regional Infection Control Nurse said the facility is currently working on obtaining consents, and have not yet ordered the vaccines for administration. The Regional Infection Control Nurse said all residents are eligible for the COVID-19 vaccine unless they have a listed allergy specific to the vaccine. The Regional Infection Control Nurse said she was unable to locate any documentation that Residents #108, #83, #125, #82, or #117 had refused, or were offered or educated on the risks and benefits of the 23/24 COVID-19 vaccine.</p> <p>During a follow-up interview on 4/22/24 at 12:23 P.M., The Regional Infection Control Nurse said that consents for Residents #108, #83, #82, and #117 were obtained today, after the concern was brought to the attention of the facility by the surveyor, and that she was unable to obtain a consent for Resident #125 as the Resident was out of the facility for dialysis.</p> <p>During an interview on 4/22/24 at 12:59 P.M., the ADON said she had began the process of obtaining consents for COVID-19 vaccines last week, and that she had not yet ordered the vaccines for administration.</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>45763</p> <p>Based on observation and interview, the facility failed to ensure the call light system was functioning properly in one Resident's (#38) room on the 5th floor unit.</p> <p>Findings include:</p> <p>Review of the facility policy titled call bell policy, revised January 2023, indicated the following:</p> <ul style="list-style-type: none"> - If call bell appears to be non-functioning: <ul style="list-style-type: none"> a. Inform maintenance immediately for repair b. Based on duration of outage residents should be provided with a held bell, and c. Monitor the resident frequently until repair is complete. <p>Resident #38 was admitted to the facility in May 2014 with diagnoses including dementia, paraplegia, and Parkinson's Disease.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 2/22/24, indicated that Resident #38 scored an 8 out of 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident had moderate cognitive impairment. Further review of the MDS indicated that Resident #38 was dependent on staff assistance for eating, oral hygiene, toileting hygiene, showering/bathing, dressing, personal hygiene, and bed mobility.</p> <p>On 4/18/24 at 8:54 A.M., the surveyor tested Resident #38's call bell. When activated a buzzing sound could be heard in the hallway, but the light above Resident #38's room did not light up.</p> <p>During an interview on 4/18/24 at 9:09 A.M., Nurse #7 said that the buzzing sound in the hallway meant that a resident had pushed on one of the exit doors.</p> <p>On 4/19/24 at 10:38 A.M., the surveyor overheard Resident #38 talking to his/her nurse. Resident #38 told his/her nurse that he/she was having issues with his/her call bell, Resident #38 then said, maybe you should report this to maintenance, to which his/her nurse responded okay.</p> <p>On 4/22/24 at 8:14 A.M., the surveyor tested Resident #38's call bell. When activated, a buzzing sound could be heard in the hallway, but the light above Resident #38's room did not light up.</p> <p>During an interview on 4/22/24 at 8:15 A.M., Nurse #3 said if a resident's call bell was malfunctioning the expectation is that staff communicate this in the maintenance log, and call the maintenance department. Nurse #3 said that staff should periodically check back to ensure that the problem was fixed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225557	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2024
NAME OF PROVIDER OR SUPPLIER Eastpointe Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 Central Avenue Chelsea, MA 02150	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and observation on 4/22/24 at 8:17 A.M., Maintenance staff #1 said the expectation was that if something was broken that staff communicate this by writing it in the maintenance log which is reviewed by maintenance staff daily. Maintenance staff #1 said that when the problem is addressed maintenance staff will then sign off in the maintenance log that the problem was resolved. Maintenance staff #1 said the maintenance staff do daily rounds but do not check the call bell lights every day. The surveyor reviewed the 5th floor maintenance log with maintenance staff #1, the maintenance log failed to indicate that Resident #38's nurse logged Resident #38's concern regarding his/her call bell. Maintenance staff #1 said he was unaware that Resident #38's call bell was not functioning properly, and that he would have expected to be notified of the issue.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225557	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2024
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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>45343</p> <p>Based on record review and interview the facility failed to ensure that at least 12 hours of in-service training was completed for three of five Certified Nurse Aides (CNAs) reviewed.</p> <p>Findings include:</p> <p>During the review of employee education files on 4/22/24 at 7:17 A.M., the Surveyor noted three out of the five Certified Nursing Aides reviewed did not receive 12 hours of required in-service education within 12 months.</p> <p>During an interview on 4/22/24 at 11:44 A.M., The Corporate Administrator said the expectation is all education would be completed yearly to ensure all nursing staff are competent in the care they provide to the residents.</p>