

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225577	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2024
NAME OF PROVIDER OR SUPPLIER  Notre Dame Long Term Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  559 Plantation Street Worcester, MA 01605	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>37086</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who had recently sustained a fractured left tibia (lower leg) of unknown origin and whose comprehensive plan of care indicated he/she required assistance of two staff members for bed mobility, the Facility failed to ensure staff consistently implemented followed this interventions, therefore placing the resident at risk for potential injury.</p> <p>Findings include:</p> <p>Review of the Facility's policy, titled Care Plans- Comprehensive, dated 10/2010, indicated an individualized comprehensive care plan that included measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs would be developed for each resident.</p> <p>Resident #1 was admitted to the Facility in June 2021, diagnoses included poly-osteoarthritis (multiple joints with arthritis that occurs when flexible tissue at the ends of bones wears down) and frontotemporal neurocognitive disorder (dementia affecting the front and temporal lobes of the brain).</p> <p>Review of Resident #1's Quarterly Minimum Data Set (MDS) assessment, dated 09/06/24, indicated he/she had long and short-term memory impairment with severely impaired decision-making ability, was non-ambulatory, and was dependent on staff for bed mobility (rolling side to side) and bed to chair transfers.</p> <p>Review of Resident #1's Activities of Daily Living (ADL) care plan related to dementia and impaired mobility, reviewed and renewed with his/her September 2024 MDS, indicated that interventions include the need for two staff members for assistance with bed mobility.</p> <p>Review of Resident #1's Nurse Progress Notes, dated 10/31/24, indicated Resident #1 moaned in pain when his/her left leg was touched during morning personal care. The Notes included Resident #1 had an x-ray to the left tibia which indicated there was a fracture.</p> <p>Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 11/01/24, indicated Resident #1 moaned in pain when a staff member attempted to put his/her left leg compression stocking on the morning of 10/31/24. The Report indicated Resident #1's x-ray confirmed a fractured left tibia.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of the Report indicated the Facility was unable to determine how Resident #1 sustained the left tibia fracture.</p> <p>Review of Resident #1's Certified Nurse Aide (CNA) flow sheet for the month of October 2024 indicated on the evening shift (3:00 P.M. through 11:00 P.M.) on 10/30/24, CNA #1 coded (documented) that she provided one assist for repositioning at 1600 (4:00 P.M.), 1800 (6:00 P.M.), 2000 (8:00 P.M.), and 2200 (10:00 P.M.).</p> <p>During an interview on 11/20/24 at 3:56 P.M., Certified Nurse Aide (CNA) #1 said she usually worked the day or evening shift and was familiar with Resident #1. CNA #1 said she provided Resident #1 with incontinent care and repositioning, when Resident #1 was in bed, without the assistance of another staff member. CNA #1 said she knew Resident #1 required assistance of two staff members for [mechanical] lift transfers, but nothing else.</p> <p>Further review of the Flow Sheet indicated on the night shift (11:00 P.M. through 7:00 A.M.) on 10/30/24, CNA #5 coded (documented) that she provided one assist for repositioning at 0000 (midnight), 0200 (2:00 A.M.), 0400 (4:00 A.M.), and 0600 (6:00 A.M.).</p> <p>During a telephone interview on 11/20/24 at 9:24 A.M., Certified Nurse Aide (CNA) #5 said that she usually worked the night shift and was familiar with Resident #1. CNA #5 said she did not need help from other staff members to reposition or change Resident #1. CNA #5 said I do it myself.</p> <p>During a telephone interview on 11/21/24 at 9:48 A.M., Nurse #3 said he was the nurse on duty for the night shift on 10/30/24 and was familiar with Resident #1. Nurse #3 said he had never been called to assist other staff with Resident #1's personal care.</p> <p>During a telephone interview on 11/22/24 at 1:10 P.M., the Director of Nurses (DON) said her expectation was that staff always followed each resident's plan of care.</p>		