STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225584	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Avenue Health Center	146 Park Avenue Arlington, MA 02174

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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37342 Based on records reviewed and interviews, for one of three sampled residents (Resident #3), the Facility failed to ensure they maintained a complete and accurate medical record, when there was no nursing documentation related to wound measurements for six days following his/her readmission on 3/13/25, after a hospital stay. Findings include: The Facility Policy, titled Charting and Documentation, dated as revised 07/2017, indicated all services provided to the resident, progress towards the care plan goals, or any changes in the resident's medical, physical, functional or psychological condition would be documented in the resident's medical record. The Facility Policy, titled Admission Assessment and Follow Up: Role of the Nurse, dated as revised 09/2012, indicated nursing would conduct an admissions assessment upon admission which included a skin assessment. The Facility Protocol, titled Pressure Ulcers/Skin Breakdown, dated as revised 04/2028, indicated nursing would describe and document a full assessment of pressure injuries including location, stage, width and depth, and presence of exudates or necrotic tissue. Resident #3 was admitted to the Facility in December 2024, diagnoses included chronic osteomyelitis (infection of the bone), polyneuropathy (damage to the peripheral nerves), and stage four pressure injury at his/her sacral region. Review of Resident #3's Wound Assessment Details Reports, dated 03/05/25, indicated he/she had three wounds, which measured as follows: -Sacral stage four (extends past the sebaceous tissue and effects the underlying muscles and deep tissue) wound, which measured 0.40 centimeters (cm) long by 0.40 cm wide by 0.10 cm deep. -Right Ischium (hip) stage four wound, which measured 4.0 cm long by 2.0 cm wide by 1.8 cm deep. -Left Ischium stage four wound, which measured 2.0 cm long by 2.0 cm wide by 6.0 cm deep. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225584	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Avenue Health Center	146 Park Avenue Arlington, MA 02174

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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #3's Nurse Progress Note, dated 03/05/25, indicated he/she was transferred to the Hospital Emergency Department (ED). Further review of Resident #3's Medical Record indicated he/she was admitted to the Hospital on 03/05/25 and was readmitted to the facility on [DATE]. Review of Resident #3's Admission/Readmission assessment, dated 03/13/25, indicated he/she had pressure injuries on his/her coccyx, left buttock, and right buttock. Further review of the assessment indicated that for all three pressure injuries listed, the section on the assessment designated for documenting measurements of length, width, depth and stage of the pressure injuries was left blank. Further review of Resident #3's medical record indicated there was no documentation to support nursing had measured his/her pressure injuries/wounds at all upon or after his/her readmission to the facility on [DATE]. During an interview on 03/19/25 at 01:23 P.M., the Director of Nurses (DON) said wound (pressure injury) measurements were important for tracking the progression of wounds. The DON said nursing should measure and document all wounds on admission and readmission. The DON said nursing should have documented Resident #3's wound measurements upon readmission on 03/13/25.