

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225584	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/29/2025
NAME OF PROVIDER OR SUPPLIER  Park Avenue Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0689</p> <p>Level of Harm - 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43963</p> <p>Based on records reviewed and interviews for one of three sampled residents (Resident #1), who was an elopement risk and resided on a secured unit, the Facility failed to ensure he/she was provided with an adequate level of staff supervision to prevent an incident of elopement, when on 04/08/25 around 2:15 P.M. Resident #1 was able to exit his/her unit and the Facility, undetected by staff and was found sitting on the curb in front of the Facility. Resident #1 was transferred to the Hospital Emergency Department (ED) for evaluation and was diagnosed with a fractured left elbow.</p> <p>Findings include:</p> <p>Review of the Facility Policy titled Wandering and Elopements, dated as last revised 03/2019, indicated that the Facility would identify residents who are at risk for unsafe wandering and strive to prevent harm while maintaining the least restrictive environment for the residents.</p> <p>Review of the Facility Policy titled, Safety and Supervision of Residents, dated as last revised 07/2017, indicated that the Facility strives to make the environment as free from accidents hazards as possible.</p> <p>The Policy further indicated that resident supervision is a core component of the systems approach to safety, the type and frequency of resident supervision is determined by the individual resident's assessed needs and identified hazards in the environment; and</p> <p>Review of the Facility Job Description titled Receptionist, dated as last revised 10/2020, indicated that one of the jobs responsibilities is to track visitors signing in and out of the Facility.</p> <p>Review of the report submitted by the Facility via Health Care Facility Reporting System (HCFRS), dated 04/14/25, indicated that on 04/08/25 around 2:20 P.M., an employee looking out a second floor window saw a person sitting on the ground. The Report indicated Resident #1 was found outside sitting in front of the Facility. The Report indicated that Resident #1 had been found to have some discoloration to his/her left elbow, and was sent to the Hospital ED for evaluation.</p> <p>Review of Resident #1's Hospital ED Report, dated 04/08/25, indicated he/she sustained a left epicondylar (elbow) fracture. The Report indicated Resident #1 was returned to the facility on [DATE], with a sling and recommendations to follow up with orthopedics.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225584	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/29/2025
NAME OF PROVIDER OR SUPPLIER  Park Avenue Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #1 was admitted to the Facility in July 2020 diagnoses included Alzheimer's Disease, a cognitive communication deficit, other amnesia, and dementia with moderate agitation.</p> <p>Review of Resident #1's Document of Resident Incapacity Form, dated 07/29/20, indicated his/her Health Care Proxy (HCP) had been activated.</p> <p>Review of Resident #1's Quarterly Minimum Data Set (MDS) Assessment, dated 02/13/25, indicated he/she scored an 9 out of 15 on his/her Brief Interview for Mental Status (BIMS) Assessment (0-7 suggests severe cognitive impairment, 8-12 suggests moderately impaired cognition, and 12-15 suggests a resident is cognitively intact).</p> <p>Review of Resident #1's Care Plan titled Risk for Elopement/Wanderer, dated as last revised 02/09/25, indicated that his/her safety would be maintained by distracting him/her with alternative activities and increasing his/her supervision when needed.</p> <p>During an interview on 04/29/25 at 12:31 P.M., the Housekeeping Supervisor said that on 04/08/25 around 2:20 P.M., she was cleaning a room on the second floor when she looked out the window, which faced the front entrance of the building, saw a stopped car and a woman standing next to someone (possibly a resident) who was sitting on the curb in front of the Facility.</p> <p>The Supervisor said that she ran down to the front reception desk, told Receptionist #1 that a resident might be outside, then ran outside and discovered it was a resident (later identified as Resident #1). The Supervisor said the woman stayed with Resident #1 while she ran back into the Facility to get help.</p> <p>During a telephone interview on 04/29/25 at 2:33 P.M., Receptionist #1 said that on 04/08/25 around 2:20 P.M., she was sitting at the front desk talking with a visitor, when the Housekeeping Supervisor came running downstairs and told her that she saw someone outside who looked as if he/she could have been a resident.</p> <p>Receptionist #1 said anyone who walks through the front door, either coming into or wanting to leave, must be buzzed (releasing of electronic lock) in/out by an employee. Receptionist #1 said Resident #1 must have looked like a visitor and been hidden behind someone leaving the building, when he/she got out of the building past her. Receptionist #1 said that she did not realize that anyone walked through the front door without her knowing it.</p> <p>During an interview on 04/29/25 at 12:00 P.M., the Director of Social Services said that on 04/08/25 around 2:15 P.M., she was on the third floor (Resident #1's unit) at the nurse's station but said she did not see Resident #1.</p> <p>The Director said that a visitor had been touring the third floor for a potential room change for another resident and said she saw a Certified Nurse Aide (CNA, exact name unknown) punch in the security code to the elevator (only way visitors can access and exit the unit) allowing it to move to the lower level where the front entrance and reception areas were located.</p> <p>The Surveyor interviewed CNA's #1, #2, #3, #4 and #5, who were scheduled to work during the day shift on 4/08/25 on Resident #1's unit, and they all denied entering the security code to the elevator and letting a visitor out around the time that Resident #1 eloped from the secure unit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225584	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/29/2025
NAME OF PROVIDER OR SUPPLIER  Park Avenue Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/29/25 at 3:13 P.M., the Administrator said upon investigation, he noted that on 04/08/25, a visitor had been touring a resident room on the third floor around the time of Resident #1's elopement and he called the visitor to try to get some information.</p> <p>The Administrator said the facility determined that the visitor was let onto the third-floor elevator by a staff member and that Resident #1 followed the visitor onto the elevator (that the visitor had not known he/she was a resident).</p> <p>The Administrator said that when the visitor to went to sign out at the reception desk, the visitor turned around, Resident #1 was no longer in sight, and the visitor had no idea where he/she had gone.</p> <p>During an interview on 04/29/25 at 2:37 P.M., the Director of Nurses (DON) said that it is the Facility's expectation that when a visitor, vendor, or provider requests to leave the third floor (secured unit), they must wait for a staff member to enter the access code (while shielding the code to conceal it from them) into the keypad stationed at the elevator, and the staff is suppose to remain at the elevator until it closes to ensure no residents have left the secured unit.</p> <p>The DON said that all visitors are supposed to sign in and out at the reception desk, and the receptionist is supposed to ensure no residents are allowed out of the Facility without the appropriate level of supervision and assistance.</p> <p>On 04/29/25, the Facility was found to be in past non-compliance. In response to the incident, the Facility took the following corrective action:</p> <p>A) On 04/08/25, Resident #1 was assessed by nursing staff, transferred to the Hospital Emergency Department and treated for a left elbow fracture.</p> <p>B) On 04/09/25, Resident #1 returned to the Facility, a new elopement assessment was completed and his/her plan of care was reviewed and updated as needed.</p> <p>C) On 04/09/25 and 04/11/25 an Ad hoc Quality Assurance Performance Improvement (QAPI) meeting was held to review the elopement incident, as well as their implementation of corrective action plan.</p> <p>D) On 04/09/25, the Facility implemented an elevator monitor (staff member) 24 hours per day to monitor the elevator on the third floor (which will be in place until a Wander Guard System is installed).</p> <p>E) On 04/09/25, the Maintenance Director ensured all secured doors were functioning properly and will continue weekly checks indefinitely.</p> <p>F) On 04/10/25 the DON and/or designee completed An Elopement Risk Evaluation on all residents to determine their risk for elopement and all resident care plans were updated to ensure those at risk for elopement had a plan of care.</p> <p>G) On 04/10/25, the Elopement Books were updated with current picture of residents and an elopement alert notice. Colored photographs were placed at the front reception desk.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225584	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/29/2025
NAME OF PROVIDER OR SUPPLIER  Park Avenue Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>H) On 04/10/25, the Elevator Code for the third floor was changed and will continue to be changed every 4 weeks, then monthly indefinitely thereafter and PRN.</p> <p>I) On 04/11/25, an Elopement Drill was conducted and random drills will continue for four weeks, then monthly or until substantial compliance is met.</p> <p>J) On 4/12/25, the DON and/or designee provided all staff education regarding;</p> <ul style="list-style-type: none"> <li>-Elopement/wandering, exit seeking residents and increased supervision required;</li> <li>-Elevator and or Door codes, are not to be given out to any non-staff persons at any time, shield the code when entering, and the need to wait until the elevator door closes completely before leaving the area, ensuring residents remain on the secured unit.</li> </ul> <p>K) Ongoing, the DON will be responsible for ensuring on-going audits and present the findings to the Quality Assurance Performance Improvement Committee monthly for three quarters.</p> <p>L)The Administrator and/or designee are responsible for the implementation and follow-up of the Facility POC.</p>		