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	10/18/2024

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41019 Based on record review and interview, the facility failed to obtain a signed psychotropic informed consent for one Resident (#67) out of a total sample of 23 residents. Findings include: Resident #67 was admitted in 06/2024 with diagnoses including bipolar disorder and schizophrenia. Review of the Minimum Data Set (MDS), dated [DATE], indicated Resident #67 scored a 2 out of a possible 15 on the Brief Interview for Mental Status (BIMS), indicating severe cognitive impairment. Review of the medical record indicated Resident #67 has a guardian in place (a court appointed designated individual who makes decisions on behalf of the Resident). Review of the medication administration record for October 2024 indicated Resident #67 was receiving Lithium Carbonate 600 milligrams (a medication used to treat bipolar disorder), which was initiated on 6/21/24. Review of the psychotropic consent form, undated, failed to indicate that it was signed by the resident representative or healthcare representative. During an interview on 10/18/24 at 8:09 A.M., the Director of Nursing said that he has been trying to contact the healthcare proxy and guardian, but they have been difficult to contact. The Director of Nursing said that the facility will provide the medication without consent if it would be more harmful to stop the medication.

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	10/18/2024

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 49880 Based on observations, record review and interview the facility failed to provide a clean and comfortable homelike environment to one Resident (#21) out of a total sample of 23 residents. Specifically, the facility failed to ensure that Resident #21's room was free from strong odors. Findings Include: Resident #21 was admitted to the facility in August 2021 with diagnoses that include cerebral infarction and diabetes. Review of Resident #21's most recent Minimum Data Set (MDS) Assessment, dated 9/5/24, indicated a Brief Interview for Mental Status (BIMS) score of 13 out of 15 indicating that Resident #21 is cognitively intact. The MDS further indicated that the Resident is dependent for ADLS and toileting and is frequently incontinent of bowel and bladder. On 10/16/24 at 8:48 A.M., the surveyor entered Resident #21's room, which had a strong odor. The Resident was in bed and eating breakfast. The Resident said, my room smells horrible, but it doesn't get cleaned well. It's not fair to have to keep smelling it, especially while I'm eating breakfast. On 10/17/24 at 8:14 A.M., the Resident was observed sleeping in bed. A strong odor was noted in the room. On 10/17/24 at 9:57 A.M., the Resident was observed eating breakfast in his/her bed. The surveyor asked if he/she felt like the odor in the room was improved and he/she said, no it's not, it's sickening especially while I am here eating my breakfast. The Resident indicated that no one had been in to thoroughly clean the room. Review of physician's orders indicated the following order: -Change purewick [an external catheter] catheter head every 12 hours and as needed when soiled. Empty container, wash container and elbow tubing with soap and water, pat dry. Reapply, hook up machine and check for function, dated 5/24/23. Further review of the medical record failed to indicate documentation regarding management and maintenance of the purewick system as ordered by the physician. During an interview on 10/17/24 at 10:13 A.M., Nurse #3 said it was hard to keep Resident #21's room odor free because of the purewick system that he/she used for incontinence management. During an interview on 10/17/24 at 10:33 A.M., the Housekeeping Manager said it was difficult to prevent odors in Resident #21's room because of the bathroom devices he/she used. She said she was aware of the strong odor, but that staff had never asked to increase the cleaning frequency of the room. She said housekeeping was going into the room daily, and the last time that the room was deep cleaned was 9/28/24. (continued on next page)

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	10/18/2024

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/18/24 at 7:07 A.M., Unit Manager #1 said that she was aware of Resident #21's concerns about the odor in his/her room. She said the cover of the purewick canister builds up with urine and that she cleaned it out yesterday but it needed ongoing maintenance, which was not previously ordered to be completed. During an interview on 10/18/24 at 7:33 A.M., the Director of Nurses said he was aware of the odor in Resident #21's room. He said there should not be odors in resident's rooms.

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	10/18/2024

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 41019 Based on record review and interview, the facility failed to provide a resolution to a grievance filed, specifically related to staff members sleeping on shift. Findings include: Review of the facility policy titled Grievance Policy, dated 12/29/22, indicated the following: - Upon the receipt of the written grievance and/or complaint, the grievance officer will refer it to the appropriate department head for investigation. The department head will submit a written report of the findings to the grievance officer within 72 hours of receiving the grievance and/or complaint. - Receipt of the grievance log/complaint will be logged by the Grievance officer in the grievance log. - The person filing the grievance and/or complaint will be informed of the findings and actions taken. This report will be completed by the grievance officer or designee within 3-5 working days. Review of the grievance log indicated that on 5/16/24, a grievance was filed stating staff asleep 11-7 am Friday night. Review of the resolution on the grievance form failed to indicate that any resolution was determined. During an interview on 10/18/24 at 10:30 A.M., the Director of Nursing said that a resolution should be documented on the form and that there were audits completed after that grievance was filed. The facility failed to provide any documentation of resolution for the grievance filed regarding staff sleeping.

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	10/18/2024

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. 49880 Based on observations, record review and interview, the facility failed to identify and assess the use of mattress bolsters underneath a fitted sheet to bilateral head and foot of the bed as a potential restraint for one Resident (#62) out of a total sample of 23 residents. Findings Include: A physical restraint, as defined in the State Operations Manual, Appendix PP - Guidance to surveyors for Long Term Care Facilities, is any manual method, physical or mechanical device, equipment or material that limits a resident's freedom of movement and cannot be removed by the resident in the same manner as it was applied by staff. Resident #62 was admitted to the facility in May 2023 with diagnoses that include cognitive communication deficit and chronic kidney disease. Review of Resident #62's most recent Minimum Data Set (MDS) Assessment, dated 8/1/24, indicated a Brief Interview for Mental Status (BIMS) score of 4 out of 15, indicating that the Resident had severe cognitive impairment. On 10/16/24 at 8:16 A.M., the surveyor observed Resident #62 lying in bed. The Resident had mattress bolsters in place bilaterally at the head of the bed as well as foot of bed under the fitted sheet. An approximately eight inch gap was present between the upper and lower bolster. On 10/16/24 at 8:44 A.M. and 1:02 P.M., the surveyor observed Resident #62 sitting in bed at an approximately 45-degree angle. The elevated head of the bed erased the gap that was present between the bolsters at the head and the foot of the bed which were under the fitted sheet. On 10/17/24 at 6:58 A.M., and 9:10 A.M., and 12:49 A.M., the surveyor observed Resident #62 in bed with mattress bolsters in place bilaterally at the head of the bed as well as the foot of the bed. The bolsters were under the fitted sheet and an approximately eight inch gap was present between the upper and lower bolsters. On 10/18/24 at 6:47 A.M., the surveyor observed Resident #62 sleeping in bed on his/her back with mattress bolsters in place bilaterally at the head of the bed as well as at the foot of the bed under the fitted sheet. Review of Resident #62's medical record failed to indicate a restraint assessment has been completed to determine whether the mattress bolsters would be a potential restraint for the Resident. Review of Resident #62's medical record failed to indicate a physician's order for the mattress bolsters. Review of Resident #62's care plan failed to indicate the use of mattress bolsters. (continued on next page)

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	10/18/2024

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/17/24 at 1:20 P.M., Certified Nurse Aide (CNA) #1 said that Resident #62 tries to climb out of bed every day and that is why he/she has bolsters on their mattress. CNA #1 said that Resident #62 tries to swing his/her legs over the bolsters and stand up, even though the Resident is unable to stand. She said this helps to keep her in bed. During an interview on 10/18/24 at 6:26 A.M., CNA #2 said that he works the overnight shift. He said that the bolsters are on Resident #62's bed to keep him/her in bed and prevent him/her from getting out of bed. He said that sometimes the Resident attempts to get out of bed, so the bolsters help to stop him/her. CNA #2 said that he also rounds and checks in frequently on the Resident. During an interview on 10/18/24 at 7:11 A.M., Unit Manager #1 said that to her knowledge, no restraint assessment was completed to determine whether the mattress bolsters would be a potential restraint for Resident #62. During an interview on 10/18/24 at 7:52 A.M., the Regional Clinical Director said that she did not see a restraint assessment completed on Resident #62 but if they thought it was potentially inhibiting the Resident's movement, they would complete one. She said officially no assessment was completed but there was a conversation among the team before utilizing the mattress bolsters.

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	10/18/2024

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41019 Based on record review and interview, the facility failed to report allegations of potential abuse for 3 Residents (#55, #78, and #DC1) out of a total sample of 23 residents. Findings include: Review of the facility policy titled Abuse and Neglect- Clinical Protocol, revised March 2018, indicates the following: - Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes deprivtion by an individual, including a caretaker, of goods or services that are necessary to attain or maintain mental and physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. 1. Resident #55 was admitted in 07/2023 with diagnoses including anxiety and depression. Review of the Minimum Data Set (MDS), dated [DATE], indicated Resident #55 scored a 13 out of a possible 15 on the Brief Interview for Mental Status (BIMS), indicating intact cognition. Review of the grievance concern report, dated 3/13/24, indicated Resident #55 filed a grievance because a nurse made a comment to his/her roommate saying that Resident #55 was always drugged up. 2. Resident #DC1 was admitted in October 2022 with diagnoses including dementia. Review of the Minimum Data Set (MDS), dated [DATE], indicated Resident DC#1 scored a 9 out of a possible 15 on the Brief Interview for Mental Status (BIMS), indicating moderate cognitive impairment. Review of the grievance concern report, dated 2/12/24, indicated Resident #DC1 complained that a certified nursing aide said to him/her this is why your spouse [sic] doesn't want to visit you. 3. Resident #78 was admitted in July 2024 with diagnoses including anxiety and communication deficit. Review of the Minimum Data Set (MDS), dated [DATE], indicated Resident #78 scored a 7 out of 15 on the Brief Interview for Mental status (BIMS), indicating severe cognitive impairment. Review of the MDS indicated Resident #78 was dependent on staff for care. Review of the grievance concern report, dated 4/2/24, indicated Resident #78's representative reported that certified nursing aides are rough when handling the Resident and the Resident was told on three separate dates to go to the bathroom in his/her bed or brief instead of being assisted to the bathroom. (continued on next page)

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	10/18/2024

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/18/24 at 7:20 A.M., the Social Worker said that she is responsible for filing grievances for the residents. The Social Worker said that if she feels anything rises to the level of abuse then she would notify the Director of Nursing immediately. The Social Worker said that when there is an allegation of abuse, then an investigation is initiated and the residents and staff are interviewed. During an interview on 10/18/24 at 7:40 A.M., the Director of Nursing said if there is an allegation of abuse, then an investigation is conducted and a 2 hour reportable is sent to the state agency. The Director of Nursing said that abuse is constituted as physical, verbal, emotional harm, and neglect. The Director of Nursing said that refusing to change someone's incontinence brief is neglect. Yelling at a resident would be considered verbal abuse, as well as, saying no wonder your spouse doesn't want to visit you. Review of the Healthcare Facility Reporting System (HCFRS) failed to indicate that any of the allegations were reported to the state agency.

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	10/18/2024

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41019 Based on record review and interview, the facility failed to investigate allegations of potential abuse for 3 Residents (#55, #78, and #DC1) out of a total sample of 23 residents. Findings include: Review of the facility policy titled Abuse and Neglect- Clinical Protocol, revised March 2018, indicates the following: The staff, with physician's input as needed, will investigate alleged abuse and neglect to clarify what happened and indentify possible causes. - Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes deprivtion by an individual, including a caretaker, of goods or services that are necessary to attain or maintain mental and physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Review of the facility policy titled Grievance Policy, dated 12/19/2022, indicates the following: - If a grievance or complaint rises to the level of potential abuse, neglect, or misappopriation the Administrator should be notified immediately. Otherwise, the information should be given to the Administrator within 24 hours. 1. Resident #55 was admitted in 07/2023 with diagnoses including anxiety and depression. Review of the Minimum Data Set (MDS), dated [DATE], indicated Resident #55 scored a 13 out of a possible 15 on the Brief Interview for Mental Status (BIMS), indicating intact cognition. Review of the grievance concern report, dated 3/13/24, indicated Resident #55 filed a grievance because a nurse made a comment to his/her roommate saying that Resident #55 was always drugged up. 2. Resident #DC1 was admitted in October 2022 with diagnoses including dementia. Review of the Minimum Data Set (MDS), dated [DATE], indicated Resident DC#1 scored a 9 out of a possible 15 on the Brief Interview for Mental Status (BIMS), indicating moderate cognitive impairment. Review of the grievance concern report, dated 2/12/24, indicated Resident #DC1 complained that a certified nursing aide said to him/her this is why your spouse [sic] doesn't want to visit you. 3. Resident #78 was admitted in July 2024 with diagnoses including anxiety and communication deficit. Review of the Minimum Data Set (MDS), dated [DATE], indicated Resident #78 scored a 7 out of 15 on the Brief Interview for Mental status (BIMS), indicating severe cognitive impairment. Review of the MDS indicated Resident #78 was dependent on staff for care. (continued on next page)

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	10/18/2024

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the grievance concern report, dated 4/2/24, indicated Resident #78's representative reported that certified nursing aides are rough when handling the Resident and the Resident was told on three separate dates to go to the bathroom in his/her bed or brief instead of being assisted to the bathroom. During an interview on 10/18/24 at 7:20 A.M., the Social Worker said that she is responsible for filing grievances for the residents. The Social Worker said that if she feels anything rises to the level of abuse then she would notify the Director of Nursing immediately. The Social Worker said that when there is an allegation of abuse, then an investigation is initiated and the residents and staff are interviewed. During an interview on 10/18/24 at 7:40 A.M., the Director of Nursing said if there is an allegation of abuse, then an investigation is conducted and a 2 hour reportable is sent to the state agency. The Director of Nursing said that abuse is constituted as physical, verbal, emotional harm, and neglect. The Director of Nursing said that refusing to change someone's incontinence brief is neglect. Yelling at a resident would be considered verbal abuse, as well as, saying no wonder your spouse doesn't want to visit you. The facility failed to provide any internal investigations for the allegations.

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	10/18/2024

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 49880 Based on observations, record review and interview the facility failed to ensure Minimum Data Set (MDS) Assessments were accurately completed to reflect the status of one Resident (#21) out of a total sample of 23 residents. Specifically, the facility inaccurately documented the use of an indwelling catheter. Findings Include: Review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated October 2023, indicates that an indwelling catheter is a catheter that is maintained within the bladder for the purpose of continuous drainage of urine. Resident #21 was admitted to the facility in August 2021 with diagnoses that include cerebral infarction and diabetes. Review of Resident #21's most recent Minimum Data Set (MDS) Assessment, dated 9/5/24, indicated a Brief Interview for Mental Status (BIMS) score of 13 out of 15 indicating that Resident #21 was cognitively intact. Further review of the MDS indicated that the Resident utilized an indwelling catheter. Review of the medical record failed to indicate the use of an indwelling catheter. Review of physician's orders indicated the following order: -Change purewick [an external catheter] catheter head every 12 hours and as needed when soiled. Empty container, wash container and elbow tubing with soap and water, pat dry. Reapply, hook up machine and check for function, dated 5/24/23. Review of Resident #21's active urinary incontinence care plan, dated as revised on 8/15/23, indicated to use purewick as ordered. During an interview on 10/18/24 at 7:07 A.M., Unit Manager #1 said that a purewick catheter is not an indwelling catheter and should not be coded as one. During an interview on 10/18/24 at 7:26 A.M., the Director of Nursing (DON) said that Resident #21 uses a purewick catheter, but a purewick catheter is not an indwelling catheter. He said it was an inaccurate coding on the MDS.

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	10/18/2024

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41456 Based on observations, record review and interviews, the facility failed to implement an orthotic for contracture management for one Resident (#29) out of a total sample of 23 residents. Findings include, Resident #29 was admitted to the facility in June 2017 with diagnoses including stroke and hemiplegia. Review of the lasted Minimum Data Set (MDS) dated [DATE], indicated Resident #29 had a Brief Interview for Mental Status (BIMS) score of 1 out of a possible 15, which indicated the Resident had severe cognitive impairment. The MDS also indicated the Resident has a right upper extremity contracture and is dependent on staff for activities of daily living. Review of Resident #29's physician orders indicated the following order: -resting hand splint worn nightly and donned off during the day as tolerated. On 10/16/24 at 8:00 A.M., Resident #29 was observed lying in bed. His/her left hand was closed in a fisted position and the Resident was unable to open his/her hand independently. Resident #29 was not observed wearing an orthotic and there was no orthotic observed in the room. On 10/17/24 at 6:41 A.M., Resident #29 was observed lying in bed. His/her left hand was closed in a fisted position and the Resident was unable to open his/her hand independently. Resident #29 was not observed wearing an orthotic and there was no orthotic observed in the room. When asked if he/she worse a splint on his/her left hand, Resident #29 shook his/her head no. During an observation on 10/18/24 at 6:45 A.M., Resident #29 was observed lying in bed and not wearing an orthotic on his/her left hand. At the time of this observation, Unit Manager #1 was present and also observed the Resident without an orthotic on. Unit Manager #1 then reviewed the physician order and confirmed the orthotic is to be worn at night and taken off in the morning. Unit Manager #1 said the nursing staff would write a note if the Resident refused wearing the orthotic. Unit Manager #1 then looked in Resident #29's room for the orthotic and was unable to locate it. Review of the nursing notes failed to indicate Resident #29 refused wearing the left hand orthotic. During an interview on 10/18/24 at 7:18 A.M., the Director of Nursing said he expects all orders to be followed as written.

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	10/18/2024

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41456 Based on observations, record review and interviews, the facility failed to follow the recommendations from the Wound Physician for one Resident (#10), out of a total sample of 23 residents. Findings include: Resident #10 was admitted to the facility in February 2023 with diagnoses including diabetes, diabetic neuropathy and osteomyelitis of the left foot and ankle. Review of Resident #10's most recent Minimum Data Set (MDS) dated [DATE], indicated the Resident had a Brief Interview for Mental Status (BIMS) score of 8 our of a possible 15, which indicated he/she had moderate cognitive impairment. The MDS also indicated Resident #10 is dependent on staff for all bed mobility and repositioning tasks. Review of the Wound Physician notes dated 10/14/24 and 9/23/24, indicated Resident #10 has an unstageable pressure wound of the right heel. On both notes, the Wound Physician indicated the following recommendation: -Float heels in bed; pressure off-loading boot; reposition per facility protocol; off-load wound. On 10/16/24 at 8:13 A.M., Resident #10 was observed lying in bed with his/her right foot lying directly on the bed. There were no pillows on the bottom on the bed or on the floor next to the bed. There was a heel protecting bootie observed on the chair next to the bed. At the time of this observation, Resident #10's air mattress was set at 325 pounds. On 10/16/24 at 1:04 P.M., and 1:38 P.M., Resident #10 was observed lying in bed with his/her right foot lying directly on the bed. There were no pillows on the bottom on the bed or on the floor next to the bed. There was a heel protecting bootie observed on the chair next to the bed. At the time of this observation, Resident #10's air mattress was set at 325 pounds. On 10/17/24 at 6:41 A.M., Resident #10 was observed lying in bed with his/her right foot lying directly on the bed. There were no pillows on the bottom on the bed or on the floor next to the bed. There was a heel protecting bootie observed on the chair next to the bed. At the time of this observation, Resident #10's air mattress was set at 325 pounds. Review of Resident #10's physician orders indicated the following orders: -Heel booties to right foot at all times, every shift for off load right heel. -Place Pillow under bilateral calves as tolerated to offload, every shift. Review of Resident #10's skin integrity care plan indicated the following: -Focus: The resident has pressure ulcers to right heel. (continued on next page)

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	10/18/2024

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Interventions: Prevalon booties to right heel as tolerated. Float heels in bed using pillow under calves to offload heels even with boots. As frequently as patient tolerates. Review of Resident #10'a weights indicated Resident #10 weighed 150 pounds. During an interview on 10/17/24 at 10:14 A.M., Nurse #1 said Resident #10 has wound on his/her right heel. Nurse #1 said Resident #10 should wear heel protective booties at all times due to the wound. Nurse #1 said the Resident also has an air mattress for wound management and the air mattress needs to be set to Resident #10's weight for best wound healing. During an interview on 10/17/24 at 11:17 A.M., the Director of Nursing said Resident #10's right heel should be elevated as tolerated and if the Resident were to refuse, the nursing staff would need tow rite a note of refusal. The Director of Nursing said the Resident's air mattress should be set to his/her weight for best wound management and outcome and if the mattress was too firm, there is a potential to progress wound.

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	10/18/2024

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 50338 Based on observation, interview and record review, the facility failed to ensure Residents received respiratory care and treatment according to professional standards of practice and in accordance with physician's orders for one Resident (#2) out of a total sample of 23 residents. Specifically, the facility failed to implement Resident #2's physician ordered oxygen flow rate. Findings include: Review of the facility policy titled Oxygen Administration, dated October 2010, indicated that the purpose of the procedure is to provide guidelines for safe oxygen administration. -Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration. -Before administering oxygen, and while the resident is receiving oxygen therapy, assess for the following: -signs and symptoms of cyanosis (blue tone to skin and mucous membranes), hypoxia (rapid breathing, rapid pulse rate, restlessness, confusion), oxygen toxicity (tracheal irritation, difficulty breathing, or slow, shallow rate of breathing. -vital signs. -lung sounds. -oxygen saturation. -Documentation should include, but is not limited to: -the rate of oxygen flow, route, and rationale. -the reason for p.r.n. (as needed) administration. Resident #2 was admitted to the facility in April 2024 with diagnoses including heart failure and and chronic respiratory failure with hypercapnia (when there is too much carbon dioxide in the blood and happens when the body is unable to get rid of carbon dioxide, a waste product, which prevents blood cells from carrying oxygen). Review of the most recent Minimum Data Set (MDS) assessment, dated 10/3/24, indicated that Resident #2 had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 10 out of 15 and that Resident #2 received oxygen therapy. On 10/16/24 at 8:59 A.M., the surveyor observed Resident #2's oxygen concentrator set at four liters per minute (LPM). (continued on next page)

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	10/18/2024

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/16/24 at 1:00 P.M., the surveyor observed Resident #2's oxygen concentrator set at four LPM. On 10/17/24 at 9:18 A.M., the surveyor observed Resident #2's oxygen concentrator set at four LPM. On 10/17/24 at 12:37 P.M., the surveyor observed Resident #2's oxygen concentrator set at two LPM. Resident #2's family member said a nurse had come in and lowered the oxygen down to two LPM, but it had been set at four LPM and Resident #2 should only be on two LPM. Review of physician's active orders indicated: -oxygen 1-2L (liters)/min as needed to maintain oxygen sat <90% (should be >90%) as needed for poor oxygen perfusion, provide oxygen as needed to maintain oxygen saturation as per order. -vital signs every evening shift. During an interview on 10/17/24 at 1:15 P.M., Nurse #2 said Resident #2's oxygen order is for two LPM and when she went in the room earlier and saw the oxygen set at four LPM she turned it down to two LPM. During an interview on 10/18/24 at 8:09 A.M., Director of Nursing (DON) said that Physician's orders should be followed and that adverse effects of having oxygen set above ordered range include circulation issues and risk of carbon dioxide levels being off.

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	10/18/2024

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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50338 Based on record review and interview the facility failed to ensure a plan of care was developed for Trauma Informed Care, with individualized interventions, for one Resident (#27) who had a history of trauma, out of a total sample of 23 residents. Specifically, for Resident #27, the facility failed to develop a comprehensive trauma care plan, with individualized triggers. Findings include: Review of the facility policy titled Trauma Informed Care, dated March 2019, indicated the following: Purpose: -To guide staff in appropriate and compassionate care specific to individuals who have experienced trauma. -Nursing staff are trained on screening tools, trauma assessment and how to identify triggers (psychological stimulus and prompts recall of a previous traumatic event, even if the stimuli itself is not traumatic or frightening), associated with re-traumatization. Resident #27 was admitted to the facility in September 2024 with diagnoses including major depression, anxiety, and PTSD (post traumatic stress disorder). Review of Resident #27's most recent Minimum Data Set (MDS) assessment dated [DATE], indicated that Resident #27 was moderately cognitively impaired as evidence by a Brief Interview for Mental Status (BIMS) score of 10 out of 15, that he/she has a diagnosis of PTSD and takes an antidepressant medication. Review of Resident #27's plan of care related to trauma informed of care on 10/15/24, initiated 9/19/24, indicated the following intervention: -Encourage resident to speak up regarding situations that make him/her uncomfortable or bring up feelings of anxiety. -Establish a rapport with resident to gain trust by providing a consistent, positive, and honest environment, as well as nonjudgmental attitude. -Provide resident and family with an environment that fosters physical and psychological safety. Review of Resident #27's care plan failed to indicate the development of a comprehensive trauma informed care plan with identified triggers and interventions for his/her diagnosis of PTSD. Review of Resident #27's psychiatric medication evaluation, dated 9/24/24, failed to include any diagnoses of PTSD. (continued on next page)

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	10/18/2024

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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #27's psychotherapy notes, dated 9/25/24, failed to include any diagnoses of PTSD. During interview on 10/16/24 at 1:15 P.M., the social worker said when a new resident is admitted she reviews admission paperwork, has a meeting with resident, completes trauma informed care screening, and will address in care plan if applicable. The social worker said she was unaware that Resident #27 had diagnosis of PTSD, but it should have been addressed in his/her plan of care with specific triggers that may create re-traumatization.

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	10/18/2024

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 50338 Based on record review and interviews, the monthly medication review (MRR), which reviews the drug regimen of each resident by a licensed pharmacist, failed to identify an irregularity in one Resident (#2's) drug regime, out of a sample of 23 residents. Specifically the facility failed to identify Resident #2 was receiving double the prescribed dose of Torsemide (medication used to treat fluid retention caused by heart failure). Findings include: Resident #2 was admitted to the facility in April 2024 with diagnoses including heart failure (a chronic condition in which the heart cannot pump blood as well as it should). Review of the most recent Minimum Data Set (MDS) assessment, dated 10/3/24, indicated that Resident #2 had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 10 out of 15. Review of Resident #2's active physician's orders indicated: -Torsemide 40 milligram (mg) tablet, give in the morning for edema, dated 9/10/24. -Torsemide 40 mg, give one table in the morning related to chronic obstructive pulmonary disease (COPD) with acute exacerbation, dated 9/21/24. Review of Medication Administration Record (MAR), dated October 2024 indicated: -Torsemide 40 mg tablet in the morning for edema, dated 9/10/24, scheduled to be given at 6:00 A.M. -Torsemide 40 mg, give one tablet in the morning related to COPD with acute exacerbation, dated 9/21/24, scheduled to be given at 9:00 A.M. Review of MMR, dated 9/30/24, failed to include an irregularity in Resident #2's order for Torsemide. During interview on 10/18/24 at 9:23 A.M., the DON said he would expect MRR to recognize the double torsemide dose. During interview on 10/18/24 at 9:25 A.M., the Regional Clinical Director said she would expect MRR to recognize the double torsemide dose.

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	10/18/2024

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 50338 Based on observations, interviews, and record review, the facility failed to ensure that one Resident (#2), was free from significant medication errors, out of a sample of 23 residents. Specifically, Resident #2 received a double the prescribed dose of the medication Torsemide (a medication that is used to treat high blood pressure, heart failure and a buildup of fluid in the body). Findings include: Resident #2 was admitted to the facility in April 2024 with diagnoses including heart failure (a chronic condition in which the heart cannot pump blood as well as it should). Review of the most recent Minimum Data Set (MDS) assessment, dated 10/3/24, indicated that Resident #2 had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 10 out of 15. Review of Resident #2's active physician's orders indicated: -Torsemide (a diuretic) 40 milligram (mg) tablet, give in the morning for edema, dated 9/10/24. -Torsemide 40 mg, give one table in the morning related to chronic obstructive pulmonary disease (COPD) with acute exacerbation, dated 9/21/24. Review of Medication Administration Record (MAR), dated October 2024 indicated: -Torsemide 40 mg tablet in the morning for edema, dated 9/10/24, scheduled to be given at 6:00 A.M. -Torsemide 40 mg, give one tablet in the morning related to COPD with acute exacerbation, dated 9/21/24, scheduled to be given at 9:00 A.M. Further review of Resident #2's MAR from 9/21/24-10/17/24 indicated Resident #2 received two doses of Torsemide (40 mg at 6:00 A.M. and 40 mg at 9:00 A.M.) for a total of 27 days. Review of Resident #2's weights and vitals summary, indicated: -8/19/24- 195 Lbs.(pounds) -9/16/24-168.9 Lbs. (26-pound weight loss in one month) -9/19/24-168 Lbs. -9/23/24-168.8 Lbs. -9/26/24-167 Lbs. (continued on next page)

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	10/18/2024

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-10/7/24-166.8 Lbs. -10/1/24- 166 Lbs. Review of At-Risk Weekly Progress Note, dated 9/18/24 indicated: -At risk for: Weight loss 195-169 x 30 days. -Intervention(s): CCHO mech soft diet (consistent carbohydrate mechanical soft). -Glucerna daily. (supplement) -Outcome: Monitor weight until stable x 4 weeks. Review of At-Risk Weekly Progress Note, dated 10/2/24 indicated: -Intervention(s): Supplement, preference foods, liquid protein. -Outcome: Continue to monitor weights: weight stability and encouragement with adequate intake of medical supplements. Review of At-Risk Weekly Progress Note, dated 10/9/24 indicated: Intervention(s): Supplement increased, preference foods, liquid protein, labs scheduled for 10/10. Outcome: Continue to monitor weights: weight stability and encouragement with adequate intake of medical supplements, follow up during meal rounds. The At-Risk progress notes failed to indicate a review of Resident #2's medication occurred. Review of Resident #2's Dietitian progress note dated 10/2/24, indicated Resident #2 was at nutritional risk due to significant weight loss and her complex health conditions and had the potential for further weight loss due to fair intakes and fluctuations related to diuretic use and fluid status. The note indicate Resident #2 had experienced a 55-pound weight loss over the past six months and recent labs showed elevated BUN/creatinine levels. Review of Resident #2's lab results report, indicated: -8/22/24- BUN (blood urea nitrogen)-34 (reference range 10-24); creatinine-2.3 (reference range 0.7-1.5) (BUN and creatinine are indicators of kidney function). -9/12/24-BUN-44; creatinine-2.7. -9/17/24-BUN-40; creatinine-2.1. -9/24/24-BUN-38; creatinine-2.1. Review of Physician's progress notes, indicated: (continued on next page)

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	10/18/2024

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-9/18/24- weight 168 Lbs. BUN=40. creatinine=2.1. Orders were given to hold Torsemide 40 mg daily for three days, then resume. Start Torsemide 20 mg daily for three days. Check labs in one week. -9/25/22- weight 168.8 Lbs. Continue Torsemide. -10/2/24- weight 167 Lbs. Continue Torsemide. -10/16/24- weight 166 Lbs. -The note failed to indicate the Physician was aware Resident #2 had two separate daily orders for Torsemide. Review of Resident #2's Monthly Medication Review, dated 9/30/24, by Consultant Pharmacist failed to recognize the discrepancy in Torsemide orders. During review on 10/17/24 at 1:15 P.M., of Resident #2's Medication Administration Report (MAR) by Nurse #2 and surveyor, Nurse #2 acknowledged that there were two separate orders for Torsemide in the morning and said she would need to contact the Nurse Practitioner to clarify the order. Review of Resident #2's nurses note dated 10/17/24, indicated that the Nurse Practitioner was notified regarding resident receiving 80 mg of Torsemide daily and gave an order to: 1. Continue Torsemide 40 mg at 06:00 Daily. 2. Labs on Tuesday October 22: CBC BMP. -Provider and responsible party notified. During an interview on 10/18/24 at 8:09 A.M., Director of Nursing (DON) said adverse effects of receiving double dose of Torsemide could include kidney issues as evidenced by abnormal lab values, cardiac issues such as irregular heart rate, low blood pressure and weight issues as fluid leaves the body. The Director of Nursing said this was a significant medication error as it put Resident #2 at increased risk for these issues.

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	10/18/2024

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 45763 Based on observation, policy review, and interview, the facility failed to handle food in accordance with professional standards for food service safety. Specifically, the facility failed to ensure that staff did not contaminate ready to eat food during service. Findings include: Review of the facility's policy titled Food Preparation and Services, revised April 2022, indicated, but was not limited to, the following: - Food preparation staff adhere to proper hygiene and sanitary practices to prevent the spread of foodborne illness. - Bare hand contact with food is prohibited. Gloves are worn when handling food directly and changed between tasks. Disposable gloves are single-use items and are discarded after each use. The surveyor made the following observations on 10/17/24 from 11:34 A.M. until 11:52 A.M. during the lunch tray line: - The cook contaminated his gloves by taking lids off pans and by grabbing pan lids stored under the table. The cook then further contaminated his gloves by removing the plastic wrap from the top of two pans, and by grabbing the handles of serving utensils. - Using the same contaminated gloves the cook grabbed edible flowers and placed them on 12 resident plates to be served. Using the same contaminated gloves the cook also grabbed five hot dog buns and placed them on resident plates to be served. During an interview on 10/18/24 at 8:27 A.M., the Food Service Director (FSD) said it was important for staff to avoid contaminating food and that staff should handle food in a way that avoids contaminating ready-to-eat food with contaminated gloves.