

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225598	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Waterview Lodge Llc, Rehabilitation & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 250 West Union Street Ashland, MA 01721	

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 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50563</p> <p>Based on observation, interview, and record review, the facility failed to ensure a clean, safe, comfortable, and homelike environment for one Resident (#23) out of a total sample of 18 residents.</p> <p>Specifically, the facility failed to ensure that Resident #23's wheelchair was maintained in a clean, safe, and homelike condition when the Resident's wheelchair was observed to have a damaged left armrest.</p> <p>Findings include:</p> <p>Resident #23 was admitted to the facility in July 2020, with diagnoses including Depression (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), Anxiety (feeling of unease, such as worry or fear, that can be mild or severe/ intense, excessive, and persistent worry and fear about everyday situations) and Osteoarthritis (a degenerative joint disease caused by an inflammatory reaction in bone and joint tissue, that worsens over time, often resulting in swelling, stiffness, chronic pain and loss of flexibility).</p> <p>Review of Resident #23's Minimum Data Set (MDS) assessment dated [DATE] indicated the following:</p> <ul style="list-style-type: none"> <li>-The Resident was moderately cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 11 out of a possible score of 15.</li> <li>-the Resident used a wheelchair for mobility.</li> </ul> <p>On 10/22/24 at 9:07 A.M., the surveyor observed Resident #23 seated in his/her wheelchair. The surveyor further observed the leather on the front portion of the left armrest was torn and the padding was missing from the left wheelchair armrest.</p> <p>On 10/23/24 at 8:49 A.M., the surveyor observed Resident #23 seated in a straight back arm chair in the unit dining room with his/her wheelchair positioned next to him/her. The surveyor further observed the leather remained torn and cushion missing on the left armrest of the wheelchair and that a sock had been tied around the left armrest of the wheelchair. During an interview at the time, the Resident said he/she had put the sock on the armrest because it is broken. The Resident further said the staff know about the armrest needing repair but are too busy to address it.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/23/24 at 12:20 P.M., the surveyor and Certified Nursing Assistant (CNA) #3 observed Resident #23's left wheelchair armrest together. CNA #3 said she was aware of the leather of the left armrest being torn and cushion missing on the front portion of the armrest and that the Nurse was informed of this last week and was supposed to put it in the maintenance log for repair. CNA #3 said she did not remember which Nurse she informed.</p> <p>Review of the Unit Maintenance log for October 2024 indicated no evidence that Maintenance was alerted of a need to repair Resident #23's wheelchair.</p> <p>During an interview on 10/23/24 at 12:24 P.M., the surveyor and Unit Manager (UM) #1 observed Resident #23's left wheelchair armrest together. UM #1 said he had not been aware of the armrest leather being torn or cushion missing, and he would let Maintenance know. UM #1 further said unit staff should have notified Maintenance as soon as the staff identified the wheelchair armrest damage.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47901</p> <p>Based on record and policy review, and interview, the facility failed to investigate an incident of physical aggression for two Residents (#49 and #54) out of a total sample of 18 residents.</p> <p>Specifically, the facility failed to appropriately investigate a resident-to-resident altercation involving Resident #49 and Resident #54 and/or assess any potential impact resulting for both Residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Resident Abuse, undated, indicated:</p> <ul style="list-style-type: none"> <li>-Residents of the facility will not be subjected to abuse by anyone, including but not limited to, facility staff, other residents, consultants volunteer staff and other individuals.</li> <li>-Under the Administrator's direction, the facility will thoroughly investigate any alleged violation involving mistreatment, about or neglect, according to state law.</li> <li>-Immediately investigate the alleged incident during the shift on which the alleged abuse occurred.</li> <li>-Interview the resident and other resident witnesses. Conduct at least three resident interviews. These interviews are to be dated, documented and signed by the person conducting the interview.</li> </ul> <p>Resident #49 was admitted to the facility in January 2023, with diagnoses including Schizophrenia (a mood disorder that affects a person's ability to think, feel, and behave clearly, difficulty with concentration and memory) and Chronic Obstructive Pulmonary Disease (COPD - a chronic lung disease that causes obstructed airflow from the lungs that leads to respiratory problems including difficulty breathing, shortness of breath and wheezing).</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #49 was cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 4 out of a total of 15.</p> <p>Resident #54 was admitted to the facility in December 2023 with diagnosis of Bipolar Disorder (a mental health condition that causes extreme mood swings that include emotional highs [mania or hypomania] and lows [depression]).</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #54 was cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 9 out of a total 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>Review of the medical record indicated a Nursing Progress Note dated 6/9/24 at 2:29 P.M., with documentation that Resident #49 was found to be more vocal/aggressive than his/her baseline presentation. The Nursing Progress Note indicated staff who worked previous day (6/8/24) reported that Resident #49 had been physically aggressive towards his/her roommate therefore the roommate had been moved to a different room.</p> <p>During an interview on 10/23/24 at 2:21 P.M., Unit Manager (UM) #3 said she had been assigned to care for Resident #49 and Resident #54 on 6/9/24. UM #3 said that during shift-to-shift report on 6/9/24, it was reported that Resident #54 had been moved to a different room because Resident #49 was physically aggressive to Resident #54.</p> <p>During an interview on 10/23/24 at 2:25 P.M., the Social Worker (SW) said she was aware Resident #54 had been moved to a different room but had not been made aware of what had transpired between Resident #49 and Resident #54 that warranted the room change. The SW said she had not investigated (the incident) or followed-up on Resident #49 and Resident #54.</p> <p>During an interview on 10/23/24 at 3:44 P.M., the Administrator said he knew Resident #54 had a room change, he was not aware of any aggression between Resident #49 and #54. The Administrator said the incident should have been investigated but it was not.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44337</b></p> <p>Based on record review, and interview, the facility failed to ensure that Minimum Data Set (MDS) Assessments were coded accurately for four Residents (#74, #9, #49, and #71) out of a total sample of 18 residents.</p> <p>Specifically, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. For Resident #74, ensure the most recent MDS was coded accurately relative to a fall event.</li> <li>2. For Resident #9, ensure the most recent MDS was coded accurately relative to the use of a restraint.</li> <li>3. For Resident #49, ensure the MDS assessment was coded accurately relative to a diagnosis of Chronic Obstructive Pulmonary Disease (COPD: a chronic lung disease that causes obstructed airflow from the lungs that leads to respiratory problems including difficulty breathing, shortness of breath and wheezing) and Oxygen use.</li> <li>4. For Resident #71, ensure the MDS assessment was coded accurately relative to Hospice (a program that gives special care to people who are near the end of life and have stopped treatment to cure or control their disease) services.</li> </ol> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Resident #74 was admitted to the facility in February 2021 with diagnoses including Paranoid Schizophrenia (type of Schizophrenia characterized by paranoia [distrust, suspicious, and fearful without any good reason], delusions and hallucinations).</li> </ol> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #74 was severely cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of six out of a total possible score of 15. Further review of the MDS assessment indicated that Resident #74 had experienced a fall with injury.</p> <p>Review of the clinical record Nursing Progress Note dated 7/25/24, indicated that Resident #74 was observed sitting on the floor next to his/her bed with a bloody mouth and a cut to the left upper lip.</p> <p>Further review of the Nursing Progress Note dated 7/25/24, indicated Resident #74 returned to the facility at 5:00 P.M. from the hospital with diagnoses of left lip laceration and a closed fracture of the fifth metacarpal (long bone in the hand that forms the palm).</p> <p>During an interview on 10/29/24 at 8:36 A.M., the MDS Nurse said she coded Resident #74's fall on 7/25/24 as a fall with injury. The MDS Nurse said that she did not code the Resident's fall as a major injury because she didn't think that a fractured finger was as serious as a fractured hip. The MDS Nurse further said that she should have coded Resident #74's fall as a fall with major injury.</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 #9 was admitted to the facility in May 2002, with diagnoses including Cerebral Vascular Accident (CVA- stroke, damage to the brain due to interrupted blood flow) and Vascular Dementia (brain damage caused by multiple strokes).</p> <p>Review of the MDS assessment dated [DATE], indicated Resident #9 used bedrails restraint daily.</p> <p>Review of Resident #9's clinical record indicated a consent dated 8/29/24, and signed by Resident #9's invoked (put into effect) Health Care Proxy (a person designated to make medical decisions for another person when that person is unable to do so themselves) allowing for Resident #9 to have two one-half side rails in the up position on the bed to assist the Resident with bed mobility.</p> <p>During an interview on 10/28/24 at 1:41 P.M., the MDS Nurse said Resident #9 does not use a side rail restraint and the MDS assessment dated [DATE], had been coded incorrectly.</p> <p>47901</p> <p>3. Resident #49 was admitted to the facility in January 2023, with diagnoses of Schizophrenia (a mood disorder that affects a person's ability to think, feel, and behave clearly) and Chronic Obstructive Pulmonary Disease (COPD - a chronic lung disease that causes obstructed airflow from the lungs that leads to respiratory problems including difficulty breathing, shortness of breath and wheezing).</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #49:</p> <ul style="list-style-type: none"> <li>-was cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 4 out of a total possible score of 15.</li> <li>-was dependent on staff for activities of daily living (ADL's - bathing, grooming, dressing, hygiene).</li> </ul> <p>Review of Resident #49's MDS Assessment completed 1/25/24 did not indicate that the Resident had a history of COPD and was on Oxygen.</p> <p>During an interview on 10/25/24 at 10:30 A.M., the MDS Nurse said she had missed the coding on the MDS Assessment for COPD and Oxygen use and that it was an error.</p> <p>4. Resident #71 was admitted to the facility in April 2024, with diagnoses including End Stage Dementia (the final stage of Dementia - limited speech and difficult understanding, no concept of time or awareness, walking, not recognizing people and losing weight, when the condition has a severe impact on a person's life, and need full time care). Resident #71 was admitted to the facility for Hospice care and services per the Resident's admission orders.</p> <p>Review of Resident #71's MDS Assessments dated 7/14/24 and 10/14/24, indicated the Resident was not coded for Hospice care and services.</p> <p>During an interview on 10/25/24 at 10:32 A.M., the MDS Nurse said Hospice care and services for Resident #71 should have been coded on the MDS Assessment and that it was not coded.</p>		

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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>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50563</p> <p>Based on observation, interview, and record review, the facility failed to ensure a comprehensive care plan was initiated for the care and services of three Residents (#72, #64 and #74), out of a total sample of 18 Residents.</p> <p>Specifically, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. For Resident #72, develop a comprehensive care plan addressing the care and services needed relative to the Resident's cognitive loss and Dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory and loss of judgment).</li> <li>2. For Resident #64, develop comprehensive care plans when the Minimum Data Set (MDS) Assessment triggered for cognitive loss for the Resident.</li> <li>3. For Resident #74, assess and revise the Resident's Care Plan to include measurable goals for falls prevention after the Resident sustained a fall with injury.</li> </ol> <p>Findings include:</p> <p>Review of the facility policy titled Comprehensive Care Plan, revised 5/1/24, indicated the following:</p> <ul style="list-style-type: none"> <li>-The Interdisciplinary Team will continue to develop the care plan in conjunction with the RAI [Resident Assessment Instrument Manual: a manual used to instruct facilities how to complete the Minimum Data Set Assessment (MDS)] and CAAs [Care Area Assessments: a portion of the MDS assessment where specific areas are triggered by assessment answers for the facility to bring into a care plan where indicated] .</li> <li>-The Interdisciplinary Team will develop and implement the Comprehensive Care Plan within 21 days of admission. This comprehensive care plan will address resident goals, actual and potential problems, needs, strengths, and individual preferences of the resident.</li> <li>-The admitting Registered Nurse will complete baseline care plan on admission within 48 hours to address the following areas:</li> </ul> <p>&gt;Cognitive Loss</p> <ul style="list-style-type: none"> <li>-Each discipline will be responsible for the initiation and ongoing follow-up for care plans related to their area of expertise.</li> <li>-The Interdisciplinary Team will review the plan of care at Comprehensive Care Plan meeting with the resident and his/her representative.</li> </ul> <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 - Few</p>	<p>1. Resident #72 was admitted to the facility in September 2023, with diagnoses including Parkinson's Dementia (problems with cognitive functioning including forgetfulness and trouble with concentration caused by progression of Parkinson's Disease [a progressive degenerative disorder of the central nervous system characterized by tremor and impaired muscular coordination]).</p> <p>Review of Resident #72's Annual Minimum Data Set (MDS) assessment dated [DATE], indicated the following:</p> <ul style="list-style-type: none"> <li>-The Resident was sometimes able to understand and sometimes able to make him/herself understood.</li> <li>-The Resident was severely cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 3 out of a possible score of 15.</li> <li>-Care Area Assessment (CAA) for Cognitive Loss was triggered and indicated: <ul style="list-style-type: none"> <li>&gt;Cognitive loss will be addressed in the care plan.</li> <li>&gt;Overall objectives to avoid complications and minimize risk.</li> <li>&gt;Cognitive loss was an actual problem.</li> <li>&gt;Resident is unable to make decisions regarding his/her health and personal needs</li> <li>&gt;Staff will need to anticipate his/her needs and monitor for non-verbal signs of pain, shortness of breath or any distress for the Resident's well being.</li> </ul> </li> </ul> <p>Review of Resident #72's Quarterly MDS Assessment, dated 8/8/24, indicated:</p> <ul style="list-style-type: none"> <li>-The Resident rarely/never understands others and was rarely/never understood by others.</li> <li>-The Resident was severely cognitively impaired as evidenced by a Brief Interview for Mental Status score of 2 out of a possible score of 15.</li> </ul> <p>Review of Resident #72's Medical Record indicated no evidence of a comprehensive care plan addressing the care and services needed relative to the Resident's cognitive loss and Dementia.</p> <p>During an interview on 10/25/24 at 10:21 A.M., the MDS Nurse said the MDS CAAs triggered for a Cognitive Loss/Dementia care plan in November 2023, and there should have been a Cognitive Loss/Dementia care plan in place but there was not.</p> <p>48206</p> <p>2. Resident #64 was admitted to the facility in December 2023, with diagnoses including Dementia with Behaviors (progressive disease with impairment in memory and functioning that includes symptoms such as depression, anxiety, psychosis, agitation, aggression, disinhibition, and sleep disturbances), and Anxiety (feeling of unease, such as worry or fear, that can be mild or severe/ intense, excessive, and persistent worry and fear about everyday situations).</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 - Few</p>	<p>Review of the Admission Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #64:</p> <ul style="list-style-type: none"> <li>-Was sometimes able to understand and sometimes able to make him/herself understood.</li> <li>-Was unable to participate in a cognitive assessment and per staff assessment, had short and long term memory impairments, and was moderately impaired with decision making.</li> </ul> <p>-Care Area Assessment (CAA) for Cognitive Loss was triggered and indicated:</p> <ul style="list-style-type: none"> <li>&gt;Cognitive loss will be addressed in the care plan.</li> <li>&gt;Overall objectives for improvement, avoid complications, and minimize risk.</li> <li>&gt;Cognitive loss was an actual problem.</li> <li>&gt;Resident is unable to make decisions, has poor judgement, and no insight regarding his/her surroundings and current status of health.</li> </ul> <p>Review of the Quarterly MDS assessment dated [DATE], indicated Resident #64:</p> <ul style="list-style-type: none"> <li>-Was rarely/never understood by others and was rarely/never able to make him/herself understood.</li> <li>-Was unable to participate in cognitive assessment and per staff assessment, had severely impaired decision making.</li> </ul> <p>Review of the Interdisciplinary Care Plan Meeting Summary Sheet, dated 9/18/24, indicated:</p> <ul style="list-style-type: none"> <li>-Cognitive Loss was an active problem.</li> <li>-No progress was being made even though Resident is participating.</li> <li>-Cognitive loss is an ongoing problem, and continue plan.</li> </ul> <p>Review of Resident #64's medical record indicated no evidence of a comprehensive care plan addressing the care and services needed relative to the Resident's cognitive loss.</p> <p>During an interview on 10/25/24 at 12:40 P.M., the MDS Nurse said that care plans are triggered by the MDS Assessment and CAAs. The MDS Nurse said she created the 9/18/24 Interdisciplinary Care Plan Meeting Summary document and that the care plan for cognitive loss was active and ongoing. The MDS Nurse said that she remembers the Cognitive Loss CAA being triggered. The surveyor and the MDS Nurse reviewed Resident #64's current plan of care and the MDS Nurse said that there was not a cognitive loss care plan in place, that she would look into it, and get back to the surveyor.</p> <p>The facility provided no further evidence of a care plan for cognitive loss for Resident #64 to the survey team at time of survey exit.</p> <p>44337</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 - Few</p>	<p>3. Resident #74 was admitted to the facility in February 2021, with diagnoses including Paranoid Schizophrenia (type of Schizophrenia characterized by paranoia [distrust, suspicious, and fearful without any good reason], delusions and hallucinations).</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #74 was severely cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of six out of a total possible score of 15.</p> <p>Review of the clinical record Nursing Progress Note dated 7/25/24, indicated that Resident #74 was observed sitting on the floor next to his/her bed with a bloody mouth and a cut to the left upper lip.</p> <p>Further review of the Nursing progress notes dated 7/25/24, indicated Resident #74 returned to the facility at 5:00 P.M. from the hospital with diagnoses of left lip laceration and a closed fracture of the left fifth metacarpal (long bone in the hand that forms the palm).</p> <p>Review of the current Care Plan Focus initiated 11/16/23, indicated that Resident #74 was at risk for falls and experienced an unwitnessed fall on 7/25/24.</p> <p>Further review of the Falls Care Plan did not provide any evidence that new interventions were put into place following the Resident's unwitnessed fall on 7/25/24.</p> <p>During an interview on 10/28/24 at 4:09 P.M., the Assistant Director of Nurses (ADON) said that she is responsible for updating care plans when a serious reportable event occurs in the facility. The ADON said she updates the care plan in the computer as soon as she reports the event so that the new care plan can be filed with the event investigation and implemented right away. The surveyor and the ADON reviewed Resident 74's care plan and the ADON said that she revised and updated the care plan to reflect Resident #74's metacarpal fracture. The ADON was unable to provide any evidence that she had revised and updated the care plan with interventions relative to Resident #74's unwitnessed fall.</p>		

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NAME OF PROVIDER OR SUPPLIER  Waterview Lodge Llc, Rehabilitation & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 250 West Union Street Ashland, MA 01721	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44337</p> <p>Based on observation, interview, and record review, the facility failed to provide care and services according to professional standards of practice relative to indwelling suprapubic catheter (Foley/a flexible tube placed through a surgical incision through the abdominal wall into the bladder to drain urine) for one Resident (#30) out of a total sample of 18 residents.</p> <p>Specifically, the facility failed to ensure that the correct size suprapubic urinary catheter had been placed for Resident #30 as ordered, placing the Resident at increased risk for bladder irritation, infection and pain.</p> <p>Findings include:</p> <p>Resident #30 was admitted to the facility in February 2011, with diagnoses including paraplegia (complete paralysis of the lower half of the body including both legs, usually caused by damage to the spinal cord) and Neurogenic bladder (a urinary dysfunction in which the bladder does not empty properly. Depending on the type of neurological disorder causing the problem, the bladder may empty spontaneously [incontinence] or may not empty at all [retention with overflow leakage]).</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #30 was cognitively intact as evidenced by a Brief Interview of Mental Status (BIMS) score of 14 out of a total possible score of 15.</p> <p>On 10/22/24 at 10:05 A.M., the surveyor and Unit Manager (UM) #1 observed Resident #30 to have a size 20 Fr (French - French scale or system used to size catheters) indwelling suprapubic urinary catheter in place.</p> <p>Review of the October 2024 Physician's orders dated 10/1/24 - 10/31/24, indicated the following:</p> <p>-Change suprapubic Foley Catheter every 4 weeks with size 18 Fr 3-way (urinary catheter with three channels that allows fluid to flow into and out of the bladder while also irrigating the bladder) catheter, due 10/10/24</p> <p>Review of Resident #30's October 2024 Treatment Administration Record (TAR) dated 10/1/24 - 10/31/24 indicated that a size 18 Fr Foley catheter had been inserted on 10/10/24.</p> <p>During an interview on 10/22/24 at 10:05 A.M., UM #1 said that the Physician order was written for a size #18 Fr suprapubic urinary catheter and not the size 20 Fr suprapubic urinary catheter that Resident #30 had in place. UM #1 said Resident #30 had the incorrect size suprapubic urinary catheter in place and that Resident #30 should have a size 18 Fr suprapubic urinary catheter in place as ordered.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47901</b></p> <p>Based on observation, interview, policy and record review, the facility failed to provide respiratory care and services in accordance with professional standards of practice for one Resident (#49), out of a total sample of 18 residents.</p> <p>Specifically, for Resident #49, the facility failed to notify the Physician and administer Oxygen as ordered when the Oxygen liter flow rate (the rate of supplemental Oxygen delivered through an oxygen delivery device) being set for the Resident was not as ordered by the Physician.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Respiratory Medicaid Coverage Communication Sheet, revised July 2001, indicated:</p> <ul style="list-style-type: none"> <li>-Once it has been determined that a resident require oxygen support secondary to an acute or chronic respiratory of cardiac condition, the PCP should be notified by licensed personnel.</li> </ul> <p>Review of the facility's policy titled Change in a Resident's condition or Status, undated, indicated:</p> <ul style="list-style-type: none"> <li>-Nursing services will notify the Resident's Attending Physician when there is a change in a Resident's condition.</li> <li>-Nursing services will notify the Resident's Attending Physician when there is a need to alter the Resident's treatment.</li> </ul> <p>Review of the AARC (American Association for Respiratory Care) Clinical Practice Guideline, updated 2014: <a href="https://www.aarc.org/wp-content/uploads/2014/08/08.07.1063.pdf">https://www.aarc.org/wp-content/uploads/2014/08/08.07.1063.pdf</a> indicates:</p> <ul style="list-style-type: none"> <li>-All Oxygen must be prescribed and dispensed in accordance with federal, state, and local laws and regulations.</li> <li>-Oxygen is a medical gas and should only be dispensed in accordance with all federal, state, and local laws and regulations.</li> <li>-Undesirable results or events may result from noncompliance with Physicians' orders or inadequate instruction for Oxygen therapy.</li> <li>-There is a potential in some spontaneously breathing hypoxemic patients with hypercapnia [high carbon dioxide levels in the blood] and chronic obstructive pulmonary disease that oxygen administration may lead to an increase in PaCO<sub>2</sub>.</li> </ul> <p>-Equipment maintenance and supervision:</p> <p>&gt;All oxygen delivery equipment should be checked at least once daily</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>&gt;Facets to be assessed include proper function of the equipment, prescribed flowrates, remaining liquid or compressed gas content, and backup supply.</p> <p>Resident #49 was admitted to the facility in January 2023, with diagnoses including Schizophrenia (a severe mental disorder characterized by delusions [false beliefs], hallucinations [perception of sights, sounds, etc. that are not actually present], incoherence and physical agitation) and Chronic Obstructive Pulmonary Disease (COPD - a chronic lung disease that leads to respiratory problems including difficulty breathing, shortness of breath and wheezing).</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #49 was cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 4 out of a total possible of 15.</p> <p>Further review of the MDS Assessment indicated that Resident #49 was dependent on staff for activities of daily living (ADL's - bathing, grooming, dressing, hygiene).</p> <p>On 10/22/24 at 8:17 A.M., the surveyor observed Resident #49 seated in the unit dining room having breakfast. The surveyor observed an oxygen concentrator (a device which concentrates the oxygen from a gas supply [typically ambient air] to supply an oxygen-enriched gas stream typically from 1 to 6 liters of oxygen) positioned next to the left side of the Resident. The surveyor observed the oxygen concentrator was powered on and set at 0.5 liters per minute (LPM) of oxygen flow with the nasal cannula (a thin flexible tube that provides supplemental oxygen through the nose via nasal prongs) in the Resident's nostrils.</p> <p>Review of Resident #49's October 2024 Physician's orders indicated:</p> <ul style="list-style-type: none"> <li>-Monitor oxygen (O2) sat ([saturation] - SpO2/POX/O2 Sat - measure of Oxygen in the blood as a percentage of the maximum Oxygen the blood could carry) every shift</li> <li>-Titrate O2 (Oxygen) 1 - 5 L (liters) via Nasal Cannula (NC) to maintain oxygen saturation above 90%</li> <li>-Oxygen at 3L via NC as needed to maintain POX 90 to 94% at rest</li> </ul> <p>Review of Resident #49's October 2024 Treatment Administration Record (TAR) indicated the following SpO2 results:</p> <ul style="list-style-type: none"> <li>-10/1/24: SpO2 result on 0.5 LPM (liters per minute) = 93%</li> <li>-10/2/24: SpO2 result on 0.5 LPM = 94%</li> <li>-10/3/24: SpO2 on room air = 89%</li> <li>-10/3/24: SpO2 on 0.5 LPM = 94%</li> <li>-10/4/24: SpO2 on room air = 88%</li> <li>-10/4/24: SpO2 on 0.5 LPM = 94%</li> </ul> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-10/6/24: SpO2 on 2 LPM = 95%</p> <p>-10/7/24: SpO2 on room air = 88%</p> <p>-10/7/24: SpO2 on 0.5 LPM = 93%</p> <p>-10/10/24: SpO2 on room air = 88%</p> <p>-10/10/24: SpO2 on 0.5 LPM = 94%</p> <p>-10/14/24: SpO2 on room air = 88%</p> <p>-10/14/24: SpO2 on 0.5 LPM = 94%</p> <p>-10/16/24: SpO2 on room air = 89%</p> <p>-10/16/24: SpO2 on 0.5 LPM = 93%</p> <p>During an interview on 10/25/24 at 7:57 A.M., Unit Manager (UM) #2 said Resident #49 was receiving O2 at 0.5 liters per minute (LPM). The surveyor and UM #2 reviewed the October 2024 TAR, and UM #2 said Resident #49 was readmitted to the facility after being hospitalized on [DATE], with changes in Oxygen orders. UM #2 said Resident #49 was readmitted with an order to titrate Oxygen between 1 to 5 liters/LPM to maintain oxygen saturation levels between 90 to 94%. UM #2 said Resident #49 had a follow-up with a Pulmonologist (Physician specializing in diseases and conditions of the respiratory system) with recommendations to keep Oxygen at 1 to 3 liters/LPM to maintain oxygen saturation between 90 to 94%. UM #2 said the Oxygen flow rate recommendations at 1 to 3 liters to maintain oxygen saturation between 90 to 94% was approved by the facility Physician on 9/6/24, but was not transcribed from the telephone orders to the TAR as ordered. Further review of the TAR with UM #2 indicated that Resident #49 had been receiving Oxygen at 0.5 liters for the entire month of October. UM #2 said the Physician should have been notified by the facility staff to obtain Oxygen orders based on the Resident's need but that had not been done.</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>42761</p> <p>Based on observation and interview, the facility failed to post required nurse staffing information on a daily basis.</p> <p>Specifically, the facility failed to include the resident census information on the daily posting for the facility nurse staffing.</p> <p>Findings include:</p> <p>On 10/22/24 at 12:00 P.M., the surveyor observed a paper posting of nurse staffing information for 10/22/24 encased in plastic on the Scheduler's desk in the facility's main lobby.</p> <p>The nurse staffing information posted included the following:</p> <ul style="list-style-type: none"> <li>-the facility's name.</li> <li>-the current date.</li> <li>-total number and actual hours worked by Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Certified Nurse Aides (CNAs).</li> </ul> <p>Further review of the nurse staffing paper posting included a row titled Census which included no information and was left blank.</p> <p>On 10/23/24 at 10:55 A.M., the surveyor observed a paper posting of nurse staffing information for 10/23/24 encased in plastic on the Scheduler's desk in the facility's main lobby. The nurse staffing information posted included the following:</p> <ul style="list-style-type: none"> <li>-the facility's name.</li> <li>-the current date.</li> <li>-total number and actual hours worked by RNs, LPNs, and CNAs.</li> </ul> <p>Further review of the nurse staffing paper posting included a row titled Census that included no information and was left blank.</p> <p>During an interview on 10/23/24 at 11:00 A.M., the Scheduler said she was responsible to complete the facility's posting of nurse staffing information daily. The Scheduler said she had access to all of the information required to be included on the daily nurse staffing information posting, including the resident census. The Scheduler further said that she never included the resident census on the daily nurse staffing information posting and that she could start including the resident census information if she needed to.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47901</p> <p>Based on observation, interview, record review and policy review, the facility failed to adhere to professional standards of practice to ensure that significant medication errors did not occur for four Residents (#33, #81, #21, and #22) out of four applicable residents, out of a total sample of 18 residents.</p> <p>Specifically, the facility failed to ensure that an appropriate process was in place for identifying Residents during the medication pass procedure for Resident's #33, #81, #21, and #22.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Preparation and Guidelines, revised 12/2019, indicated:</p> <p>-Identify resident using two identification methods before administering medication (example: photo plus verbal confirmation of last name, photo and confirmation by family member).</p> <p>[NAME] M., The Five Rights: A Destination Without a Map. P T. 2010 Oct; 35(10):542. PMID: PMC2957754. Retrieved from <a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC2957754/#~:text=Most%20health%20care%20professionals%2C%20especially,standard%20for%20safe%20medication%20practices">https://pmc.ncbi.nlm.nih.gov/articles/PMC2957754/#~:text=Most%20health%20care%20professionals%2C%20especially,standard%20for%20safe%20medication%20practices</a> indicates the following to decrease drug administration errors:</p> <ul style="list-style-type: none"> <li>-the right patient</li> <li>-the right drug</li> <li>-the right time</li> <li>-the right dose</li> <li>-the right route</li> </ul> <p>On 10/23/24 at 8:37 A.M., during a medication administration procedure, the surveyor observed Nurse #2 prepare and administer medications to Resident #33. The surveyor observed that Resident #33 did not have a photo in the Medication Administration Record (MAR). The surveyor did not observe Nurse #2 use any resident identifiers to verify the right person before she administered the medications to Resident #33.</p> <p>On 10/23/24 at 9:04 A.M., during a medication administration procedure, the surveyor observed Nurse #2 prepare and administer medications to Resident #81. The surveyor observed that Resident #81 did not have a photo in the MAR. The surveyor observed that Nurse #2 did not use any other resident identifiers before she administered the medications to Resident #81.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/23/24 at 9:10 A.M., during a medication administration procedure, the surveyor observed Nurse #2 prepare and administer medications to Resident #21. The surveyor observed that Resident #21 did not have a photo in the MAR. The surveyor observed that Nurse #2 did not use any other resident identifiers before she administered the medications to Resident #21.</p> <p>On 10/23/24 at 9:31 A.M., during a medication administration procedure, the surveyor observed Nurse #2 prepared and administered medications to Resident #22. The surveyor observed that Resident #22 did not have a photo in the MAR. The surveyor observed that Nurse #2 did not use any other resident identifiers before she administered the medications to Resident #22.</p> <p>During an interview on 10/23/24 at 9:45 A.M., Nurse #2 said the facility had photos in the MAR but most of the photos were missing for the Residents. Nurse #2 said Resident #33, #81, #21 and #22 were missing photos in their MARs.</p> <p>During an interview on 10/23/24 at 9:55 A.M., Unit Manager (UM) #2 said the facility staff depended on other staff members to identify Residents to the Nurses during the medication administration process. The surveyor and UM #2 reviewed the facility policy, and UM #2 said there were no photos in the MARs for Residents on the second floor unit but there should be.</p> <p>During an interview on 10/23/24 at 10:15 A.M., the Director of Nursing (DON) said she was new in her role in the facility and she was not aware of the two identifiers needed for the administration of medications.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44337</p> <p>Based on observation, interview, and record review, the facility failed to ensure that medications were stored in a secure and safe manner, according to professional standards of practice for one Resident (#30), out of a total sample of 18 residents.</p> <p>Specifically, the facility failed to adhere to safe medication storage practices when wound care medications were left in an unlocked drawer in Resident #30's room.</p> <p>Findings include:</p> <p>Resident #30 was admitted to the facility in February 2011, with diagnoses including Paraplegia (chronic condition that involves the partial or complete loss of muscle function and feeling in the lower half of the body, including both legs) and a pressure ulcer of the sacrum (sacrum: a triangular bone in the lower back).</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #30 was cognitively intact as evidenced by a Brief Interview of Mental Status (BIMS) score of 14 out of a total possible score of 15.</p> <p>Review of the facility policy titled Policy and Procedure for Medication Storage indicated the following:</p> <p>-All drugs and biologicals (a class of medication derived from living organisms) will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms).</p> <p>During an observation and interview on 10/22/24 at 10:05 A.M., the surveyor observed Unit Manager (UM) #1 in Resident #30's room placing wound care supplies on Resident #30's over the bed table. The surveyor also observed UM #1 remove a clear plastic bag containing three tubes of Santyl ointment (an enzymatic [containing enzymes] wound treatment used to remove damaged and dead tissue from wounds) from an unlocked drawer in Resident #30's room and place it with the other wound care supplies. During an interview at the time, UM #1 said that he did not know why the Santyl ointment had been stored in Resident #30's unlocked drawer. UM #1 said that the Santyl ointment is a prescription medication and should have been stored in the locked treatment cart and not in an unlocked drawer in Resident #30's room.</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>42761</p> <p>Based on interview, record review, and observation, the facility failed to offer each Resident a nourishing snack at bedtime when more than 14 hours elapsed between the substantial evening meal and breakfast the following day.</p> <p>Specifically, the facility failed to offer each Resident items from the basic food groups, either singly or in combination with each other, at bedtime when 15 hours elapsed daily between the scheduled substantial evening meal and breakfast the following day.</p> <p>Findings include:</p> <p>Review of the United States Department of Agriculture (USDA) guidelines titled Food Group Gallery, based on the Dietary Guidelines for Americans 2020-2025 and accessed on 10/29/24 at <a href="https://www.myplate.gov/eat-healthy/food-group-gallery">https://www.myplate.gov/eat-healthy/food-group-gallery</a> indicated the following:</p> <ul style="list-style-type: none"> <li>- There are five basic food groups (fruits, vegetables, grains, protein foods, and dairy).</li> <li>-The fruit group includes berries, 100% fruit juice, melons, and other whole fruits.</li> <li>-The vegetable group includes dark green vegetables, red and orange vegetables, beans, peas, lentils, starchy vegetables, and other vegetables.</li> <li>-The grains group includes whole grains and refined grains.</li> <li>-The protein food group includes meats, poultry, beans, peas, lentils, nuts, seeds, soy products, seafood, and eggs.</li> <li>-The dairy group includes milk, non-dairy calcium alternative (such as soy milk), yogurt, and cheese.</li> </ul> <p>Review of the facility's policy titled Dietary Services, undated, indicated the following:</p> <ul style="list-style-type: none"> <li>-At least three meals or their equivalent are served daily, at regular times, with not more than a 14-hour span between the evening meal and breakfast.</li> <li>-Between-meal snacks of nourishing quality are offered to all patients.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 10/23/24 at 11:03 A.M., during the Resident Council Meeting with the surveyor, Residents present at the meeting said facility staff used to go room to room each evening with a snack cart that was stocked with different types of cookies and crackers and offer snacks to the Residents, but that snacks had not been offered to the Residents in the evenings for the past year. Residents present at the Resident Council Meeting also said if a Resident wanted a bedtime snack, then the Resident could ask a staff member at the nurses station, and a snack would be provided, but if a Resident did not request a bedtime snack, the bedtime snack was not offered by staff.</p> <p>Review of the facility's document titled Meal Service Times, undated, indicated that the evening meal was served daily at the following times to the resident units:</p> <ul style="list-style-type: none"> <li>-Second Floor: 5:00 P.M.</li> <li>-Third Floor: 5:05 P.M.</li> <li>-Fourth Floor: 5:10 P.M.</li> </ul> <p>Further review of the facility's document titled Meal Service Times indicated that the breakfast meal was served daily at the following times on the resident units:</p> <ul style="list-style-type: none"> <li>-Second Floor: 8:00 A.M. (15 hours since the evening meal the previous day)</li> <li>-Third Floor: 8:05 A.M. (15 hours since the evening meal the previous day)</li> <li>-Fourth Floor: 8:10 A.M. (15 hours since the evening meal the previous day)</li> </ul> <p>During an interview on 10/23/24 at 12:55 P.M., the Food Service Director (FSD) said meals were delivered to the resident units according to the schedule on the facility's Meal Service Time Document. The FSD said that 15 hours elapsed daily between the substantial evening meal and breakfast the next morning. The FSD said crackers and juice were available for Residents at night if the Residents requested a snack and that there was no process in place to ensure each Resident was offered a nourishing snack at bedtime.</p>

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NAME OF PROVIDER OR SUPPLIER  Waterview Lodge Llc, Rehabilitation & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 250 West Union Street Ashland, MA 01721	

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44337</p> <p>Based on observation, interview, and policy review, the facility failed to maintain a clean and sanitary environment in the facility main kitchen where food items were prepared and stored for resident consumption.</p> <p>Specifically, the facility failed to ensure all staff wore hair restraints while in the facility kitchen and in the vicinity of food preparation areas to prevent contamination and the spread of infections.</p> <p>Findings include:</p> <p>Review of the facility policy titled Dietary Services, undated, indicated the following:</p> <ul style="list-style-type: none"> <li>-Hairnets, covering all hair, will be worn by all dietary employees at all times.</li> <li>-Any hair length over collar length must wear a hair net.</li> </ul> <p>On 10/23/24 at 12:04 P.M., the surveyor observed Additional Staff #2 in the facility kitchen near the stove speaking with a dietary staff member. The surveyor observed several pots containing food covered with clear plastic wrap on the stove. The surveyor also observed that Additional Staff #2 did not have a hair restraint in place. Additional staff #2 said that she had come into the kitchen for just a moment, without a hair restraint in place, to ask for assistance. Additional Staff #2 also said that she knew she was required to wear a hair restraint in the facility kitchen. During an interview at the time with the Food Service Director (FSD), the FSD said that anyone who enters the facility kitchen is required to wear a hair restraint, and that Additional Staff #2 should have had a hair restraint in place in the facility kitchen.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42761</b></p> <p>Based on observation, interview, and record review, the facility failed to adhere to infection prevention and control program standards for two Residents (#292, and #287) out of a total sample of 18 residents, to help prevent the development and transmission of infections.</p> <p>Specifically, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Implement Contact Precautions for Resident #292, when the Resident was readmitted to the facility with Methicillin-Resistant Staphylococcus Epidermidis (MRSE: form of Methicillin-Resistant Staphylococcus Aureus [MRSA: type of bacteria that is contagious, resistant to several antibiotics, and if left untreated, can cause sepsis or death] drug-resistant form of staph bacteria that may be difficult to treat due to their resistance to methicillin and other common antibiotics) which increased the risk for transmission of MRSE infection in the facility.</li> <li>2. Ensure Resident #287's indwelling urinary catheter (a thin, flexible tube inserted into the bladder to drain urine outside the body) tubing was positioned off of the floor to decrease the Resident's risk for contamination and infection.</li> </ol> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the Centers for Disease Control and Prevention guidelines titled Infection Control Guidance: Preventing Methicillin-resistant Staphylococcus aureus (MRSA) in Healthcare Facilities, located at <a href="https://www.cdc.gov/MRSA/hcp/infection-control/">https://www.cdc.gov/MRSA/hcp/infection-control/</a> and dated 4/12/24, indicated the following: <ul style="list-style-type: none"> <li>-MRSA remains an important healthcare pathogen.</li> <li>-The prevention of MRSA infections is a priority for CDC.</li> <li>-CDC recommends Contact Precautions for patients with MRSA.</li> </ul> </li> </ol> <p>Review of the CDC guidelines titled Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions, located at <a href="https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-type-duration.html?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html">https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-type-duration.html?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html</a> and dated 9/20/24, indicated the following:</p> <ul style="list-style-type: none"> <li>-Contact Precautions were the type of precautions recommended for Individuals with Multidrug-Resistant Organisms (MDROs), infection or colonization (e.g., MRSA, .).</li> <li>-Contact Precautions recommended in settings with . wounds that cannot be contained by dressings.</li> </ul> <p>Review of the CDC Contact Precautions sign, located at <a href="https://www.cdc.gov/infection-control/media/pdfs/contact-precautions-sign-P.pdf">https://www.cdc.gov/infection-control/media/pdfs/contact-precautions-sign-P.pdf</a> and undated, indicated the following:</p> <p>CONTACT PRECAUTIONS EVERYONE MUST:</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>	<ul style="list-style-type: none"> <li>-Clean their hands, including before entering and when leaving the room.</li> <li>-Put on gloves before room entry.</li> <li>-Discard gloves before room exit.</li> <li>-Put on gown before room entry.</li> <li>-Discard gown before room exit.</li> <li>-Do not wear the same gown and gloves for the care of more than one person.</li> <li>-Use dedicated or disposable equipment.</li> <li>-Clean and disinfect reusable equipment before use on another person.</li> </ul> <p>Review of the facility's policy titled Standard Precautions, dated 4/15/21 and revised 9/7/24, indicated the following:</p> <ul style="list-style-type: none"> <li>-Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient .</li> <li>-These practices are designed to both protect patients and prevent healthcare professionals (HCPs) from spreading infections among patients.</li> <li>-When Standard Precautions alone cannot prevent transmission, they are supplemented with Transmission-Based Precautions (TBP-used when patients have diseases that can spread through contact, droplet, or airborne routes) and are always used in addition to Standard Precautions.</li> <li>-Contact Precautions are used for infections, diseases, or germs that spread by touching the patient or items in the room (examples: MRSA ).</li> </ul> <p>Resident #292 was admitted to the facility in September 2024, with diagnoses including Dementia (group of symptoms that affects memory, thinking and interferes with daily life) and Right Total Hip Arthroplasty (THA: surgical procedure used to replace the hip joint with prosthetic components).</p> <p>Review of Resident #292's clinical record indicated the following:</p> <ul style="list-style-type: none"> <li>-The Resident was transferred to the hospital from the facility on 9/23/24 and returned to the facility on [DATE].</li> <li>-The Resident had serosanguineous (most common type of wound drainage secreted by an open wound in response to tissue damage and is a thin and watery fluid that is pink in color) drainage weeping from his/her hip incision site.</li> <li>-The Resident removed his/her wound dressing and the dressing needed to be reinforced by staff.</li> <li>-The Resident was transferred back to the hospital on 10/15/24.</li> </ul> <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>-The Resident underwent IR (Interventional Radiology) aspiration (use of a needle to remove fluid or tissue sample) in the hospital on 10/16/24.</p> <p>-The tissue sample grew MRSA staph epi (MRSE).</p> <p>-Negative Pressure Wound Therapy (vacuum-assisted closure: a method of decreasing air pressure around a wound to assist the healing) was initiated for the Resident's right hip surgical wound in the hospital on 10/17/24.</p> <p>-The Resident returned to the facility on [DATE].</p> <p>-The Resident required antibiotic medication to treat his/her MRSE infection.</p> <p>During an interview on 10/22/24 at 1:51 P.M., the Second Floor Unit Manager (UM) said staff were made aware of TBPs required for residents based on the signage posted outside of the resident room doors.</p> <p>During an interview on 10/23/24 at 9:34 A.M., the Infection Preventionist (IP) said Resident #292 was readmitted to the facility from the hospital on 10/22/24 with MRSA infection in his/her right hip surgical site. The IP said she placed Resident #292 under Enhanced Barrier Precautions (EBP: use of gown and gloves during high contact care activities) and that the Resident did not require Contact Precautions.</p> <p>On 10/23/24, between 11:20 A.M. and 11:58 A.M., the surveyor observed the following in Resident #292's room:</p> <p>- A sign posted outside of the Resident's room door that indicated:</p> <p>- Enhanced Barrier Precautions, Everyone Must:</p> <p>&gt;Clean their hands, including before entering and when leaving the room.</p> <p>&gt;Providers and Staff Must Also:</p> <p>-Wear gloves and gown for the following high-contact resident care activities:</p> <p>&gt;Dressing</p> <p>&gt;Bathing</p> <p>&gt;Showering</p> <p>&gt;Transferring</p> <p>&gt;Changing Linens</p> <p>&gt;Providing Hygiene</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 a follow-up interview on 10/29/24 at 9:30 A.M., the IP said Resident #292 was transferred back to the hospital over the weekend, and that prior to the transfer, the Resident remained under EBPs, not Contact Precautions. The IP said she did not use the Contact Precautions sign in the facility because she did not like how it looked and that the EBP sign outlined more specifically for staff when the use of a gown and gloves were needed. The IP said the Contact Precautions and EBPs were really the same thing and that the EBP sign was more clear for staff. The IP said if Contact Precautions were required, then staff would have to wear a gown and gloves upon entry the Residents' room environment and that EBPs were only required during high-contact care activities. The IP said when a Resident was infected with MRSA, their environment posed a risk for transmission of infection. The IP said she usually called Epidemiology when she had questions about implementing Precautions for Residents with infections, but she had not called the Epidemiologist yet.</p> <p>50563</p> <p>2. Review of the AHRQ (Agency for Healthcare Research and Quality) Safety Program for Long-Term Care: HAIs/CAUTI (Healthcare Associated Infections/Catheter Associated Urinary Tract Infections) titled Catheter Care and Maintenance (<a href="https://www.ahrq.gov">https://www.ahrq.gov</a>), dated March 2017, indicated the following:</p> <ul style="list-style-type: none"> <li>-The catheter itself can act as a key highway or interstate for microbes [bacterial organisms that can cause infection] to get into the resident.</li> <li>-Probably the most common way microbes get in once an indwelling urinary catheter is in place, is by the outside surface of the catheter.</li> <li>-Bacteria and other pathogens are able to use the outer surface of the catheter to work their way up the urethra, and into the bladder.</li> </ul> <p>Resident #287 was admitted to the facility in October 2012, with diagnoses including Cerebral Palsy (a group of conditions that affect movement and posture caused by brain damage to the developing brain before birth), and recurrent ESBL (Extended-Spectrum Beta-Lactamases: a bacterium that causes infection and produces an enzyme that makes it resistant to many antibiotics) Urinary Tract Infection (UTI).</p> <p>Review of Resident #287 Minimum Data Set (MDS) Assessment, dated 8/19/24, indicated the Resident utilized an indwelling urinary catheter.</p> <p>The surveyor observed Resident #287's indwelling urinary catheter drainage bag secured to the side of the bed with the catheter tubing laying on the floor on the following dates and times:</p> <ul style="list-style-type: none"> <li>-10/22/24 at 8:44 A.M.</li> <li>-10/23/24 at 7:50 A.M.</li> <li>-10/23/24 at 2:20 P.M.</li> </ul> <p>During an interview on 10/23/24 at 2:20 P.M., the surveyor and Certified Nurses Aide (CNA) #2 observed Resident #287's indwelling urinary catheter tubing laying on the ground. CNA #2 said the tubing should not be laying on the floor because the floor is dirty.</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 10/25/24 at 9:00 A.M., the Infection Control Preventionist (ICP) said that indwelling urinary catheter tubing should never be on the floor due to the risk of infection.</p>

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42761</p> <p>Based on record review, and interview, the facility failed to offer COVID-19 vaccines, in accordance with national standards of practice to five Residents (#31, #8, #55, #68, and #64) of five applicable residents reviewed, out of a total sample of 18 residents.</p> <p>Specifically, the facility failed to offer COVID-19 vaccines to the eligible residents when:</p> <ul style="list-style-type: none"> <li>-The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommended an additional dose of updated (2023-2024 formula) of COVID-19 vaccine be administered for older adults, aged [AGE] years and older.</li> <li>-The COVID-19 vaccine was not medically contraindicated and Resident's #31, #8, #55, #68, and #64 had not already been immunized with the recommended additional COVID-19 vaccine dose.</li> </ul> <p>Findings include:</p> <p>Review of the CDC ACIP guidelines titled Use of an Additional Updated 2023/2024 COVID-19 Vaccine Dose for Adults Aged [AGE] years: Recommendations of the Advisory Committee on Immunization Practices - United States, 2024, located at <a href="https://www.cdc.gov/mmwr/volumes/73/wr/mm7316a4.htm?s_cid=mm7316a4_w">https://www.cdc.gov/mmwr/volumes/73/wr/mm7316a4.htm?s_cid=mm7316a4_w</a> and dated 4/25/24, indicated:</p> <ul style="list-style-type: none"> <li>-On 2/28/24, ACIP recommended that all persons aged [AGE] years and older receive one additional dose of any updated (2023-2024 Formula) COVID-19 vaccine.</li> <li>-The additional COVID-19 vaccine dose should be administered at or after four months following the previous dose of updated COVID-19 vaccine.</li> </ul> <p>Review of the facility's policy titled COVID-19 Vaccine/Booster, dated 10/17/23, indicated:</p> <ul style="list-style-type: none"> <li>-facility staff would offer the COVID-19 vaccine to residents.</li> <li>-the purpose of the policy was to minimize transmission of COVID-19 infections.</li> </ul> <p>1. Resident #31 was admitted to the facility in October 2011, with diagnoses including Diabetes Mellitus (DM: disease in which the body's ability to produce or respond to the hormone insulin is impaired resulting in variable blood glucose [sugar] levels in the blood).</p> <p>Review of Resident #31's clinical record indicated:</p> <ul style="list-style-type: none"> <li>-The Resident was [AGE] years of age or older as of 4/25/24 (CDC recommendation date).</li> <li>-The Resident's most recent dose of COVID-19 vaccine was administered on 11/1/23.</li> </ul> <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 - Many</p>	<p>-No evidence that the COVID-19 vaccine was medically contraindicated.</p> <p>-No evidence the Resident had been offered an updated dose of the 2023/2024 COVID-19 vaccine on or after four months following his/her previous dose on 11/1/23.</p> <p>2. Resident #8 was admitted to the facility in September 2017 with diagnoses including DM.</p> <p>Review of Resident #8's clinical record indicated:</p> <p>-The Resident was [AGE] years of age or older as of 4/25/24.</p> <p>-The Resident's most recent dose of COVID-19 vaccine was administered on 11/1/23.</p> <p>-No evidence that the COVID-19 vaccine was medically contraindicated.</p> <p>-No evidence the Resident had been offered an updated dose of the 2023/2024 COVID-19 vaccine on or after four months following his/her previous dose on 11/1/23.</p> <p>3. Resident #55 was admitted to the facility in March 2023 with diagnoses including Dementia (group of symptoms characterized by impairment of at least two brain functions, such as memory and loss of judgment) and DM.</p> <p>Review of Resident #55's clinical record indicated:</p> <p>-The Resident was [AGE] years of age or older as of 4/25/24.</p> <p>-The Resident's most recent dose of COVID-19 vaccine was administered on 11/30/23.</p> <p>-No evidence that the COVID-19 vaccine was medically contraindicated.</p> <p>-No evidence the Resident had been offered an updated dose of the 2023/2024 COVID-19 vaccine on or after four months following his/her previous dose on 11/30/23.</p> <p>4. Resident #68 was admitted to the facility in November 2023 with diagnoses including Dementia.</p> <p>Review of Resident #68's clinical record indicated:</p> <p>-The Resident was [AGE] years of age or older as of 4/25/24.</p> <p>-The Resident's most recent dose of COVID-19 vaccine was administered on 2/6/24.</p> <p>-No evidence that the COVID-19 vaccine was medically contraindicated.</p> <p>-No evidence the Resident had been offered an updated dose of the 2023/2024 COVID-19 vaccine on or after four months following his/her previous dose on 2/6/24.</p> <p>(continued on next page)</p>

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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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>5. Resident #64 was admitted to the facility in December 2023 with diagnoses including Dementia and Chronic Obstructive Pulmonary Disease (COPD: lung disease causing restricted airflow and breathing problems).</p> <p>Review of Resident #64's clinical record indicated:</p> <ul style="list-style-type: none"> <li>-The Resident was [AGE] years of age or older as of 4/25/24.</li> <li>-The Resident's most recent dose of COVID-19 vaccine was administered on 2/6/24.</li> <li>-No evidence that the COVID-19 vaccine was medically contraindicated.</li> <li>-No evidence the Resident had been offered an updated dose of the 2023/2024 COVID-19 vaccine on or after four months following his/her previous dose on 2/6/24.</li> </ul> <p>During an interview on 10/23/24 at 9:55 A.M., the Infection Preventionist (IP) said that she was aware of the CDC recommendation from 4/25/24 for individuals [AGE] years of age and older to receive a second dose of the updated 2023/2024 COVID-19 vaccine. The IP also said that the updated dose of COVID-19 vaccine recommended by the CDC was not offered to any Resident in the facility aged [AGE] years and older because she had other things she had to work on. The IP said that she did not offer the updated dose of the COVID-19 vaccine to any Resident at the facility because she knew that there would be another COVID-19 vaccine that would come out for the 2024-2025 season.</p>