

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225603	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2024
NAME OF PROVIDER OR SUPPLIER  Southpointe Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Amity Street Fall River, MA 02721	

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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>15214</p> <p>Based on observation, record review, and interview, the facility failed to ensure that for one Resident (#43), out of a total sample of 26 residents, the nurse provided the Resident privacy while administering medication, specifically an insulin injection.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Specific Medication Administration Procedures, undated, included but was not limited to the following:</p> <p>Policy</p> <p>To administer medications in a safe and effective manner.</p> <p>B. Privacy:</p> <p>1) Provide privacy for resident during administration of medications.</p> <p>Review of Resident #43's current Physician's Orders indicated:</p> <p>-Tresiba (antihypoglycemic medication; insulin), 100 units/milliliter, inject 15 units subcutaneously once daily.</p> <p>On 7/16/24 at 4:10 P.M., the surveyor observed Nurse #8 at the medication cart in the hallway drawing up the ordered dose of Tresiba in an insulin syringe. The surveyor heard Nurse #8 call Resident #43, who was standing in the hallway waiting for the medication to be administered, and then ask the Resident where he/she wanted the medication injected. With multiple residents and staff in the area, the surveyor observed Resident #43 lift his/her shirt, exposing his/her abdomen, and Nurse #8 administered the medication in the Resident's left lower abdomen.</p> <p>During an interview on 7/16/24 at 4:15 P.M., Nurse #8 said she didn't understand that she had not respected the Resident's privacy by administering the Resident's insulin in the middle of the corridor where other residents and staff were present.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/17/24 at 1:04 P.M., Unit Manager (UM) #1 said that Nurse #8 had discussed the situation with her and said that she made a mistake by administering the insulin in the hallway. UM #1 also said that insulin should always be administered to a resident in the resident's room to afford them privacy and that the nurse should have known that.</p>

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>48084</p> <p>Based on a resident group meeting, staff interviews, and document review, the facility failed to ensure grievances and concerns from Resident Council were acted upon and promptly resolved from 12/6/23 through 7/8/24 as required.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Resident Council, dated as last revised 1/2023, indicated but was not limited to the following:</p> <p>-Concerns that are raised at the meeting must be recorded in minutes and followed with a concern/response form filled out by the designated staff representative and addressed to the corresponding Department Head to provide a resolution. All supporting documentation (i.e., in-services, staff education, clinical notes) must be attached. Concern/response forms must be completed within 7 days of being issued.</p> <p>Review of the facility's policy titled Grievances, dated as last revised 10/2023, indicated but was not limited to the following:</p> <p>-The Grievance Officer coordinates adequate and timely handling of grievances/complaints and ensures the grievances/complaints and resolutions are maintained and reviewed with administration routinely.</p> <p>Review of the Grievance/Concern &amp; Comment Form, dated 1/9/24, indicated Resident Council had voiced concerns which included requesting more soups to be offered, late dinner trucks, missing items on trays, and the menu not being followed.</p> <p>-The facility indicated tray time audits would be done and food concerns were being addressed during the newly established Food Committee (Established in December 2023 due to repeated food concerns in the fall).</p> <p>Review of the Food Committee Meeting Minutes, dated 12/6/23, indicated the resident's voiced concerns regarding daily soup no longer being offered, missing items on trays, individual likes/dislikes were not correct, too much pork especially at breakfast, and not getting snacks offered twice daily.</p> <p>Review of the Food Committee Meeting minutes, dated 1/16/24, indicated the same food concerns voiced from the 12/6/23 Food Committee Meeting and the 1/9/24 Resident Council Meeting.</p> <p>The facility failed to indicate a plan and/or resolution had been developed and implemented for these concerns.</p> <p>Review of the Food Committee Meeting minutes, dated 2/22/24, indicated the same food concerns voiced from the 12/6/23 Food Committee Meeting, the 1/9/24 Resident Council Meeting, and the 1/16/24 Food Committee Meeting.</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The facility indicated the Food Service Director and Dietitian were reviewing the menu and would address the pork and starch concerns with dietitian approved changes. Additionally, they were working on starting soup of the day in the main dining room (MDR) and the frequency was to be determined.</p> <p>The facility indicated a plan had been developed to address resident concerns regarding the pork, starches, and soups (three months after the Food Committee was developed due to ongoing food complaints), however, as of July 2024, failed to implement such plan.</p> <p>Review of the Grievance/Concern &amp; Comment Form, dated 2/29/24, indicated repeated food concerns without resolution and additional concerns with call light wait times.</p> <p>Review of the Grievance/Concern &amp; Comment Form, dated 5/7/24, indicated Resident Council had continued concerns regarding evening snacks not always being passed, trays being delivered late, the menu was not always followed, and long call light wait times.</p> <p>The facility failed to indicate a plan and/or resolution had been developed and implemented for these concerns.</p> <p>Review of the Resident Council Meeting minutes, dated June 2024, indicated the facility was working on the menu to incorporate local food preferences such as soup. Additionally, the Council indicated they were not in agreement with the Dietary Department that food trucks were no longer late as meals were consistently late, and call light wait times were an ongoing issue.</p> <p>The facility failed to indicate a plan and/or resolution had been developed and implemented for these concerns.</p> <p>Review of the Grievance/Concern &amp; Comment Form, dated 6/11/24, indicated Resident Council concerns included call lights continue to be extremely long, over an hour some days, and the evening snack pass was not being done.</p> <p>The facility failed to indicate a plan and/or resolution had been developed and implemented for these concerns.</p> <p>Review of the Resident Council Meeting minutes, dated 7/9/24, indicated the facility was working on the menu to incorporate local food preferences such as soup. (Repeated from last month.) Additionally, the Resident Council continued to express concerns regarding long call light wait times and late meal delivery, food preferences not being followed, and snacks not being passed.</p> <p>The facility failed to indicate a plan and/or resolution had been developed and implemented for these concerns.</p> <p>On 7/12/24 at 10:30 A.M., the surveyor held a Resident Council Meeting with 18 residents that regularly attend meetings. The following concerns were voiced by the Council as repeated concerns that they felt had not resolved: daily soup not being offered, not getting the correct items on trays, evening snack not being passed out, meal delivery very late, and call light wait times were excessively long.</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Additionally, they said they requested to be part of the call light audits that are supposedly being done and have never seen them or been part of them. Several residents said call lights wait times are 30-45 minutes regularly, sometimes over an hour. Four residents said when no one answers the call light they have called the facility from their personal cell phone to get assistance.</p> <p>The Council said the results of the grievances are so-so, and minor individual things get resolved, but overall, they do not feel the issues/concerns they have repeatedly brought up have been addressed and a resolution has not been brought back to the council.</p> <p>The facility developed a Food Committee to address ongoing resident complaints. The Food Committee failed to address repeated resident concerns. After three months (late February 2024), the facility developed a plan to incorporate more soup on the menu, specifically in the MDR. In July 2024, this plan had yet to be implemented and the residents continued to voice the same repeated concerns.</p> <p>The facility failed to provide documentation related to the resolution of the grievances Resident Council had repeatedly brought forward.</p> <p>During an interview on 7/12/24 at 2:00 P.M., the Administrator said the Food Committee was developed in December 2023 because of repeated food complaints. She said the Committee was to meet monthly to discuss food complaints in addition to the monthly Resident Council Meetings. She said the complaints were the same as what was being brought forth in Resident Council. The Administrator said they did not meet monthly as planned and did not think the meetings had been very effective to address the Residents' food concerns.</p> <p>During an interview on 7/17/24 at 1:40 P.M., the Administrator said the Food Committee consists of herself and the Food Service Manager (FSM). She said some of the smaller concerns have been resolved but the larger issues have not. She said regarding the late meal trucks, they did audits and concluded it was the passing out of the trays that was the issue, but it still has not been resolved. Additionally, she said the facility used to have a daily soup and when they switched providers in October 2023 that went away. She said the residents have been asking for more soup since at least December (7-8 months). The addition of soup was supposed to start in the MDR, but it has not, as the dietitian has not reviewed the menu and approved the changes, and the grievance remains unresolved. Despite tray accuracy audits by the dietitian, the residents continue to complain that they are getting the wrong items on their trays. Despite using a cart with a bell to alert the residents of evening snack time, the residents are still complaining that an evening snack is not being offered, and the concern has not been resolved. Regarding the call lights, the Administrator said the Director of Nurses was doing the call light audits, but she was not available to speak with at the time of the survey and the audits were not provided. The Administrator said the residents continue to request to be part of the audit process as they continue to have concerns with call light wait times. The Administrator said the system needs improvement as these grievances are being repeated monthly and change has not been implemented or is ineffective therefore, they are not being resolved as they should be.</p> <p>(continued on next page)</p>

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/17/24 at 2:28 P.M., the FSM said they started the Food Committee in December 2023, but it is not effective. She said regarding the daily soups, she said she had to meet with the Dietitian to make changes to the menu and add soup, but she had not done that yet. Regarding the tray accuracy audits, she said the issues continue because the meal tickets no longer print what should be put on the tray; the ticket only lists the residents' dislikes, and the staff (the cook and two dietary aides) must make substitutions while preparing the trays, leaving room for error. The FSM said they were working on the areas of concern: not having soup available, late meals, and getting items they do not like, but there has not really been a resolution to their complaints.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46862</p> <p>Based on record review, interview, and policy review, the facility failed to follow professional standards of practice for two Residents (#343 and #104), out of a total sample of 26 residents. Specifically, the facility failed:</p> <ol style="list-style-type: none"> <li>1. For Resident #343, to monitor the Resident's left upper extremity midline catheter insertion site for signs/symptoms of infection and/or infiltration every shift in accordance with the physician's order; and</li> <li>2. For Resident #104, to ensure the physician conducted an accurate assessment of the Resident upon admission, per accepted standards of clinical practice, resulting in an inaccurate diagnosis of schizophrenia to be added to the Resident's list of active diagnoses.</li> </ol> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice, Advisory Ruling Number 9324, dated as revised July 10, 2002, indicated: <ul style="list-style-type: none"> <li>-Nurse's Responsibility and Accountability: Licensed nurses accept, verify, transcribe, and implement orders from duly authorized prescribers that are received by a variety of methods (i.e., written, verbal/telephone, standing orders/protocols, pre-printed order sets, electronic) in emergent and non-emergent situations.</li> <li>-Licensed nurses in a management role must ensure an infrastructure is in place, consistent with current standards of care, to minimize error.</li> </ul> </li> </ol> <p>Review of the facility's policy titled Midline Dressing Change, date revised January 2023, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-Assessment of peripheral catheter sites are performed at the following times: <ul style="list-style-type: none"> <li>-A. During dressing changes</li> <li>-B. Every 2 hours during continuous therapy</li> <li>-C. Before and after administration of intermittent intravenous medications (or at least once every 8 hours between intermittent doses)</li> <li>-D. At least every 24 hours when maintained for access only</li> </ul> </li> <li>-Assessment is to include the absence or presence of erythema (redness of the skin), drainage, swelling, induration (hardening or firmness); skin temperature at site, or complaint of tenderness at the site or along the vein tract</li> </ul> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #343 was admitted to the facility in June 2024 with diagnoses including acute cholecystitis (gallbladder inflammation), liver disease, and abscess of the liver.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 7/3/24, indicated Resident #343 had moderate cognitive impairment as evidenced by a score of 11 out of 15 on the Brief Interview for Mental Status (BIMS).</p> <p>Review of the Physician's Orders indicated but were not limited to the following:</p> <p>-IV-Midline (valved) monitor site every shift for signs/symptoms of infection and/or infiltration, dated 6/30/24, order type: monitoring order-MAR (Medication Administration Record), no routine schedule</p> <p>-IV-Midline (non-valved) monitor site every shift for signs/symptoms of infection and/or infiltration, dated 7/10/24, order type: NSG Order-MAR, schedule routine every shift, everyday</p> <p>Review of the MAR for July 2024 indicated there was no documentation from 7/1/24 through 7/9/24 that the IV-Midline (valved) site was being monitored every shift for sign/symptoms of infection and/or infiltration.</p> <p>Further review of the nursing progress notes indicated the following:</p> <p>-7/1/24 at 8:18 P.M., Continues IV antibiotics as ordered for cholecystitis via left arm midline without adverse effect. No complaints voiced.</p> <p>-7/6/24 at 11:19 P.M., Left arm midline clean, dry, flush with normal saline without resistance. No signs of infection noted.</p> <p>Review of the nursing progress notes, 7/1/24 through 7/9/24, failed to indicate Resident #343's midline had been monitored every shift.</p> <p>During an interview on 7/17/24 at 11:00 A.M., Nurse #5 reviewed the July 2024 MAR for the physician's order to monitor the midline insertion site for signs/symptoms of infection and/or infiltration every shift and said there was no documentation from 7/1/24 through 7/9/24. Nurse #5 said the order was not entered until 7/10/24. Nurse #5 said she did not know why there was no order for monitoring the insertion site until 7/10/24.</p> <p>During an interview on 7/17/24 at 11:24 A.M., Nurse #6 reviewed the July 2024 MAR for the physician's order to monitor the midline insertion site for signs/symptoms of infection and/or infiltration every shift and said there was no documentation from 7/1/24 through 7/9/24. Nurse #6 said she noticed there was no order attached to the MAR for the nurses to document. Nurse #6 said the original order was transposed as a standard order and did not populate to the MAR. Nurse #6 said she had correctly re-entered the order on 7/10/24.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/17/24 at 1:45 P.M., the Assistant Director of Nursing (ADON) reviewed the July 2024 MAR for the physician's order to monitor the midline insertion site for signs/symptoms of infection and/or infiltration every shift and said there was no documentation from 7/1/24 through 7/9/24. The ADON said the order had been entered incorrectly. The ADON said her expectation would be that nursing would have entered the order correctly and document on the MAR they were monitoring the midline insertion site for signs/symptoms of infection and/or infiltration every shift.</p> <p>36542</p> <p>2. Review of the facility's policy titled Antipsychotic Medication Use, dated last revised October 2022, indicated a diagnosis of a specific condition for which antipsychotic medications are necessary to treat will be based on a comprehensive assessment of the resident.</p> <p>According to the American Psychiatric Association (APA) symptoms of schizophrenia usually first appear in early adulthood and must persist for at least six months for a diagnosis to be made. Before a diagnosis can be made, however, a psychiatrist should conduct a thorough medical examination to rule out substance misuse or other neurological or medical illnesses whose symptoms may mimic schizophrenia.</p> <p>A diagnosis has clinical, personal and social significance. In the clinical context, a diagnosis reveals the nature of an illness. A correct diagnosis provides a basis for effective treatment. An incorrect diagnosis may delay or impede effective treatment or even exacerbate a situation by inviting inappropriate treatment. A diagnosis has personal significance insofar as it can become central to how a person experiences him- or herself. While a correct diagnosis of a severe disorder can be enormously difficult to integrate into one's sense of self, an incorrect diagnosis can be crippling. A diagnosis is also a label to which others respond and thus has profound social implications. Social judgments are made in response to a diagnosis of mental illness, and diagnoses can play an important role in awarding entitlements and determining placements. A diagnosis asserts itself on multiple levels of experience.</p> <p>Rendering a diagnosis can be a complex process. Consider, for example, that psychotic experiences are part of multiple diagnoses. The treatment for an affective disorder with psychotic features, a schizophrenic disorder, a post-traumatic stress reaction, a severe personality disorder and a substance abuse disorder can vary dramatically; yet, psychotic processes may be present in each. Making the correct diagnosis will depend on the psychologist engaging in a thoughtful and competent process and often requires having sufficient time and opportunity to interact with an individual in order to differentiate among various possibilities. ([NAME], S. APA Ethics Director (2005). Diagnosis, record reviews and the new Ethics Code. Monitor of Psychology, Volume 36 (No. 1), page 80. <a href="https://www.apa.org/monitor/jan05/ethics">https://www.apa.org/monitor/jan05/ethics</a></p> <p>Resident #104 was admitted to the facility in March 2023 with a diagnosis of dementia with behavioral disturbance.</p> <p>Review of the psychiatric hospital discharge summary from March 2023 indicated Resident #104 had a diagnosis of dementia with behavioral disturbance. The discharge summary indicated this was the first inpatient psychiatric admission for Resident #104; the Resident had not had any symptoms of paranoia or hallucinations prior to January 2022 and there had been no history of mental health concerns.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the physician admission Progress Note, from the Nurse Practitioner, dated 3/27/23, indicated Resident #104 had a diagnosis of dementia with other behavioral disturbance, unspecified dementia severity, unspecified dementia type. The progress note listed six active diagnoses: dementia, hypertension, diabetes, seizure disorder, gastroesophageal reflux disorder, and low back pain.</p> <p>Review of the physician History and Physical Progress Note from the primary physician, dated 3/28/23, indicated Resident #104 had completed a psychiatric stay related to paranoid schizophrenia. The progress note listed seven active diagnoses including the six active diagnoses from the Nurse Practitioner and a new diagnosis of paranoid schizophrenia with a plan to continue the use of antipsychotic medication.</p> <p>Review of the medical record failed to indicate Resident #104 had a diagnosis of schizophrenia prior to the admission to the facility.</p> <p>Review of the Pre-Admission Resident Review Abbreviated Level II Evaluation, dated 3/8/23, indicated Resident #104 had a diagnosis of dementia and had presented with delusions and hallucinations. The evaluation did not indicate any history of schizophrenia.</p> <p>During an interview on 7/16/24 at 8:40 A.M., Physician #1 said he had completed the History and Physical for Resident #104. He said he would not have diagnosed the Resident with schizophrenia on his own and that he must have obtained the information from a record review of hospital discharge paperwork. He said he would review the information and follow up with the surveyor.</p> <p>During an interview on 7/16/24 at 10:00 A.M., the family member and guardian of Resident #104 said the Resident had no history of mental illness (including delusions or hallucinations) prior to 2022 and the Resident had a diagnosis of dementia.</p> <p>During an interview on 7/16/24 at 12:35 P.M., Physician #1 said he had only been able to locate information regarding a diagnosis of schizophrenia from after the March 2023 admission to the facility. He said he does not diagnose residents with schizophrenia and would only indicate the diagnosis if it had been given by a psychiatrist. The Physician requested to review the Resident history with the community providers.</p> <p>Review of the medical record included a hospital discharge summary from November 2023, following the diagnosis of schizophrenia from Physician #1 which indicated Resident #104 was admitted for a diagnosis of dementia with behavioral disturbance. The discharge summary indicated the history of present illness included a diagnosis of schizophrenia.</p> <p>Review of the electronic medical record indicated a diagnosis of schizophrenia was added to the active diagnoses as of 12/1/23.</p> <p>Review of the behavioral health group Progress Notes from August 2023 through December 2023 indicated Resident #104 had a chief complaint of dementia with behavioral disturbance with a primary diagnosis of psychotic disorder with delusions and a secondary diagnosis of unspecified dementia.</p> <p>Review of the behavioral health group Progress Notes from 4/10/24 and 5/29/24 indicated a chief complaint of paranoid schizophrenia with a primary diagnosis of paranoid schizophrenia.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/17/24 at 10:01 A.M., the Minimum Data Set (MDS) nurse said the diagnosis of schizophrenia was referenced in the medical record from Physician #1, the diagnosis was then sent with the Resident's medical information to the hospital in November 2023 and was added to the list of active diagnoses in the electronic medical record when the Resident returned from the hospital admission on 12/1/23.</p> <p>During an interview on 7/17/24 at 10:11 A.M., Physician #1 said he had reviewed the medical history of Resident #104 and the Resident did not have a diagnosis of schizophrenia. He said the diagnosis of schizophrenia should not have been included on the list of diagnosis on his Progress Notes. He said the correct diagnosis for the Resident was dementia with paranoia.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225603	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2024
NAME OF PROVIDER OR SUPPLIER  Southpointe Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Amity Street Fall River, MA 02721	
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>36542</p> <p>Based on observations, interviews, and record review, the facility failed to ensure activity of daily living (ADL) care was provided to maintain good personal grooming for one Resident (#115), in a total sample of 26 residents. Specifically, the facility failed to ensure nail care was performed for Resident #115.</p> <p>Findings include:</p> <p>Review of the facility's policy titled ADL - Nail Care, undated, indicated the following:</p> <ul style="list-style-type: none"> <li>-the purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections</li> <li>-nail care includes daily cleaning and regular trimming</li> <li>-trimmed and smooth nails prevent the resident from accidentally scratching and injuring his/her skin</li> </ul> <p>Resident #115 was admitted to the facility in August 2023.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 5/23/24, indicated the Resident was dependent on one staff person for personal hygiene and that Resident #115 scored a 13 out of 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident was cognitively intact.</p> <p>Review of the Care Plans indicated Resident #115 was at risk for skin impairments related to frail skin with an intervention to avoid scratching.</p> <p>On 7/11/24 at 8:20 A.M., the surveyor observed Resident #115 to have long fingernails varying in length which had a brown tint.</p> <p>During an interview on 7/12/24 at 12:40 P.M., the surveyor observed Resident #115 using a small wooden tool to pick underneath his/her nails and the Resident said he/she did not like their nails this long. Resident #115 said he/she had asked for a manicure but no one would do it. The Resident said he/she had been trying to fix their own nails by breaking them. The Resident pointed to their middle finger and said he/she did not know what happened to that one, the middle fingernail was observed jagged with broken parts over the nail bed. The Resident said the longer nails were hard.</p> <p>During an interview on 7/12/24 at 12:50 P.M., Certified Nursing Assistant #1 said she was caring for Resident #115 on this day, was working until 7:00 P.M. and would cut the Resident's nails. She said the CNAs can cut resident's nails and they were usually done during shower days.</p> <p>During an interview on 7/16/24 at 8:15 A.M., Resident #115 said no one had cut their nails this weekend and he/she had broken another one. The surveyor observed the Resident to have a long thumb nail on the left hand and long thumb, middle and pinky nail on the right hand. The Resident said he/she just wants someone to cut them, nothing fancy.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/16/24 at 8:20 A.M., Unit Manager #1 said the Resident's nails should have been cut during shower day, even if the Resident does not get out of bed to get showered, the nails should still be cut on that day. She said the Resident's nails should have been trimmed.</p>

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>36542</p> <p>Based on observation, interview and record review, the facility failed to arrange for an audiology appointment for one Resident (#115), out of 26 sampled residents, to address the Resident's hearing loss.</p> <p>Findings include:</p> <p>Resident #115 was admitted to the facility in August 2023.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 5/23/24, indicated Resident #115 scored 13 out of 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident was cognitively intact.</p> <p>During an interview on 7/11/24 at 8:20 A.M., Resident #115 said he/she was unable to hear the surveyor and asked the surveyor to speak louder. The Resident said he/she did not have hearing aids but hoped to be getting them soon.</p> <p>On 7/17/24 at 7:47 A.M., the surveyor observed Certified Nursing Assistant (CNA) #2 assisting Resident #115 to get set up for breakfast. The surveyor observed Resident #115 tell CNA #2 that he/she could not hear the CNA.</p> <p>Review of the Social Work progress notes, dated 3/13/24, indicated Resident #115 requested an appointment for a hearing evaluation and reported more difficulty hearing. The progress note indicated the unit secretary was made aware.</p> <p>Review of the medical record failed to indicate Resident #115 had been seen by an audiologist for difficulty with hearing in the four months since the request was made.</p> <p>During an interview on 7/17/24 at 7:53 A.M., Unit Manager #1 said Resident #115 had some difficulty hearing and could hear when spoken to with a raised voice. She said the Resident had been seen by the primary care physician and was treated for wax removal from the ears in January 2024. She said she was not sure if the Resident had been referred to an audiologist and would follow up.</p> <p>During an interview on 7/17/24 at 8:50 A.M., Unit Manager #1 said the Resident had not seen an audiologist and no follow up had been made to the Resident's request for a hearing evaluation four months prior.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>46862</p> <p>Based on record review and interviews, the facility failed to ensure the Physician documented a clinical rationale for disagreeing with the consultant pharmacist's identified and reported irregularity (order for an antipsychotic medication without supporting diagnosis for usage) for one Resident (#40), out of a total sample of 26 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Pharmacy Consultant Med Review, last reviewed January 2023, included but was not limited to:</p> <p>The Pharmacy Consultant provides:</p> <ul style="list-style-type: none"> <li>-Consultation of all aspects of the provisions of pharmacy services in the facility</li> <li>-Reviews each medication regime of all residents in the facility once per month to examine:</li> <li>-Supporting Diagnosis</li> <li>-Gradual dose reductions attempted</li> </ul> <p>Resident #40 was admitted to the facility in June 2024 with diagnoses including adult failure to thrive and unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 7/2/24, indicated Resident #40 had moderate cognitive impairment as evidenced by a score of 10 out of 15 on the Brief Interview for Mental Status (BIMS). Resident #40 had received an antipsychotic medication.</p> <p>Review of the medical record indicated a Physician's Order for Quetiapine Fumarate (antipsychotic) oral tablet 25 milligrams (mg) one tablet at bedtime for behaviors (6/25/24).</p> <p>Further review of the medical record indicated a pharmacy consultant recommendation, dated 6/26/24, indicated:</p> <ul style="list-style-type: none"> <li>-This patient is currently receiving an antipsychotic medication and documentation of a diagnosed specific condition is unclear. Please provide an appropriate specific indication for use. Diagnosis of dementia without behaviors is listed.</li> <li>-If the medication is no longer indicated, please consider a dose reduction of 25-50% with the goal of discontinuation.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Physician placed a checkmark next to disagree and signed on the signature line. There was no rationale for disagreeing with the consultant pharmacist's recommendation documented on the form or in the medical record.</p> <p>During an interview on 7/17/24 at 11:02 A.M., Nurse #6 said the Physician should have documented a rationale for disagreeing with the consultant pharmacist's recommendation to provide an appropriate diagnosis for the usage of the antipsychotic medication.</p> <p>During an interview on 7/17/24 at 1:20 P.M., the Assistant Director of Nursing (ADON) said Resident #40 currently had no behaviors and was receiving the antipsychotic medication prior to admission to the facility. The ADON said Resident #40's diagnoses did not support the use of Quetiapine Fumarate. The ADON said the Physician should have written a rationale for disagreeing with the pharmacist's recommendation and provided an appropriate diagnosis for the usage of the antipsychotic medication.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>46862</p> <p>Based on record review and interview, the facility failed to ensure one Resident (#40), out of a total sample of 26 residents, was free from unnecessary psychotropic medication. Specifically, for Resident #40, the facility failed to ensure an antipsychotic was given to treat a specific condition.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Antipsychotic Medication Use, last revised October 2022, included but was not limited to:</p> <ul style="list-style-type: none"> <li>-Residents will only receive antipsychotic medications when necessary to treat specific conditions for which they are indicated and effective.</li> <li>-Diagnosis of a specific condition for which antipsychotic medications are necessary to treat will be based on a comprehensive assessment of the resident.</li> </ul> <p>Review of the facility's policy titled Pharmacy Consultant Med Review, last reviewed January 2023, included but was not limited to:</p> <p>The Pharmacy Consultant provides:</p> <ul style="list-style-type: none"> <li>-Consultation of all aspects of the provisions of pharmacy services in the facility</li> <li>-Reviews each medication regime of all residents in the facility once per month to examine:</li> <li>-Supporting Diagnosis</li> <li>-Gradual dose reductions attempted</li> </ul> <p>Resident #40 was admitted to the facility in June 2024 with diagnoses including adult failure to thrive and unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 7/2/24, indicated Resident #40 had moderate cognitive impairment as evidenced by a score of 10 out of 15 on the Brief Interview for Mental Status (BIMS). Resident #40 had received an antipsychotic medication.</p> <p>Review of the medical record indicated a Physician's Order for Quetiapine Fumarate (an antipsychotic, used to treat symptoms of psychosis such as delusions, hallucinations, paranoia, or confused thoughts) oral tablet 25 milligrams (mg) one tablet at bedtime for behaviors (6/25/24).</p> <p>Further review of the medical record indicated a pharmacy consultant recommendation, dated 6/26/24, indicated:</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-This patient is currently receiving an antipsychotic medication and documentation of a diagnosed specific condition is unclear. Please provide an appropriate specific indication for use. Diagnosis of dementia without behaviors is listed.</p> <p>-If the medication is no longer indicated, please consider a dose reduction of 25-50% with the goal of discontinuation.</p> <p>The Physician placed a checkmark next to disagree and signed on the signature line. There was no rationale for disagreeing with the consultant pharmacist's recommendation documented on the form or in the medical record.</p> <p>Review of the Nurse Practitioner's (NP) progress notes indicated the following:</p> <p>-6/26/24: advancing dementia, stable mood, otherwise no behavior problem continue to monitor</p> <p>-7/1/24: psych: stable, alert, oriented, cooperative, Alzheimer's disease with late onset, continue with supportive measures, monitor mood and behavior, follow up in house psych as needed, continue with Seroquel</p> <p>-7/15/24: psych: stable, alert, oriented, cooperative, Alzheimer's disease with late onset, continue with supportive measures, monitor mood and behavior, follow up in house psych as needed, continue with Seroquel</p> <p>Review of the medical record failed to indicate the medical rational for the use of an antipsychotic medication.</p> <p>During an interview on 7/17/24 at 11:02 A.M., Nurse #6 reviewed the medical record and said Resident #40 was not being seen by psychiatric services as he/she had no behaviors. Nurse #6 said the Physician did not provide an appropriate diagnosis for the usage of the antipsychotic medication.</p> <p>During an interview on 7/17/24 at 1:20 P.M., the Assistant Director of Nursing (ADON) said Resident #40 currently had no behaviors and was receiving an antipsychotic medication prior to admission to the facility. The ADON said the physician would not have a Resident seen by psychiatric services when they are not displaying signs of behaviors. The ADON said the physician would not adjust or discontinue any antipsychotic medications if a Resident was admitted to Short Term Rehab (STR). The ADON said Resident #40 had been admitted to STR and would be going back to his/her prior living situation. The ADON said Resident #40's diagnoses did not support the use of Quetiapine Fumarate. The ADON said the Physician should have provided an appropriate diagnosis for the usage of the antipsychotic medication.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>48084</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff stored all drugs and biologicals used in the facility in accordance with currently accepted professional principles. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure the treatment cart on Cookside Unit was locked when not in direct supervision of the licensed nurse; and</li> <li>2. Ensure safe storage of medications and biologicals according to current standards of practice in 2 of 3 observed medication carts.</li> </ol> <p>Findings include:</p> <p>Review of the facility's policy titled Specific Medication Administration Procedures, dated as last revised December 2019, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-Security: All medication storage areas (carts, medication rooms, central supply) are locked at all times unless in use and under the direct supervision of the medication nurse/aide.</li> <li>-Check expiration date on package/container before administering any medication. When opening a multi-dose container, place the date on the container.</li> </ul> <p>Review of the facility's policy titled Medication Storage, dated as last revised October 2022, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-The center will have medications stored in a manner that maintains the integrity of the product, ensures the safety of the residents, and is in accordance with the Department of health guidelines.</li> <li>-All medications will be stored in a locked cabinet, cart, or medication room that is accessible only to authorized personnel, as defined by facility policy.</li> <li>-Medication will be stored in an orderly, organized manner in a clean area.</li> <li>-Medication will be stored in the original, labeled containers received from the pharmacy.</li> <li>-Medication will be stored at the appropriate temperature in accordance with the pharmacy and/or manufacturer labeling.</li> <li>-Medications requiring refrigeration will be stored in a refrigerator that is maintained between 2 to 8 degrees Celsius (36-46 degrees Fahrenheit).</li> </ul> <p>1. On 7/17/24 the surveyor made the following observations:</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-8:10 A.M., Treatment cart in the hallway across from small day room near entry to Cookside Unit. The cart was unlocked and not in view of staff.</p> <p>-8:59 A.M., Treatment cart in the hallway across from small day room near entry to Cookside Unit. The cart was unlocked and not in view of staff. A cell phone and binder were on top of it.</p> <p>-9:02 A.M., Staff member retrieved cell phone and binder from the top of the cart and left the unit. The cart remained unlocked in the hallway, not in view of staff.</p> <p>-9:22 A.M., Treatment cart in the hallway across from small day room near entry to Cookside Unit. The cart was unlocked and not in view of staff.</p> <p>-9:52 A.M., Surveyor brought Unit Manager (UM) #3 to the hallway where the treatment cart remained unlocked and not in view of staff.</p> <p>During an interview on 7/17/24 at 9:52 A.M., UM #3 said the treatment cart should be locked when not in use, and it should not be in the hallway unlocked. She said the cart should be stored in the clean utility room.</p> <p>During an interview on 7/17/24 at 11:28 A.M., the Assistant Director of Nurses (ADON) said the treatment cart should be kept in the clean utility room, unless in use, and it should be locked when not in use. She said the cart should not be in the hallway unlocked.</p> <p>2. On 7/17/24 at 9:30 A.M., the surveyor inspected the Birchside Medication Cart with Nurse #9, and observed the following:</p> <p>-One of two insulin pens in the cart had no pharmacy (patient demographics) label attached, the pen had the number 218M written in black marker, and the words 0700 open. No other patient identifier was on the insulin pen.</p> <p>During an interview on 7/17/24 at 9:30 A.M., Nurse #9 said she knows that insulin pen belongs to the Resident in 218M, because they get it every day, but it should have the pharmacy label on it and the date opened/date expires label with dates written on it and the pen does not have either. She said the pen would need to be disposed of and re-ordered from the pharmacy.</p> <p>During an interview on 7/17/24 at 9:45 A.M., UM #2 said all insulins should have the pharmacy label and the opened/expires label on them and they should be dated when opened with the opened/expires date. She said that insulin pen needs to be thrown out and re-ordered.</p> <p>During an interview on 7/17/24 at 9:52 A.M., UM #3 said all insulin pens need to be labeled with the resident's name and the date opened/date expires written on the label. She said that pen needs to be replaced.</p> <p>On 7/17/24 at 11:18 A.M., the surveyor inspected the Arborside Medication Cart with Nurse #4, and observed the following:</p> <p>-Five insulin pens were stored in one Styrofoam cup together, not in individual plastic bags. One of the four pens had no cap on the pen leaving the rubber seal exposed.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Five boxes with insulin vials inside; 2 of the 5 vials were not labeled with date opened or date expires.</p> <p>-Two unopened insulins in their boxes and plastic bag from the pharmacy were in the med cart.</p> <p>Further review of the five insulin pens in the cup indicated the pens belonged to three different residents.</p> <p>-One had no pharmacy label, a resident's name was written in black marker, the open/expires dates were on the label.</p> <p>-Two had pharmacy labels with resident's names, but the open/expiries label had no dates written on it.</p> <p>-One had a pharmacy label with resident's name on it, however it was so faded, the name was almost completely removed from the white label, the open/expires dates were not written on it.</p> <p>Further review of the two opened insulin vials indicated they both had the pharmacy label on them, however neither had the opened/expires dates written on them.</p> <p>Further review of the two unopened insulin vials indicated they were both labeled from the pharmacy and inside the plastic bag from the pharmacy. One had a bright green label on the bag that said, Keep Refrigerated Until Opened and the other had a bright yellow label on the bag that said, Keep Refrigerated. Both insulin packages indicated the prescription was filled/dispensed from the pharmacy on 7/16/24.</p> <p>During an interview on 7/17/24 at 11:18 A.M., Nurse #4 said he does not know why the insulins were not labeled, stored in the cup, or not in the fridge.</p> <p>During an interview on 7/17/24 at 11:20 A.M., UM #1 said all insulins should be labeled with the pharmacy printed Resident label and the date opened/expires should be filled in when it is opened.</p> <p>During an interview on 7/17/24 at 11:28 A.M., the ADON said all insulins should be labeled with the printed pharmacy label and when the pen or vial is opened the date opened and date of expiration should be written on the label. She said the vials should be stored in their box and the pens should be in the individual plastic bags from the pharmacy. She said they should not be stored in a cup together.</p>		

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<p>F 0800</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>49424</p> <p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>Based on observation, record review, and interviews, the facility failed to provide each resident with a nourishing, palatable, well-balanced diet that meets his/her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. Specifically, for two Residents (#7 and #49), the facility failed to ensure the Residents' food preferences were met.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Food Preferences, dated 2020, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-Resident food preferences are kept on file in the Dining Services Department as a part of the meal card system and used to ensure each resident's needs and desires are met.</li> </ul> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 6/27/24, indicated that Resident #7 was cognitively intact as evidenced by a score of 15 out of 15 on the Brief Interview for Mental Status (BIMS).</p> <p>During an interview with an observation on 7/15/24 at 12:45 P.M., Resident #7 said the food that arrives on meal trays does not match the meal tickets which indicates resident preferences. The Resident said that his/her meal ticket indicates that he/she dislikes rice but he/she continues to receive rice when it is served. The Resident said the meal ticket indicated he/she is supposed to get chocolate milk and ice cream, but he/she rarely receives it. The Resident said that he/she often asks for these items after the tray is delivered. The surveyor observed the resident's meal tray which listed rice as a dislike while being served rice and failed to include the items on the meal ticket.</p> <p>During an interview on 7/15/24 at 12:45 P.M., the Food Service Director (FSD) said if someone has a noted food preference it is on the meal ticket and the kitchen would honor the preferences (likes and dislikes). She said instead of rice, a resident who disliked rice should have received mashed potatoes instead. She was unsure why Resident #7 did not receive mashed potatoes. She said the cook is supposed to read the meal tickets and identify preferences and allergies prior to plating a meal.</p> <p>During an interview on 7/15/24 at 12:16 P.M., Resident Representative #1 said Resident #49 was supposed to get a hot dog or grilled cheese every day just in case the Resident doesn't like the meal. Resident Representative #1 said often these items do not come on the tray, and she needs to request that the always available items are sent to the Resident.</p> <p>Review of Resident #49's meal ticket indicated it did include the preference for a grilled cheese or hot dog to be sent on the tray daily for lunch and supper. Review of the Resident's lunch tray indicated the facility failed to follow the meal ticket and provide a hot dog or grilled cheese.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Southpointe Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Amity Street Fall River, MA 02721	
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<p>F 0800</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/17/24 at 1:40 P.M., the Administrator said the meal tickets are printed in the kitchen and have likes/dislikes/preferences on the top, and if the main meal has an item on the dislikes list, then the kitchen must make a swap while preparing the trays. For example, if someone dislikes rice and lunch is stir fry, the cook will need to read the ticket, identify the dislike, and make the swap to mashed potatoes. She said it is not a very effective system as they must read the dislikes on every ticket multiple times while preparing the trays.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>49424</p> <p>Based on observations, interviews, and menu review, the facility failed to ensure that menus posted were followed.</p> <p>Findings include:</p> <p>Review of the breakfast menu for 7/11/24 indicated that residents should have received French toast casserole, sausage, choice of hot or cold cereal.</p> <p>On 7/11/24 at 7:30 A.M., the surveyor observed Dietary Staff #2 preparing breakfast trays with French toast instead of a French toast casserole.</p> <p>During an interview on 7/11/24 at 7 A.M., Dietary Staff #2 said this is what is for breakfast and was unaware of a French toast casserole being on the menu.</p> <p>During an interview on 7/11/24 at 11:13 A.M., Resident #94 said they are unaware if the food served differs from the menu until a meal is served. He/She said the kitchen beats to its own drum, and he/she can't depend on the menu for accuracy. He/She said they had cookies for dinner last night because he/she didn't like the meal and a request for a tuna sandwich took over an hour.</p> <p>Review of the lunch menu for 7/15/24 indicated that residents should have received beef and broccoli stir fry, steamed rice, vegetable blend, blushing pears, and an egg roll.</p> <p>On 7/15/24 at 12:20 P.M., the surveyor observed lunch trays being passed on the Birchside Unit with no egg rolls present.</p> <p>Review of the breakfast menu for 7/17/24 indicated that residents should have received sausage, egg of choice, and cinnamon toast.</p> <p>On 7/17/24 at 8:04 A.M., the surveyor observed the cook preparing breakfast trays with plain toast and scrambled eggs. The breakfast sausage was not available.</p> <p>During an interview on 7/17/24 at 08:34 A.M., Dietary staff # 3 said that the breakfast was scrambled eggs and toast, she said they did not have cinnamon and they had sausage yesterday. She said she was unsure why it was on the menu today but it was not available.</p> <p>During an interview on 7/17/24 at 12:14 P.M., the Food Service Director (FSD) said that sometimes items are not available to order from the vendor. She said she was unable to order eggrolls, cinnamon toast, and the sausage for today. She said that she does not communicate with the residents if an item is not available. She said she lets the activities staff know if there are omissions or substitutions.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/17/24 at 12:35 P.M., Activities Assistant #1 said the kitchen does not inform activities if they do not have an item to serve. She said there is no communication regarding menu changes.</p> <p>During an interview on 7/17/24 at 12:23 P.M., the Registered Dietitian said she was unaware of any menu changes and the FSD should inform her if there are any changes in the menu. She said the kitchen also needs to communicate with the residents if something is served other than what is on the menu.</p> <p>During an interview on 7/17/24 at 12:40 P.M., the Administrator said the kitchen should communicate any menu changes with the residents and the dietitian to ensure the meal still meets the nutritional needs of the residents.</p> <p>During an interview on 7/17/24 at 12:46 P.M., the Activity Director said the kitchen doesn't tell us if a menu item is unavailable or if there are changes to the menu we post. She said that she knows this frustrates the residents and it is often brought up at the monthly Resident Council Meeting.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>49424</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, test tray results, and interview, the facility failed to ensure staff served food that is palatable and at an appetizing temperature for 2 out of 2 test trays conducted.</p> <p>Findings include:</p> <p>During initial resident screening on 7/11/24, the residents expressed the following concerns about the food served at the facility:</p> <ul style="list-style-type: none"> <li>-Food temperatures are cold for foods that are supposed to be hot.</li> <li>-The milk is warm.</li> <li>-The food served lacks palatability.</li> <li>-The bread is soggy.</li> <li>-There are missing items from tray and the meal tray is not reflective of meal ticket.</li> </ul> <p>On 7/15/24 at 10:30 A.M., the residents at the Resident Group Meeting expressed concern regarding the palatability of the food served at the facility.</p> <p>During an interview on 7/11/24 at 11:13 A.M., Resident #94 said the food is either tasteless or too salty.</p> <p>During an interview on 7/11/24 at 3:35 P.M., Resident Representative #1 said the food is awful, the meat is dry, and the vegetables have no flavor.</p> <p>Test Tray #1:</p> <p>On 7/12/24 at 12:00 P.M., the surveyor requested a lunch tray be sent to the Arborside Unit second meal truck which was to arrive to the unit at 12:15 P.M. The truck left the kitchen at 12:20 P.M and arrived at the unit at 12:21 P.M. The test tray was removed and conducted with the Food Service Director (FSD) obtaining temperatures in degrees Fahrenheit (F) with the facility thermometer at 12:37 P.M. with the following results:</p> <p>Baked fish-133.8 F, warm (not hot), flavorful</p> <p>Rice-118.5 F, tepid (lukewarm) and bland to taste.</p> <p>Spinach-118.7 F tepid and bland to taste.</p> <p>Coffee-151.7 F hot to taste.</p> <p>Milk-63.5 F warm to taste.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Brownie (not temped) tasty with dry consistency.</p> <p>Test Tray #2:</p> <p>On 7/15/24 at 8:00 A.M., the surveyor requested a breakfast test tray to the Arborside Unit which was to arrive to the unit at 7:40 A.M. The food truck left the kitchen at 8:15, and arrived on the unit at 8:17 A.M the test tray and 2 other meals were not in the food truck but were brought to the unit in a cart that was not enclosed. The test tray was conducted with the FSD obtaining temperatures at 8:43 A.M., with the following results:</p> <p>Milk: 59.7 F, warm to taste.</p> <p>Black coffee: 139.2 F, warm to taste.</p> <p>Toast 97.8 F, cold, soggy, and bland to taste.</p> <p>Scrambled eggs 120.2 F mushy, little flavor, and tepid to taste.</p> <p>Results of the test trays validated the residents' concerns of cold food, warm milk, food lacking palatability.</p> <p>During an interview on 7/15/24 at 8:54 A.M., the FSD said she did not want to try the foods on the test tray. She said the food trucks were late today which can account for the hot foods not being hot and the cold foods being warm. She said that the Registered Dietitian had told her that meal trays are supposed to be inside of the meal cart to retain temperature. She said she was aware that there were a few trays that were not in a meal cart.</p> <p>During an interview on 7/15/24 at 10:38 A.M., the Registered Dietitian (RD) said the temperature for the milk was too high and the food was not within a range she would expect it to be served. She said she expects all food trays to arrive to the floor inside of a meal truck to preserve the temperature and she had communicated this concern with the FSD through the Test Tray Evaluation Forms.</p> <p>Review of Test Tray Evaluation Forms completed by the RD indicated the following:</p> <ul style="list-style-type: none"> <li>-On 5/20/24 the starch was a poor temperature at 109.9 F and the kitchen took longer to serve the food.</li> <li>-On 4/23/24 the temperatures were low at the start of tray pass and the vegetables temperature was 96.8 F pasta was 114 F.</li> <li>-On 4/16/24 the temperatures for pork and peas temperature were recorded as poor.</li> <li>-On 4/16/24 the temperatures for all hot items were marked as poor and comments include the tray was not in food truck and the temperature was not adequate.</li> </ul> <p>(continued on next page)</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/15/24 at 1:04 P.M., the Administrator said the trays should not be transported or left on top of the meal trucks and that she recently purchased another meal truck to ensure all meal trays would fit inside so foods would retain temperatures. She said she is aware of continued resident concerns related to food palatability as they are raised through the residents' Food Council Committee.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49424</p> <p>Based on observations, interviews and policy review, the facility failed to store, distribute, and serve food under sanitary conditions to promote safe food handling. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure hair was restrained when preparing food; and</li> <li>2. Ensure staff practiced proper hand hygiene to prevent cross contamination (transfer of pathogens from one surface to another). In addition, to ensure the use of gloves was limited to a single use task; and</li> <li>3. Ensure staff monitored cooked food temperatures being held for service to residents.</li> </ol> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of facility's policy titled Hair Restraints, dated 2020, indicated but was not limited to the following: -Hair Restraints, hats, and/or beard guards shall be used to prevent hair from contacting exposed food. Any facial hair that is longer than the eyebrow shall require coverage with a beard guard in the production and dishwashing areas.</li> </ol> <p>During an initial tour of the main kitchen on 7/11/24 at 7:16 A.M., the surveyor observed:</p> <ul style="list-style-type: none"> <li>-Dietary staff #2 did not have hair restrained while preparing breakfast.</li> <li>-Dietary staff #4 did not have beard hair restrained while assembling breakfast trays.</li> </ul> <p>During an interview on 7/11/24 at 7:59 A.M., Dietary Staff #2 said she had forgot to restrain her hair prior to serving breakfast.</p> <p>During an interview on 7/11/24 at 8:34 A.M., the Food Service Director (FSD) said part of the dietary staff uniform is a hair net or hat to restrain hair.</p> <p>On 7/12/24 at 12:20 P.M., the surveyor observed Dietary staff #4 with no covering or restraint for his beard hair and his long hair was not fully restrained in a hair net as he prepared trays for resident's lunch.</p> <p>During an interview on 7/12/24 at 12:50 P.M., the FSD said Dietary Staff #4 did not have his hair fully secured in the hairnet and had no beard hair net covering his beard.</p> <p>During an interview on 7/15/24 at 1:04 P.M., the Administrator said all kitchen staff should wear hairnets or beard guards to prevent hair from encountering food.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. Review of the Food and Drug Administration Food Code, dated 2022, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-Food employees may not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment.</li> <li>- If used, single-use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.</li> <li>-Receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered:</li> <li>-Inside the food establishment if the receptacles and units: Contain food residue and are not in continuous use; or after they are filled.</li> </ul> <p>During an initial tour of the main kitchen on 7/11/24 at 7:16 A.M., the surveyor observed:</p> <ul style="list-style-type: none"> <li>-Dietary Staff #2 failed to change gloves or perform hand hygiene in between touching pieces of French toast, syrup, hardboiled eggs, pancakes, and plates. She also failed to use serving utensils for French toast, hardboiled eggs, and pancakes.</li> <li>-Two large trash bins were uncovered, and one bin had trash overflowing on to the floor.</li> </ul> <p>During an interview on 7/15/24 at 1:04 P.M., the Administrator said the trash in the kitchen should be always covered. She said that the cooks should not be touching food even with gloved hands due to cross contamination.</p> <p>3. Review of the Food and Drug Administration Food Code, dated 2022, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-Employees are properly maintaining the temperatures of time/temperature control for safety foods during hot and cold holding through daily oversight of the employees' routine monitoring of food temperatures</li> </ul> <p>Review of refrigerator temperature logs failed to indicate ongoing monitoring to ensure safe operation of refrigeration equipment to ensure cold foods were held at 41 degrees Fahrenheit (F) or below as follows:</p> <ul style="list-style-type: none"> <li>-Nourishment kitchen refrigerators were last taken on 7/1/24, 10 days prior.</li> <li>-Main kitchen refrigerators were blank on the dates of 6/12/24, 6/14/24 through 6/16/24, and 6/24/24 through 6/30/24.</li> <li>-Main kitchen refrigerators were not taken in July 2024.</li> </ul> <p>Review of the steam table temperature logs failed to indicate ongoing monitoring to ensure food items were being held above 135 degrees F as follows:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Steam table temperatures were blank on the date of 6/12/24, 6/14/24 through 6/16/24, and 6/24/24 through 6/30/24.</p> <p>-Steam table temperatures were not taken in July 2024.</p> <p>During an interview on 7/11/24 at 7:59 A.M., Dietary Staff #2 said she had not recorded the temperature of the food from the steam table prior to serving breakfast.</p> <p>During an interview on 7/11/24 at 8:34 A.M., the Food Service Director (FSD) said the steam table temperatures are required to be taken prior to the meal being served and recorded and it was concerning that there was a lack of temperatures recorded. She said the temperatures are recorded on the sheets on the clipboard and was unable to provide any additional information regarding the lack of logs. She said that it was her expectation that the temperatures for the refrigerators and freezers are recorded daily. She said she expects the cook to take and record the temperature of the food items on the steam table prior to serving the meal to ensure safe serving temperatures.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>36542</p> <p>Based on record review and interviews, the facility failed to maintain accurate medical records in accordance with accepted professional standards for two Residents (#99 and #115), in a sample of 26 residents. Specifically, the facility failed to ensure the electronic medical record orders accurately reflected the advanced directives indicated on the Massachusetts Medical Orders for Life-Sustaining Treatment (MOLST) for Resident #99 and Resident #115.</p> <p>Findings include:</p> <p>1. Resident #99 was admitted to the facility in September 2022.</p> <p>Review of the medical record indicated the designated Health Care Proxy for Resident #99 signed a new MOLST changing the code status from a Full Code (attempt resuscitation) to a Do Not Resuscitate, Do Not Intubate on 10/29/23.</p> <p>Review of the electronic medical record on 7/12/24, including physician orders and a section designated Code Status indicated Resident #99 was a full code (resuscitation would be attempted). The electronic medical record did not reflect the accurate code status of Do Not Resuscitate from the MOLST signed on 10/29/23.</p> <p>During an interview on 7/16/24 at 11:02 A.M., Unit Manager #1 said the electronic medical record code status section and orders should reflect the changes made to the MOLST in October 2023 and the medical record was not accurate.</p> <p>2. Resident #115 was admitted to the facility in August 2023.</p> <p>Review of the medical record indicated on 3/13/24 Resident #115 signed a new MOLST indicating the Resident would continue with a code status of Do Not Resuscitate and added the directive of no longer wanting to be sent to the hospital, did not want to have artificial nutrition, and did not want to have artificial hydration.</p> <p>Review of the electronic medical record on 7/12/24, including physician orders and a section designated Code Status indicated Resident #115 had orders to be transferred to the hospital, was undecided on artificial nutrition and was undecided on artificial hydration. The electronic medical record did not reflect the accurate directives of do not hospitalize, no artificial nutrition and no artificial hydration from the MOLST signed on 3/13/24.</p> <p>During an interview on 7/16/24 at 11:02 A.M., Unit Manager #1 said the electronic medical record code status section and orders should reflect the changes made to the MOLST in March 2024 and the medical record was not accurate.</p>		