

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225634	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Care One at Weymouth		STREET ADDRESS, CITY, STATE, ZIP CODE  64 Performance Drive Weymouth, MA 02189	

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 - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48362</p> <p>Based on observation and interview, the facility failed to ensure residents in three of four dining areas had a dignified and homelike dining experience.</p> <p>Findings include:</p> <p>On 10/7/24 at 8:30 A.M., the surveyor made the following observations in the [NAME] Unit dining room:</p> <ul style="list-style-type: none"> <li>- Three residents were seated at tables in the dining area eating their breakfast meal on trays served at the table.</li> <li>- Covers for the plates were next to the residents filled with trash including milk cartons, coffee mug covers, and oatmeal bowl covers.</li> <li>- Three staff members were sitting in the back corner of the dining area, one of whom was on their phone.</li> <li>- A diathermy machine (a device used by physical and occupational therapy services to improve circulation, reduce swelling/inflammation, relax muscles/joints through electric currents to heat) was stored in the back of the dining area underneath the windows.</li> </ul> <p>On 10/8/24 at 8:11 A.M., the surveyor made the following observations in the [NAME] Unit dining room:</p> <ul style="list-style-type: none"> <li>- Three residents were seated at tables in the dining area eating their breakfast meal.</li> <li>- Two of the three residents were eating on trays served at the table.</li> <li>- One resident's meal was served off the tray but was noted to have the tray placed to the side of the meal on the table covered with trash including milk cartons, plastic wrap, and coffee mug covers.</li> </ul> <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 - Some</p>	<p>- All three residents were seated at different tables. Two residents were seated with their backs to one another facing the wall. One resident was seated facing the television which was playing a morning news show.</p> <p>- A diathermy machine was stored in the back of the dining area underneath the windows.</p> <p>On 10/8/24 at 12:08 P.M., the surveyor made the following observations in the [NAME] Unit dining room:</p> <p>- Eight residents were seated at tables in the dining area eating their lunch meal.</p> <p>- Seven of eight residents were eating on trays served at the table.</p> <p>- Two diathermy machines were stored in the back of the dining area underneath the windows.</p> <p>On 10/9/24 at 9:30 A.M., the surveyor made the following observations in the Clover Unit dining room:</p> <p>- Two residents were seated at tables in the dining area.</p> <p>- One resident was eating on a tray served at the table. The other resident in the dining area had finished their meal.</p> <p>- No staff were observed in the room during the mealtime.</p> <p>On 10/9/24 at 12:34 P.M., the surveyor made the following observations in the Clover Unit dining room:</p> <p>- Six residents were seated at tables in the dining area eating their lunch meal on trays served at the table.</p> <p>- Plate covers were next to residents filled with trash including milk cartons, plastic wrappers, and coffee mug covers.</p> <p>- Two residents were covered with blankets on their chest. All other residents were observed to have clothing protectors donned (on).</p> <p>On 10/9/24 at 12:39 P.M., the surveyor made the following observations in the Ivy Unit dining room:</p> <p>- Two residents were seated at tables in the dining area eating their lunch meal on trays served at the table.</p> <p>- Plate covers were next to the residents filled with trash including milk cartons, plastic wrappers, and coffee mug covers.</p> <p>- Four staff members were in the corner of the dining area.</p> <p>(continued on next page)</p>		

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<p>F 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43935</p> <p>Based on interview and document review, the facility failed to ensure residents had the right to voice and formulate grievances, have those grievances responded to promptly, and be provided a resolution to their grievance. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Have voiced grievances investigated and addressed, for one Resident (#287), out of two residents investigated, who had repeatedly voiced concerns over call light answering times;</li> <li>2. Provide one Resident (#238), out of a total sample of 25 residents, with a resolution to their grievance either in writing or by discussion once the grievance had been resolved; and</li> <li>3. Ensure residents had access to grievance/concern forms so they could formulate grievances anonymously, should they choose not to alert a staff member to their concern.</li> </ol> <p>Findings include:</p> <p>Review of the facility's policy titled Grievances/Complaints, Filing, dated as revised April 2017, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>- Residents and their representatives have the right to file grievances, either orally or in writing, to the facility staff</li> <li>- the administrator and staff will make prompt efforts to resolve grievances to the satisfaction of the resident and/or resident representative</li> <li>- a copy of the grievance/complaint procedure is posted on the resident bulletin board</li> <li>- grievances or complaints may be submitted orally, in writing or filed anonymously</li> <li>- upon receipt of a grievance the grievance officer will review and investigate the concern and submit a written report of such findings within 5 working days to the administrator</li> <li>- the administrator has delegated responsibility of grievance and/or complaint investigation to the grievance officer</li> <li>- the grievance officer, administrator and staff will take immediate action to prevent further potential violations or resident rights while the alleged violation is being investigated</li> <li>- the resident or person filing the grievance will be informed verbally or in writing of the findings of the investigation and the actions that will be taken to correct the identified problems</li> <li>- results of all grievance files will be maintained on file for a minimum of three years from the date of issuance of the grievance decision</li> </ul> <p>(continued on next page)</p>

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. Resident #287 was admitted to the facility in September 2024 for short term rehabilitation with diagnoses including: displaced bimalleolar fracture of the right lower extremity (a severe injury to the ankle when both the medial and lateral malleolus bones are broken and the ankle is dislocated), fall, and chronic obstructive pulmonary disease (lung disease that causes difficulty breathing and restricts airflow).</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 9/24/24, indicated the Resident was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15.</p> <p>During an interview on 10/8/24 at 5:14 P.M., the Director of Nurses (DON) and Administrator said they were made aware of Resident #287's concern when his/her family member posted a Google review online. The DON said she spoke with the Resident, who was still in the facility at that time, and did not discharge until the following day. The DON said the Resident's concerns were vague but they completed a grievance and investigation based off the Google review and Resident interview.</p> <p>During an interview on 10/9/24 at 10:38 A.M., via telephone, Resident #287 said he/she was admitted to the facility for a fluff and buff and only expected to remain at the facility for rehabilitation services for approximately four to five days. However, he/she contracted COVID-19 while at the facility which slowed their rehab progress and extended their stay. The Resident said he/she had voiced concerns numerous times about things he/she was seeing with other residents that they felt was neglectful and also the long call wait times. He/she said there were times they felt they waited on the call light for more than an hour and would report the concern to staff but felt unheard and staff would tell him/her those allegations were untrue. He/She said they attempted to voice their grievances with the Ombudsman and was told he/she would need to contact the Department of Public Health (DPH) to voice their concerns directly through the complaint line. Resident #287 said he/she also spoke to someone else in management once about call lights not being answered for long periods of time, but no one ever followed up with him/her on an investigation, outcome, or resolution. Resident #287 said at one point, he/she had a conversation with the DON but it left him/her frustrated because he/she said the DON asked them, What would you do to fix this situation? and that made him/her feel that the concerns were not being heard, looked into, or taken seriously. Resident #287 said he/she never received any resolution to any concerns or grievances he/she brought forward and he/she felt the call light wait times continued to be long. The Resident said just prior to discharge he/she had a [NAME] conversation with the DON about staff not helping him/her or other residents and the call light wait times being too long. The Resident said the DON replied to him/her, What would you do if you were me?. Resident #287 still felt the concerns were not being taken seriously or that the facility was receptive to the information so their niece decided to post a Google review of the experience. Resident #287 said he/she was not aware of whether a grievance form was ever completed because the concerns seemed ongoing without resolution. The Resident said they decided, after they discharged, to contact DPH.</p> <p>During an interview on 10/9/24 at 11:38 A.M., via telephone, Family Member #1 said they personally reached out to the DON after Resident #287 informed them their concerns were not addressed. She said the DON did not seem receptive to hearing the concerns or why she had reached out and told her that no information could be disclosed to her since the Resident is his/her own person without the expressed permission of the Resident. She said she finally just informed the DON that the call lights were not answered timely throughout the entirety of the Resident's stay and those issues went unresolved and because she felt everything was being dismissed, she decided to write the Google review which occurred the day prior to her family member's discharge from the facility.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's Grievance Book for 2024 failed to indicate a grievance was formulated prior to 9/15/24 for Resident #287's concerns.</p> <p>During an interview on 10/9/24 at 4:29 P.M., the DON said she did take a call from Resident #287's family member and received some vague concerns feeling the unit and atmosphere were unsafe and residents were falling. She said she was not told about any call light wait time concerns, but did complete an investigation and grievance form on the vague concerns on or around 9/16/24 and interviewed the Resident for the investigation since the Resident was still at the facility. She said she did tell the family member she couldn't disclose any information on this Resident or any others without their permission. She said she felt the Resident was satisfied with the outcome of the investigation and was pleased they had made progress with rehab despite contracting COVID while at the facility and had no other concerns that were not addressed throughout the stay and said they felt safe in the facility.</p> <p>Staffing schedules were reviewed for the timeframe in which Resident #287 was in the facility and there was no significant deviance from the staffing baseline identified. Staff members were chosen for interview based on these schedules.</p> <p>During an interview on 10/10/24 at 10:14 A.M., Nurse #3 said he remembers Resident #287 and provided care to him/her including assessment, vital signs, medication administration and notifying the physician of a change in their respiratory condition resulting in obtaining new orders. He said Resident #287 seemed to expect that he/she would be a priority because they had COVID-19, but there were a few residents with COVID at that time and he prioritized them based on urgency of need. He said he explained this to the Resident and the Resident seemed displeased and complained of call light wait times. He said he believes this Resident's call light concerns were ongoing and he did not complete a grievance for these concerns and is unaware if anyone else had either.</p> <p>During an interview on 10/10/24 at 10:28 A.M., Nurse #2 said she remembers Resident #287 well and had interactions with them. She said she did receive verbal complaints from this Resident numerous times about call lights not being answered promptly, especially at night, and she did discuss it with the staff on all three shifts but felt after doing so the concern was untrue and therefore did not generate a grievance for the Resident. She said the Resident used the call light frequently for themselves and others and there was likely a higher attention on them and their light because of that and how vocal they were being but overall, she felt the Resident's call light was answered appropriately.</p> <p>During an interview on 10/10/24 at 10:51 A.M., Certified Nurse Aide (CNA) #3 said she provided care to Resident #287 and remembers them well. She said the Resident is what she would call a high complainer and even if something only took 10 minutes the Resident would tell her the wait time was too long. She said the Resident constantly complained to her about the call light not being answered timely and told her there were times it would take one to two hours to be answered even though she watched the call light be addressed within 5 minutes and the desired items received in maybe 15 minutes. She said the Resident would complain about the call light to her almost every day, but she never filled out a grievance and was unaware of what that was and said she would have no way of knowing if anyone else ever completed one either.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the progress notes in Resident #287's medical record indicated the Resident wished to speak with the DON on 9/17/24, but there were no prior notes indicating the Resident spoke to anyone regarding their concerns or that they had any unaddressed concerns or grievances pending.</p> <p>During an interview on 10/10/24 at 11:21 A.M., the DON said a grievance should have been formulated to address the Resident's concerns of long call wait times regardless of whether the staff felt the concerns were inaccurate. She said she did hear at some point that the Resident did have concerns with call light wait times and was unaware a grievance hadn't been completed as it should have been in accordance with the standard in an attempt to resolve the ongoing Resident issue.</p> <p>During an interview on 10/10/24 at 11:24 A.M., the Administrator said he is the grievance officer for the facility and shares the responsibility with the DON. He said if the Resident voiced a concern about poor call light response times a grievance should have been formulated, as good practice and to ensure the process was followed, but it appears one was not completed as it should have been.</p> <p>2. Resident #238 was admitted to the facility in September 2024 with diagnoses including: acidosis (a condition in which the body fluids become too acidic), fall, multiple sclerosis, and adjustment disorder with anxiety and depressed mood.</p> <p>Review of Resident #238's BIMS score, dated 10/6/24, indicated the Resident was cognitively intact with a score of 15 out of 15.</p> <p>During an interview on 10/8/24 at 3:17 P.M., Resident #238 said he/she had voiced a concern about an interaction with a CNA in the early morning of either Monday or Sunday. Resident #238 said he/she voiced the concern to a staff member sitting at the desk, but did not know who that was and no one had brought it up again since then. Resident #238 said, Do you really think they would report that? I'm sure they didn't even write anything down.</p> <p>Review of the facility's Grievance Book on 10/8/24 failed to indicate a grievance was initiated or formulated for Resident #238.</p> <p>During an interview on 10/8/24 at 4:16 P.M., the DON and Administrator said they spoke with the Resident after the surveyor requested any additional incident reports or concerns for the Resident and the Resident did not report any concerns to them at that time.</p> <p>During an interview on 10/9/24 at 8:46 A.M., the DON said during her investigation she was made aware by one of the CNAs that Unit Manager (UM) #2 had been informed of the issue and UM #2 had told her a grievance was completed for the Resident although it had not been communicated to her prior and a copy was provided to the surveyor.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/9/24 at 9:09 A.M., UM #2 said on Monday night (10/7/24) she completed a grievance for Resident #238 regarding customer service and the staff not previewing the care cards prior to providing care to the Resident. She said she didn't pass the information to the DON because survey was occurring in the facility. She said she told the Resident she would look into his/her concern and educate the staff at the time she spoke with the Resident. She said the education on the grievance is not yet complete because it had just occurred. She reviewed the grievance form and education with the surveyor and said she should not have documented that the grievance was complete because the education wasn't done. She said she has not returned to Resident #238 and informed them of any follow up or resolution, even though she documented the grievance was taken and resolved on 10/7/24 and she communicated it to the Resident.</p> <p>During an interview on 10/9/24 at 9:31 A.M., the DON reviewed the concerns regarding the grievance process with the surveyor and reviewed the grievance form for Resident #238 from 10/7/24 and the staff education. She said the grievance form was not completed the way it is intended. Based on the education and the Resident saying he/she never spoke to anyone regarding a resolution, the grievance form was not completed correctly, the grievance was not resolved, and the process needed some work to ensure all staff understood the process and were on the same page.</p> <p>36542</p> <p>3. During a group meeting with Resident Council members on 10/9/24 at 12:30 P.M., the residents said they did not know where the grievance forms were located or how to find a grievance form to fill out on their own. One Resident said the forms were located by the elevator, the other residents replied that they mostly stayed on the second floor and did not go to the alcove where the elevators were located.</p> <p>On 10/9/24 at 1:10 P.M., the surveyor observed blank grievance forms in the alcove of the second-floor elevator.</p> <p>On 10/10/24 at 11:15 A.M., the surveyor observed the first floor (Ivy and Clover units) and the elevator alcove and was unable to locate any grievance forms available to residents.</p> <p>During an interview on 10/10/24 at 11:26 A.M., Unit Secretary #2 on the Ivy unit said she did not know where the grievance forms were located.</p> <p>During an interview on 10/10/24 at 11:28 A.M., Nurse #4 on the Ivy unit was able to locate blank grievance forms in a drawer at the nurses' station. She said residents could ask staff for a form if they needed one.</p> <p>During an interview on 10/10/24 at 11:35 A.M., CNA #3 on the Clover unit said the grievance forms were located inside of the nurses' station.</p> <p>During an interview on 10/10/24 at 11:37 A.M., Nurse #5 on the Clover unit said the grievance forms were in a hanging wall file inside of the nurses' station.</p> <p>(continued on next page)</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>43935</p> <p>Based on document review and interview, the facility failed to ensure two Residents (#238 and #237) were provided a summary of their baseline care plan meeting, out of a total sample of 25 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Care Plans - Baseline, dated as revised March 2022, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>- a baseline care plan to meet the resident's immediate healthcare needs is developed for each resident within 48 hours of admission</li> <li>- the resident and/or their representative are provided a written summary of the baseline care plan that includes but is not limited to: the stated goals and objectives of the resident, a summary of medications and dietary instructions, and any services and treatments to be administered</li> <li>- provision of the summary to the resident and/or representative is documented in the medical record</li> </ul> <p>A. Resident #238 was admitted to the facility in September 2024 with diagnoses including: acidosis (a condition in which the body fluids become too acidic), fall, multiple sclerosis, and adjustment disorder with anxiety and depressed mood.</p> <p>Review of Resident #238's Brief Interview for Mental Status (BIMS) score, dated 10/6/24, indicated the Resident was cognitively intact with a score of 15 out of 15.</p> <p>During an interview on 10/8/24 at 3:15 P.M., Resident #238 said he/she was aware of the team goals for him/her to return home and certain things that needed to be accomplished but was never provided with a summary of that meeting or what was discussed to keep him/her on track. Resident #238 said he/she did not know what a care plan was and never received a copy of one.</p> <p>B. Resident #237 was admitted to the facility in October 2024 with diagnoses including: hypertensive emergency (a medical emergency in which the blood pressure increases suddenly and severely and can lead to life threatening organ damage), chronic obstructive pulmonary disease (lung disease that causes difficulty breathing and restricted airflow), and diabetes mellitus.</p> <p>Review of Resident #237's BIMS score, dated 10/9/24, indicated the Resident was cognitively intact with a score of 15 out of 15.</p> <p>During an interview on 10/8/24 at 9:29 A.M., Resident #237 said he/she had not been offered a summary of his/her goals of care or what the plan was while he/she resided in the facility and he/she did not have anything to refer to on what the facility felt the plan was. He/She said this document would be helpful so he/she would have more details and know better what questions to ask and discuss.</p> <p>(continued on next page)</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the medical record for Resident #237 on 10/9/24, including the assessment forms, progress notes and admissions evaluation, failed to indicate Resident #237 was provided a summary of their baseline care plans or initial interdisciplinary meeting.</p> <p>During an interview on 10/9/24 at 2:33 P.M., Social Worker (SW) #1 and SW #2 said the process for base line care plan meeting is for the team to meet with newly admitted residents Monday through Friday after morning meeting and then the case manager (CM) writes a note under the forms section called initial care conference meeting. They said the residents are not offered any summary or documents unless they specifically ask for something and then they will print out whatever they request, but there is no official process in which they are offered any summary or synopsis of the event.</p> <p>During an interview on 10/9/24 at 2:33 P.M., the Director of Nurses (DON) reviewed the medical record for Residents #237 and #238, including the assessment forms and progress notes, and said there was no documentation or evidence indicating either Resident was provided a summary of their baseline care plans or initial interdisciplinary meeting. She said the CM had been on vacation the previous week and the SW was supposed to ensure notes were put in the system for all the meetings held and they had not occurred yet. She said she has attended some meetings in the past, but it is not part of her daily routine. She said there is no form or summary that is routinely offered to the residents following those meetings that she is aware of but the facility would provide the residents with any documents if they were requested. She couldn't provide an explanation for the lack of a baseline care plan summary being offered.</p> <p>During an interview on 10/10/24 at 9:21 A.M., the CM said after the meetings are held, the group discusses the individual residents and a note is written which is a pre-formulated form in the system with a check box to indicate the residents participated and are in agreement with the care plans. She said however there is no summary provided and she was not aware that was part of the regulatory requirement.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>49425</p> <p>Based on observation, interview, and document review, the facility failed to ensure professional standards of practice were met for one Resident (#388), out of a total sample of 25 residents. Specifically, the facility failed to address the wound physician's recommendations timely for care and treatment of a post-operative site infection.</p> <p>Findings include:</p> <p>Review of the Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice, dated as revised 4/11/18, indicated:</p> <p>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. Licensed nurses in a management role must ensure an infrastructure is in place, consistent with current standards of care, to minimize error.</p> <p>Resident #388 was admitted to the facility in September 2024 with diagnoses including coronary bypass (a procedure that improves blood flow to the heart), Type II Diabetes, and post-surgical wound of the left medial (center) calf.</p> <p>Review of the active Physician's Orders for Resident #388, dated 9/27/24, indicated but were not limited to the following:</p> <p>-Consult: Wound consult: Eval and treat as needed or indicated</p> <p>Review of the Wound Evaluation and Management Summary, dated 10/4/24, indicated but was not limited to the following:</p> <p>Post-Surgical wound of the left medial calf</p> <p>-Recommendations: Continue Keflex (an antibiotic), and alert surgeon to this site infection</p> <p>Review of the nursing progress note, dated 10/4/24, indicated a recommendation from the wound physician for continuing Keflex and failed to indicate the surgeon had been notified of the site infection.</p> <p>Further review of all nursing progress notes failed to indicate the surgeon had been notified of the site infection per the recommendation.</p> <p>During an interview on 10/9/24 at 8:54 A.M., Nurse #8 said the Unit Manager (UM) rounds with the wound physician and completes the wound physician's recommendations.</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 - Few</p>	<p>During an interview on 10/9/24 at 10:29 A.M., UM #2 said she conducts rounds with the wound physician, and he will give her verbal and written recommendations. She said she notifies the in-house physician or Nurse Practitioner (NP) of the recommendations and enters them into the chart. UM #2 said she did not inform the surgeon of the site infection, as she should have. She said she only focused on the Keflex part of the recommendation.</p> <p>During an interview on 10/9/24 at 11:18 A.M., the NP said no one informed her of the wound physician's recommendations to notify the surgeon of a site infection. She was only notified that the wound physician wanted to continue the Keflex.</p> <p>During a telephonic interview on 10/9/24 at 11:22 A.M., the wound physician said Resident #388's left medial calf wound was not warm, but slightly red. He wanted to ensure the surgeon was aware of the wound's appearance. The wound physician said he communicated this to UM #2 verbally and in his written recommendations.</p> <p>During an interview on 10/9/24 at 2:11 P.M., the Director of Nursing (DON) said her expectation is for the UM to follow through with all wound physician's recommendations. She said the UM should have notified the surgeon of the site infection and documented the notification in a nursing note.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42742</b></p> <p>Based on observation and interview, the facility failed to ensure all medications used in the facility were stored in accordance with currently accepted professional principles. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Dispose of oral medications that were no longer stored in their original dispensing systems in two of five medication carts reviewed; and</li> <li>2. Provide a permanently affixed compartment for the storage of a schedule IV (potential for misuse and dependence) controlled substance in one of three medication room refrigerators reviewed.</li> </ol> <p>Findings include:</p> <p>Review of the facility's policy titled Medication Labeling and Storage, dated 2001, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-Medications and biologicals are stored in the packaging, containers, or other dispensing systems in which they are received.</li> <li>-Controlled substances (listed as Schedule II-IV of the Comprehensive Drug Abuse Prevention and Control Act of 1976) and other drugs subject to abuse are separately locked in permanently affixed compartments, except when using single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected (e.g. medications for direct administration).</li> </ul> <p>1. On 10/8/24 at 7:20 A.M., the surveyor reviewed the Aster Unit medication cart with Nurse #6 and observed a variation of approximately 25 loose oral medication tablets/capsules stored on the bottom of the third and fourth drawers. The medications were not disposed of when no longer stored in their original dispensing systems and loose in the drawers.</p> <p>During an interview on 10/8/24 at 7:20 A.M., Nurse #6 said sometimes the pills come out over the drawers when the nurses punch them out from their dispensing packs. She said all nurses are supposed to check the drawers for loose pills and said they were not stored properly and should have been disposed of. Nurse #6 said she was not able to identify what the loose medications were.</p> <p>On 10/8/24 at 7:46 A.M., the surveyor reviewed the [NAME] Unit team 1 medication cart with Nurse #7 and observed a variation of approximately 15 loose oral medication tablets/capsules stored on the bottom of the fourth drawer. The medications were not disposed of when no longer stored in their original dispensing systems and loose in the drawers.</p> <p>During an interview on 10/8/24 at 7:46 A.M., Nurse #7 said there should not be any loose pills in the drawers and they should have been disposed of but weren't. She said pills can fall into the drawers when nurses are popping them, but all nurses are responsible for checking for them.</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>During an interview on 10/8/24 at 1:43 P.M., the Director of Nursing (DON) said if the nurse pops a pill out of the card and the pill falls into the drawers then the nurse should dispose of it immediately. She said all the loose pills should have been destroyed.</p> <p>2. On 10/8/24 at 7:55 A.M., the surveyor reviewed the [NAME] Unit medication storage room with Unit Manager (UM) #3 and observed a controlled substance metal storage box on a shelf inside the medication refrigerator. The box was locked but was not permanently affixed to the shelf. The refrigerator was not locked. The surveyor was able to remove the box from the refrigerator and place it on the counter. Contents were heard inside.</p> <p>During an interview on 10/8/24 at 7:55 A.M., UM #3 said he didn't know what was in there and did not have a key to open it. UM #3 said he would ask Nurse #7 to unlock it.</p> <p>On 10/8/24 at 8:07 A.M., the surveyor reviewed the controlled substance storage box with Nurse #7 and observed two packages of Ativan (lorazepam/schedule IV-controlled substance, treats anxiety)/Benadryl (diphenhydramine, antihistamine) 1 milligram (mg)- 12.5 mg/milliliter (ml) gel tabs (30 total) stored inside labeled with a resident's name.</p> <p>During an interview on 10/8/24 at 8:07 A.M., Nurse #7 said she didn't know if the box was supposed to be permanently affixed.</p> <p>During an interview on 10/8/24 at 1:40 P.M., the DON said the box should have been permanently affixed to the inside of the medication refrigerator.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48362</p> <p>Based on observation and interview, the facility failed to follow professional standards of practice for food safety and sanitation to prevent the potential of foodborne illness to residents who are at high risk. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Handle ready-to-eat food (food which does not require cooking or further preparation prior to consumption) utilizing proper hand hygiene to prevent cross contamination (transfer of pathogens from one surface to another); and</li> <li>2. Properly label and date food products and maintain safe and clean equipment in three of four nourishment kitchenettes.</li> </ol> <p>Findings include:</p> <p>Review of the facility's policy titled Food Preparation and Service, dated November 2022, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>- Cross-contamination can occur when harmful substances, i.e., chemical or disease-causing microorganisms are transferred to food by hands (including gloved hands), food contact surfaces, sponges, cloth towels, or utensils that are not adequately cleaned.</li> <li>- Food preparation staff adhere to proper hygiene and sanitary practices to prevent the spread of foodborne illness.</li> <li>- Food and nutrition services staff, including nursing services personnel, wash their hands before service food to residents. Employees also wash their hands after collecting soiled plates and food waste prior to handling food trays.</li> <li>- Bare hand contact with food is prohibited. Gloves are worn when handling food directly and changed between tasks. Disposable gloves are single-use items and are discarded after each use.</li> </ul> <p>Review of the facility's policy titled Food Receiving and Storage, dated November 2022, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>- Food services, or other designated staff, maintain clean and temperature/humidity-appropriate food storage areas at all times.</li> </ul> <p>Review of the 2022 Food Code by the U.S. Food and Drug Administration (FDA), revised 1/2023, indicated but was not limited to the following:</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 - Some</p>	<p>- 3-301.11 Preventing Contamination from Hands. (A) FOOD EMPLOYEES shall wash their hands as specified under S 2-301.12. (B) Except when washing fruits and vegetables as specified under S3-302.15 or as specified in (D) and (E) of this section, 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.</p> <p>- 3-304.15 Gloves, Use Limitation. (A) 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.</p> <p>1. On 10/7/24 at 8:15 A.M., the surveyor made the following observations of the breakfast line service:</p> <p>- Three dietary aides and one cook were working on the service line.</p> <p>- Dietary [NAME] #1 used a gloved hand to plate bread and muffin products. The cook was also observed to use the same gloved hand to plate shredded cheese over eggs. The cook was not observed to change gloves at any time while serving the breakfast meal.</p> <p>- Dietary [NAME] #1 left the breakfast service line, attending to food products on the stove top and returning to the breakfast service line to plate food products without performing hand hygiene or changing gloves.</p> <p>On 10/9/24 at 7:30 A.M., the surveyor made the following observations of the breakfast line service:</p> <p>- At 7:35 A.M., Dietary Aide #1 returned from delivering a breakfast meal truck to a unit. Dietary Aide #1 returned to the end of the service tray line, re-arranging silverware on the tray, placing food covers on plates, and placing trays into the truck. Dietary Aide #1 did not perform hand hygiene prior to returning to the service line.</p> <p>- At 7:41 A.M., Dietary Aide #1 returned from delivering a breakfast meal tray to the Ivy Unit. Dietary Aide #1 did not perform hand hygiene prior to returning to the service line.</p> <p>- At 7:45 A.M., Dietary Aide #2 touched their hands to their ear and nose while working on the breakfast service line. Dietary Aide #2 continued to place coffee mugs, breakfast plates and condiments onto individual breakfast trays. Dietary Aide #2 did not perform hand hygiene after touching their face.</p> <p>- At 7:53 A.M., Dietary Aide #2 picked up a plastic bag from the floor underneath the breakfast service line. Dietary Aide #2 threw the plastic bag away and returned to the breakfast service line without performing hand hygiene.</p> <p>- At 8:03 A.M., Dietary Aide #1 touched the inside of the elevator door when returning from delivering a breakfast truck to a unit. Dietary Aide #1 returned to the breakfast service line and began pouring coffee. Dietary Aide #1 touched the inside of coffee mugs with their hands. Dietary Aide #1 did not perform hand hygiene prior to returning to the breakfast service line.</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 - Some</p>	<p>On 10/9/24 at 11:20 A.M., the surveyor made the following observations during the lunch service line:</p> <ul style="list-style-type: none"> <li>- At 11:25 A.M., Dietary Aide #1 returned to the kitchen after delivering a tray to a unit. Dietary Aide #1 returned to the lunch service line without performing hand hygiene.</li> <li>- At 11:27 A.M., Dietary Aide #2 dropped coffee mug covers on the floor, picked them up and placed them in their apron. Dietary Aide #2 did not perform hand hygiene prior to returning to the lunch service line and service food products.</li> <li>- At 11:38 A.M., Dietary Aide #1 returned to the kitchen after delivering a tray to the unit. Dietary Aide #1 did not perform hand hygiene prior to returning to the lunch service line.</li> </ul> <p>During an interview on 10/9/24 at 1:45 P.M., the Regional Food Service Director (FSD) said dietary staff should be washing their hands when breaking from a task on the service line or leaving the kitchen. The Regional FSD said dietary staff should not be picking up items off the ground and returning to the service line without washing hands. The Regional FSD said utensils should be used when plating any type of prepared food product during a meal service line.</p> <p>2. On 10/8/24 at 8:21 A.M., the surveyor made the following observations in the [NAME] Unit nourishment kitchenette:</p> <ul style="list-style-type: none"> <li>- The inside of the microwave had orange and brown residue and food splatter covering the top/sides.</li> </ul> <p>On 10/8/24 at 8:28 A.M., the surveyor made the following observations in the Aster Unit nourishment kitchenette:</p> <ul style="list-style-type: none"> <li>- One Yoplait Peach yogurt wrapped in a paper towel in the back of the refrigerator with no resident name or identification.</li> </ul> <p>On 10/8/24 at 8:36 A.M., the surveyor made the following observations in the Ivy Unit nourishment kitchenette:</p> <ul style="list-style-type: none"> <li>- The inside of the microwave had food splatter/residue covering the top/sides.</li> <li>- A Trader Joe's Non-Dairy Oat Beverage carton was on the top shelf of the refrigerator with no resident name or identification.</li> <li>- A Ben and Jerry's Non-Dairy Cherry [NAME] Ice Cream was on the shelf of the freezer door with no resident name or identification.</li> </ul> <p>On 10/9/24 at 9:27 A.M., the surveyor made the following observations in the Clover Unit nourishment kitchenette:</p> <ul style="list-style-type: none"> <li>- Hard ice build-up with a brown residue noted to the bottom of the freezer. An individual popsicle provided by the facility was placed on top of the ice and residue.</li> </ul> <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 - Some</p>	<p>On 10/9/24 at 2:20 P.M., the surveyor made the following observations in the Ivy Unit nourishment kitchenette:</p> <ul style="list-style-type: none"> <li>- The inside of the microwave had food splatter/residue covering the top/sides.</li> <li>- A Trader Joe's Non-Dairy Oat Beverage carton was on the top shelf of the refrigerator with no resident name or identification.</li> <li>- A Ben and Jerry's Non-Dairy Cherry [NAME] Ice Cream was on the shelf of the freezer door with no resident name or identification.</li> <li>- The top of an apple juice carton on the bottom shelf of the refrigerator was covered in a brown liquid. The apple juice carton was dated as opened on 10/7/24.</li> </ul> <p>On 10/9/24 at 9:27 A.M., the surveyor made the following observations in the Clover Unit nourishment kitchenette:</p> <ul style="list-style-type: none"> <li>- Hard ice build-up with a brown residue noted to the bottom of the freezer. An individual popsicle provided by the facility was placed on top of the ice and residue.</li> <li>- The inside of the microwave had black and brown food splatter and residue to the top portion.</li> </ul> <p>On 10/8/24 at 8:21 A.M., the surveyor made the following observations in the [NAME] Unit nourishment kitchenette:</p> <ul style="list-style-type: none"> <li>- The inside of the microwave had orange and brown residue and food splatter covering the top/sides.</li> <li>- Staff member heated up food in the microwave from a plastic container, and then left with the plastic container and lunch box.</li> </ul> <p>During an interview on 10/10/24 at 9:28 A.M., the Regional Food Service Director (FSD) said dietary staff are responsible for stocking the kitchenettes on each unit and for making sure items in the refrigerator and freezer are appropriately labeled and dated. The Regional FSD said equipment in the kitchenettes are cleaned and maintained by the maintenance department. The Regional FSD said the facility does not supply Trader Joe's or Ben and Jerry's products. Items brought in from outside of the facility should be labeled and dated with the resident's name. The Regional FSD said staff should not be using microwaves in the nourishment kitchenettes to heat up their food products.</p>		

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<p>F 0844</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>36542</p> <p>Follow rules about disclosure of ownership requirements and tell the state agency about changes in ownership and/or administrative personnel.</p> <p>Based on interviews and review of the Health Care Facility Reporting System (HCFRS- State agency reporting system), the facility failed to provide written notice to the State Agency when a change in the facility's Administrator occurred.</p> <p>Findings include:</p> <p>Review of HCFRS indicated effective 8/30/24 the previous Administrator was no longer the Administrator of record at the facility.</p> <p>Further review of HCFRS failed to indicate the State Agency was notified of the current Administrator.</p> <p>During an interview on 10/8/24 at 5:22 P.M., the Administrator said he was unaware that when the previous Administrator went out on leave, they had submitted to the State Agency that they were not the Administrator of record. He said he was currently the Administrator and that he had not notified the State Agency of the effective date.</p> <p>On 10/9/24 at 3:54 P.M., the Administrator said the change in Administrator was effective 9/1/24 and was reported to the State Agency on 10/8/24.</p>		

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NAME OF PROVIDER OR SUPPLIER  Care One at Weymouth		STREET ADDRESS, CITY, STATE, ZIP CODE  64 Performance Drive Weymouth, MA 02189	
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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>43935</p> <p>Based on interview and document review, the facility failed to explain binding arbitration agreements and provide the Residents the right to fully review the agreement for three Residents (#238, #239, and #237), out of three sampled residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Binding Arbitration Agreements, dated November 2023, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>- Residents are informed of the nature and implications of any proposed binding arbitration agreements so as to make informed decisions on whether to enter into such agreements</li> <li>- Agreements are voluntary for the resident and are not required as a condition of admission or to receive care at the facility</li> <li>- Terms and conditions of the agreement are explained to the residents in a way that ensures his/her understanding to the agreement, including that the resident may be giving up their right to have a dispute resolved in a court proceeding (i.e., litigation)</li> <li>- The terms and conditions are explained in a manner that he/she can understand, taking into consideration the resident's primary language, literacy and preference for learning</li> <li>- After the agreements are explained the residents must acknowledge verbally and by signing</li> <li>- Residents are provided 30 days after signing to fully review and rescind any agreement not understood at the time of admission</li> <li>- Any facility personnel responsible for explaining the terms and conditions of binding arbitration agreements are trained to the specifics of this policy and its requirements</li> </ul> <p>During an interview on 10/7/24 at 8:21 A.M., the Director of Nurses (DON) said the facility offers arbitration agreements in the admission packet and residents have the option to opt out. She said the Admissions Director is responsible for the agreements and she would provide a list to the survey team of residents that had signed arbitration agreements.</p> <p>During an interview on 10/8/24 at 4:03 P.M., the Admission Director said she is responsible for arbitration but she is not the person that sits with the residents and explains the agreements; that is done by Unit Secretary (US) #1. She said she does not know what the content of those meetings are or what is discussed or how the arbitration is explained since she isn't there for the conversations and said the content is electronic and signed electronically.</p> <p>(continued on next page)</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/8/24 at 4:08 P.M., US #1 said she completes both the admission packets and arbitration agreements with all residents in the facility within a few days of their admission. She said she does not fully review the agreement or read the agreement for arbitration to the residents. She said she makes sure to tell them it is not required and that it means if they have an issue, they cannot sue the facility but instead have a meeting with a non-bias person for a settlement and resolution. She said once she tells them those two key parts, she asks them yes or no and has them electronically sign the documents. She said the documents are not available for the residents to read before signing because they are electronic and she does not provide them with a copy since they are not paper.</p> <p>A. Resident #238 was admitted to the facility in September 2024 for short term rehabilitation.</p> <p>Review of Resident #238's Brief Interview for Mental Status (BIMS) score, dated 10/6/24, indicated the Resident was cognitively intact with a score of 15 out of 15.</p> <p>During an interview on 10/10/24 at 9:32 A.M., Resident #238 said he/she was not sure what an arbitration agreement was. He/She was provided with a copy of the arbitration agreement they had signed and said they do not recall any of it being explained and they were never provided a copy before this interaction. He/She said, If I signed it within the pile of other things, then I guess it's too late. They said they were being discharged soon and felt since they were leaving, they didn't need to take any other action.</p> <p>B. Resident #239 was admitted to the facility in September 2024 for short term rehabilitation.</p> <p>Review of Resident #239's BIMS score, dated 9/30/24, indicated the Resident was cognitively intact with a score of 15 out of 15.</p> <p>During an interview on 10/10/24 at 4:22 P.M., Resident #239 said he/she worked with arbitration agreements throughout their career and is aware of what they are but was unaware that they had signed one at the facility. The Resident said the agreement was not explained to him/her and he/she was not given the opportunity to review the agreement or provided a copy. The Resident said had he/she realized he/she was signing an arbitration agreement he/she would not have signed it and he/she would ask their family to assist him/her in rescinding it since they were unaware and asked if there was anything they could do to get out of the agreement at this time.</p> <p>C. Resident #237 was admitted to the facility in October 2024 for short term rehabilitation.</p> <p>Review of Resident #237's BIMS score, dated 10/9/24, indicated the Resident was cognitively intact with a score of 15 out of 15.</p> <p>(continued on next page)</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/10/24 at 4:28 P.M., Resident #237 said he/she was asked to sign numerous things during the admission process but does not recall anyone explaining an arbitration agreement to them. He/She said they were not provided with a copy of the agreement for review and are aware of those documents and had used them in their work life in the past. The Resident said he/she would have requested a copy and not signed the document until they could have consulted with an outside resource, like their attorney or family. The surveyor provided Resident #237 with a copy of their signed arbitration agreement for review and the Resident said he/she had never seen the document before, had never reviewed it prior to now, and the agreement should not have been signed since it was not fully explained to him/her as required.</p> <p>During an interview on 10/11/24 at 9:12 A.M., the Administrator, who is newer to the facility, said residents should be receiving a folder with all their admissions paperwork and signed arbitration agreements inside. He said he was unaware things were not being explained and the residents were not receiving the documents for their review and that practice would require correction.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46862</b></p> <p>Based on record review, document review, policy review, and interview, the facility failed to implement policies and procedures to ensure residents were properly screened for eligibility to receive the recommended pneumococcal vaccine, residents/residents' representatives were educated on the benefits and potential side effects of the vaccine, and were offered and administered (if applicable) the vaccine in a timely manner for five Residents (#117, #25, #113, #388 and #1), out of a total sample size of five residents reviewed for immunizations.</p> <p>Findings include:</p> <p>Review of the Centers for Disease Control and Prevention (CDC) document titled Pneumococcal Vaccine Timing for Adults, dated March 2023, indicated the following:</p> <ul style="list-style-type: none"> <li>-Make sure your patients are up to date with pneumococcal vaccination.</li> </ul> <p>Adults &gt;= [AGE] years Old, Complete Pneumococcal Vaccine Schedules:</p> <ul style="list-style-type: none"> <li>-PCV13 (pneumococcal conjugate vaccine) only at any age - give PCV20 (pneumococcal 20-valent conjugate) or PPSV23 (pneumococcal polysaccharide vaccine) &gt;= 1 year later</li> <li>-PPSV23 only at any age - give PCV20 or PCV15 (pneumococcal 15-valent conjugate) &gt;= 1 year later</li> <li>-PCV13 at any age and PPSV23 at &gt;= [AGE] years - give PCV20 &gt;= 5 years later</li> </ul> <p>Review of the facility's policy titled Pneumococcal Vaccine, revised October 2023, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-All residents will be offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections.</li> <li>-Prior to or upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, will be offered the vaccine series within 30 days of admission to the facility unless medically contraindicated or the resident has already been vaccinated.</li> <li>-Assessments of pneumococcal vaccination status will be conducted within five working days of the resident's admission if not conducted prior to admission.</li> <li>-Before receiving a pneumococcal vaccine, the resident or legal representative shall receive information and education regarding the benefits and potential side effects of the pneumococcal vaccine. Provision of education shall be documented in the resident's medical record.</li> <li>-Pneumococcal vaccines will be administered to residents (unless medically contraindicated, already given, or refused) per our facility's physician-approved pneumococcal vaccination protocol.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Residents/representatives have the right to refuse vaccination. If refused, appropriate entries will be documented in each resident's medical record indicating the date of the refusal of the pneumococcal vaccination.</p> <p>-Administration of the pneumococcal vaccines or revaccinations will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.</p> <p>1. Resident #117 was admitted to the facility in June 2024 and was [AGE] years old.</p> <p>Review of the Physician's Orders indicated but were not limited to the following:</p> <p>-May have Pneumovax with consent (6/17/24)</p> <p>Review of the admission Influenza and Pneumococcal Vaccine Consent and Tracking Form, dated 6/17/24, indicated Resident #117 had refused the PCV13 and PPSV23 vaccine. The consent form did not include any other type of pneumococcal vaccine.</p> <p>Review of the Immunization Record indicated Resident #117 had received PPSV23 on 10/13/16 while in the community.</p> <p>Review of the medical record did not indicate Resident #117 had received information or education regarding the benefits and potential side effects of the pneumococcal vaccine to formulate an informed consent.</p> <p>2. Resident #25 was admitted to the facility in October 2022 and was [AGE] years old.</p> <p>Review of the Physician's Orders indicated but were not limited to the following:</p> <p>-May have Pneumovax with consent (10/7/22)</p> <p>Review of the medical record did not indicate that an Influenza and Pneumococcal Vaccine Consent and Tracking Form was completed.</p> <p>During an interview on 10/11/24 at 9:47 A.M., the Unit Manager (UM) #3 said the admitting nurse, on admission, would have the resident or resident representative sign the Influenza and Pneumococcal Vaccine Consent and Tracking Form. The Infection Preventionist (IP) would follow up for the appropriate dosing. UM #3 reviewed Resident #25's medical record and said there was no evidence that an Influenza and Pneumococcal Vaccine Consent and Tracking Form had been obtained.</p> <p>Review of the Immunization Record indicated Resident #25 had received PCV13 on 4/21/16 while in the community.</p> <p>Review of the medical record did not indicate Resident #25 had received either the PCV20 or PPSV23 &gt;= 1 year after the PCV13 vaccination per CDC guidance.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Further review of the medical record failed to indicate documentation of follow up screening, an assessment for eligibility to receive the recommended pneumococcal vaccine dose in the series, the provision of education to the Resident/representative related to the vaccine or offering and administration (if applicable) of the vaccine in accordance with CDC guidance and facility policy.</p> <p>3. Resident #113 was admitted to the facility in February 2024 and was [AGE] years old.</p> <p>Review of the Physician's Orders indicated but were not limited to the following:</p> <p>-May have Pneumovax with consent (2/26/24)</p> <p>Review of the admission Influenza and Pneumococcal Vaccine Consent and Tracking Form, dated 2/26/24, indicated Resident #113 had refused the PCV13 and PPSV23 vaccine. The consent form did not include any other type of pneumococcal vaccine.</p> <p>Review of the Immunization Record indicated Resident #113 had received unknown pneumococcal vaccine prior to admission. No date indicated.</p> <p>Review of the medical record did not indicate Resident #113 had received information or education regarding the benefits and potential side effects of the pneumococcal vaccine to formulate an informed consent.</p> <p>4. Resident #388 was admitted to the facility in September 2024 and was [AGE] years old.</p> <p>Review of the Physician's Orders indicated but were not limited to the following:</p> <p>-May have Pneumovax with consent (9/27/24)</p> <p>Review of the admission Influenza and Pneumococcal Vaccine Consent and Tracking Form, dated 9/27/24, indicated Resident #388 had refused the PCV13 and PPSV23 vaccine. The consent form did not include any other type of pneumococcal vaccine.</p> <p>Review of the Immunization Record indicated Resident #388 had received PCV13 on 1/12/23 while in the community.</p> <p>Review of the medical record did not indicate Resident #388 had received either the PCV20 or PPSV23 &gt;= 1 year after the PPSV23 vaccination per CDC guidance.</p> <p>Review of the medical record did not indicate Resident #388 had received information or education regarding the benefits and potential side effects of the pneumococcal vaccine to formulate an informed consent.</p> <p>5. Resident #1 was admitted to the facility in September 1998 and was [AGE] years old.</p> <p>Review of the Physician's Orders indicated but were not limited to the following:</p> <p>-May have Pneumovax with consent (9/28/18)</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the medical record did not indicate that an Influenza and Pneumococcal Vaccine Consent and Tracking Form was completed.</p> <p>During an interview on 10/11/24 at 9:47 A.M., the UM #3 said the IP keeps a record of long-term residents' vaccine status and would alert him if a resident needs to receive a Pneumococcal vaccine. UM #3 reviewed Resident #1's medical record and said there was no evidence that an Influenza and Pneumococcal Vaccine Consent and Tracking Form had been obtained. UM #3 said he was not informed by the IP if Resident #1 needed a pneumococcal vaccine.</p> <p>Review of the Immunization Record indicated Resident #1 had received Pneumonia Dose #1, unspecified, on 2/3/14 while a resident at the facility.</p> <p>Review of the medical record did not indicate Resident #1 had received the pneumococcal vaccination per CDC guidance.</p> <p>Further review of the medical record failed to indicate documentation of follow up screening, an assessment for eligibility to receive the recommended pneumococcal vaccine dose in the series, the provision of education related to the vaccine, and offering and administration (if applicable) of the vaccine in accordance with CDC guidance and facility policy.</p> <p>During an interview on 10/11/24 at 11:00 A.M., the Director of Nursing (DON) said she was the IP. The DON said the various pneumococcal vaccines were difficult to know when to offer and administer to residents. The DON said the pneumococcal vaccine status of residents had not been reviewed per the CDC guidelines. The DON said there had been no follow up on screening and eligibility or provision of education for Residents #117, #25, #113, #388 or #1 to receive or decline the most up to date pneumococcal vaccine.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>48362</p> <p>Keep all essential equipment working safely.</p> <p>Based on observation and interviews, the facility failed to ensure mechanical equipment located in the main kitchen, specifically the walk-in freezer, was maintained in safe operating condition.</p> <p>Findings include:</p> <p>On 10/7/24 at 8:00 A.M., the surveyor made the following observations of the walk-in freezer in the main kitchen:</p> <ul style="list-style-type: none"> <li>- The outside thermometer on the door of the walk-in freezer registered a temperature ranging between -36 to -48 Fahrenheit (F).</li> <li>- There was no thermometer inside the walk-in freezer to verify the temperature.</li> <li>- Frost/ice buildup on the cardboard box containing individual chocolate ice cream cups. Frost/ice buildup was also noted on the individual cups.</li> <li>- Frost/ice buildup was on a cardboard box containing individual vanilla ice cream cups. Frost/ice buildup was also noted to the individual cups.</li> <li>- Frost/ice buildup on the outside of a cardboard box containing individual cheese omelets. A plastic bag containing the cheese omelets was inside the cardboard box. The plastic bag was not secured shut and frost/ice was noted to individual cheese omelets towards the top of the packaging.</li> <li>- Ice buildup was noted to the top and middle storage racks inside the walk-in freezer on the left-hand side by the door.</li> </ul> <p>On 10/9/24 at 7:56 A.M., the surveyor made the following observations of the walk-in freezer in the main kitchen:</p> <ul style="list-style-type: none"> <li>- The outside thermometer on the door of the walk-in freezer registered a temperature ranging between -6 to -40 F.</li> <li>- The thermometer located on the storage rack inside the walk-in freezer was broken and not registering a temperature.</li> <li>- There was a plastic container with a pork loin placed inside covered with frost/ice to the top and side. The inside of the plastic container also contained frost/ice buildup.</li> <li>- Frost/ice buildup on the outside of a cardboard box containing individual half gallon cartons of Island Oasis Strawberry Beverage Mix and Tropical Beverage Mix. Frost/ice buildup was noted to the top and sides of the individual half gallon cartons of the drink mixes.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Frost/ice buildup on the outside of a cardboard box containing individual cups of Lactaid Vanilla Ice Cream. Individual cups of Lactaid Vanilla Ice cream were noted to have frost/ice buildup on top and sides of the container.</p> <p>- Frost/ice buildup on the outside of a cardboard box containing cheese omelets. The plastic bag containing the cheese omelets inside the cardboard box was open and not secured. The top layer of cheese omelets was noted to have frost/ice buildup.</p> <p>On 10/9/24 at 8:15 A.M., the surveyor observed [NAME] #2 heat up cheese omelets in the microwave on two separate occasions.</p> <p>During an interview on 10/9/24 at 11:10 A.M., the Regional Food Service Director (FSD) said the walk-in freezer in the main kitchen was not holding temperatures appropriately and she would not expect frost/ice build on the inside or outside of food products in the walk-in freezer. The Regional FSD said contractors were currently working to assess and fix any issues. The Regional FSD said dietary staff are to check freezer temperatures twice daily. The Regional FSD said there should not be a broken thermometer in the walk-in freezer in the main kitchen as there is no way to accurately tell the temperature.</p>		