

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>42742</p> <p>Based on observation, interview, and record review, the facility failed to ensure three Residents (#4, #27, and #12), out of a total sample of 12 residents, had their call bell devices accessible and within reach to utilize them to call for staff assistance while in their beds.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Call Bell Policy, revised January 2023, indicated but was not limited to the following:</p> <p>Procedure:</p> <p>-As soon as a call bell is activated a staff member observing the light activation should answer promptly.</p> <p>c. Turn off the call light, make sure it is still within reach of the resident.</p> <p>f. Ensure the resident is safe and the call bell is within reach.</p> <p>-If a resident is unable to manipulate a call bell effectively provide the resident will be provided (sic) with an alternative device.</p> <p>a. Resident #4 was admitted to the facility in December 2020 and had diagnoses including unspecified dementia and overactive bladder.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 12/18/24, indicated Resident #4 had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 9 out of 15.</p> <p>Review of the Falls care plan, initiated 1/22/24, indicated but was not limited to the following:</p> <p>Focus: Resident is at risk for falls characterized by history of falls/injury, multiple risk factors related to impaired balance, unsteady gait, and new unwitnessed falls.</p> <p>Intervention: Call bell pinned to gown when in bed, 3/17/24, Reinforce need to call for assistance, 1/22/24</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 225637	If continuation sheet Page 1 of 56

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/3/25 at 10:59 A.M., the surveyor observed Resident #4 sitting up in bed. An overbed tray table was observed with two empty plastic cups, an empty yogurt container, and half of a peanut butter and jelly sandwich wrapped in saran wrap. Resident #4 said he/she was waiting for staff to come in and take it all, but they never come. The surveyor observed the Resident's call bell device wrapped around the Resident's left upper side rail, which was in the upright position, and hanging down toward the floor, not within reach or accessible to the Resident. The Resident said he/she didn't know where his/her call bell was.</p> <p>On 3/4/25 at 3:54 P.M., the surveyor observed Resident #4 sitting up in bed. The Resident's call bell device was wrapped around the Resident's left upper side rail, which was in the upright position, and hanging down toward the floor, not within reach or accessible to the Resident. The Resident was unable to demonstrate locating the call bell device for use and said he/she didn't know where it was.</p> <p>b. Resident #27 was admitted to the facility in January 2021 with diagnoses including frontotemporal neurocognitive disorder, polymyalgia rheumatica (inflammatory disorder causing muscle pain and stiffness around the shoulders and hips), and urinary tract infections.</p> <p>Review of the MDS assessment, dated 1/1/25, indicated Resident #27 had severe cognitive impairment as evidenced by a BIMS score of 5 out of 15 and had had two falls without injury since admission or prior assessment.</p> <p>Review of the Falls care plan, initiated 1/22/24, indicated but was not limited to the following:</p> <p>Focus: Resident is at risk for injuries related to decreased mobility and impaired balance</p> <p>Intervention: Call light within reach</p> <p>On 3/3/25 at 10:59 A.M., the surveyor observed Resident #27 lying in bed. The Resident said he/she didn't have a call bell. The surveyor observed the Resident's call bell device wrapped around the Resident's right upper side rail, which was in the upright position, with the end of the cord including the push button device no longer visible as it was underneath the mattress. The call bell was not within reach and was inaccessible to the Resident. Resident #27 was unable to demonstrate locating the call bell device and when asked how he/she would call for help he/she said, I can't.</p> <p>On 3/4/25 at 3:54 P.M., the surveyor observed Resident #27 lying in bed. The Resident said he/she didn't have a call bell. The surveyor observed the Resident's call bell device wrapped around the Resident's right upper side rail, which was in the upright position, with the end of the cord including the push button device no longer visible as it was underneath the mattress. The call bell was not within reach and was inaccessible to the Resident. Resident #27 was unable to demonstrate locating the call bell device and when asked how he/she would call for help he/she said, I don't know.</p> <p>During an observation with interview on 3/6/25 at 7:40 A.M., Nurse #2 entered Resident #4 and #27's (roommates) room and observed Resident #27's call bell device wrapped around the Resident's right upper side rail and disappearing underneath the mattress and Resident #4's call bell device wrapped around the Resident's left upper side rail which was in the down position and hanging down towards the floor. Nurse #2 said the call bells should have been accessible and within the Residents' reach. She said usually the two Residents call out if they need something.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. Resident #12 was admitted to the facility in March 2016 and had diagnoses including Parkinson's disease (a progressive brain disorder that causes movement problems, stiffness, and balance issues) and dementia.</p> <p>Review of the MDS assessment, dated 1/17/25, indicated that Resident #12 had severe cognitive impairment as evidenced by the BIMS unable to be completed due to the Resident being rarely/never understood.</p> <p>On 3/3/25 at 11:02 A.M. and 3/4/25 at 7:54 A.M., the surveyor observed Resident #12 reclined in bed asleep. The Resident's call light cord was observed wrapped around the upper side rail, which was in the upright position, and hanging down towards the floor and out of the Resident's reach.</p> <p>On 3/4/25 at 8:30 A.M., the surveyor observed Resident #12 sitting upright in bed being fed his/her breakfast meal by CNA #6. CNA #6 had a beeper fastened to her shirt and said when the Resident pulls the call light, the beeper sounds. The call light cord was observed wrapped around the upper left side rail, which was in the upright position, hanging down nearly touching the floor and out of the Resident's reach.</p> <p>During an interview on 3/6/25 at 10:42 A.M., the Director of Nursing said all residents should have call bell devices that are easily accessible and within reach of the residents.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 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>34145</p> <p>Based on review of Resident Council Minutes, and interviews, the facility failed to ensure that staff addressed and promptly resolved grievances brought forward during Resident Council Meetings held from 3/4/24 through 1/6/25.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Resident Council, last revised January 2023, included but was not limited to:</p> <ul style="list-style-type: none"> <li>-The Recreation Department should be responsible for assisting residents in organizing and facilitating a monthly resident council meeting in which residents bring their concerns to Department Heads respectively.</li> <li>-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 seven days of being issued.</li> <li>-Should a resident raise a concern that may need to be investigated, the concern must be escalated to Social Services as a grievance. Designated staff members must notify residents that concern has been forwarded to Social Services.</li> <li>-Residents who express a concern will be provided with a resident notification summary form, providing a summary of the concern stated and resolution given by the Department Head. Residents will be asked to sign a notification summary if the resident acknowledges and agrees with the resolution.</li> </ul> <p>Review of the facility's policy titled Grievances, last revised October 2022, included but was not limited to:</p> <ul style="list-style-type: none"> <li>-The Facility will assist residents, their representatives, family members or resident advocates in filing a grievance/concern form when concerns are expressed. The facility will investigate and resolve resident grievances timely to ensure residents' safety and protect residents' rights.</li> <li>-Grievances/complaints may be submitted orally or in writing.</li> <li>-Upon receipt of a complaint/grievance, the corresponding department will investigate the allegation(s) and submit a written report of such findings within seven business days.</li> <li>-The resident and/or resident representative filing the grievance/complaint will be informed verbally and in writing of the findings of the investigation and the action(s) taken to correct any identified problems.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/4/25 at 9:17 A.M., the Administrator provided the survey team with the Grievance book for review. She said the book included only one grievance from 2024 and 2025. The grievance was filed on 1/6/25, for two missing nightshirts for one resident. The grievance was resolved on 1/9/25. The Administrator confirmed that there were no other grievances to review.</p> <p>On 3/4/25 at 1:30 P.M., the surveyor held a resident group meeting with 12 residents in attendance. All residents said long call bell wait times have been an ongoing issue for a long time; mostly on the evening and night shift and some weekends and have not been resolved. One resident said he/she waits 15 minutes or longer and there are times when he/she soils him/herself because it takes so long for staff to respond. They said that they do not receive any type of follow-up or discussion about the issues they raise during Resident Council meetings until the next monthly meeting.</p> <p>On 3/6/25 at 9:11 A.M., the Activity Director (AD) and surveyor reviewed Resident Council Minutes as follows:</p> <p>Review of the Resident Council Minutes, dated 3/4/24, indicated eight residents participated in the meeting, and brought forward the following grievances/complaints/concerns:</p> <ul style="list-style-type: none"> <li>-Three residents expressed concerns that call bells were not being answered in a timely manner, including on the overnight shift.</li> <li>-Residents wanted to know who could help with ordering things online.</li> </ul> <p>Review of the grievance book failed to indicate the concerns documented during the 3/4/24 Resident Council meeting were documented on a grievance/complaint/concern form.</p> <p>Review of the Resident Council Minutes, dated 4/8/24, indicated 10 residents participated in the meeting, and brought forward the following grievances/complaints/concerns:</p> <ul style="list-style-type: none"> <li>-Concerns with call bells. Residents recommended that all call bells should be answered by any staff member to make sure all is ok and then direct resident requests to the proper department.</li> <li>-White boards (dry erase boards) are not always updated with the correct date or staff members. Residents recommend that boards be updated daily with the correct date and staff members that will be assisting them for the day.</li> </ul> <p>There was no follow up or resolution to the issues brought forward during the previous meeting and they continued to be a concern.</p> <p>Review of the grievance book failed to indicate the concerns documented during the 4/8/24 Resident Council meeting were documented on a grievance/complaint/concern form.</p> <p>Review of the Resident Council Minutes, dated 5/6/24, indicated eight residents participated in the meeting, and brought forward the following grievances/complaints/concerns:</p> <ul style="list-style-type: none"> <li>-Residents stated that they need a full-time Social Worker that is available when needed.</li> <li>-Some residents feel there should be sensitivity training.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Curfews after dinner?</p> <p>-Nursing: Call bell, whiteboards, name tags. Need improvement. Staff patience needs improvement.</p> <p>Review of the grievance book failed to indicate the concerns documented during the 5/6/24 Resident Council meeting were documented on a grievance/complaint/concern form and continue to be a concern.</p> <p>Review of the Resident Council Minutes, dated 6/3/24, indicated eight residents participated in the meeting, and brought forward the following grievances/complaints/concerns:</p> <p>-Call bells are being checked more often but are then turned off and the person answering the bell will tell the assigned CNA what is needed, and no one comes back.</p> <p>-Residents recommend that call bells not be turned off until their needs are met.</p> <p>-White boards and call bells continue to need improvement. Name tags flip over and can't see the name.</p> <p>Review of the grievance book failed to indicate the concerns documented during the 6/3/24 Resident Council meeting were documented on a grievance/complaint/concern form and continue to be a concern.</p> <p>Review of the Resident Council Minutes, dated 7/1/24, indicated 11 residents participated in the meeting, and brought forward the following grievances/complaints/concerns:</p> <p>-Call bells; if nobody answers, we start to yell help.</p> <p>-One resident complained that he/she was missing an article of clothing and provided a description. The resident indicated he/she has asked several times, but it is not resolved.</p> <p>-Concerns about routine care when getting residents up: i.e. washing before dressing and brushing teeth.</p> <p>Review of the grievance book failed to indicate the concerns documented during the 7/1/24 Resident Council meeting were documented on a grievance/complaint/concern form and continue to be a concern.</p> <p>Review of the Resident Council Minutes, dated 8/3/24, indicated seven residents, one family member and the Ombudsman participated in the meeting, and brought forward the following grievances/complaints/concerns:</p> <p>-One resident is getting a replacement for clothing items.</p> <p>-Call bells about the same, maybe a little quicker.</p> <p>-One resident and one family member concerned about call bells not being answered in a timely manner to prevent any falls if trying to help him/herself.</p> <p>Review of the grievance book failed to indicate the concerns documented during the 8/3/24 Resident Council meeting were documented on a grievance/complaint/concern form and continue to be a concern.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Resident Council Minutes, dated 9/2/24, indicated eight residents participated in the meeting, and brought forward the following grievances/complaints/concerns:</p> <ul style="list-style-type: none"> <li>-Call bells</li> </ul> <p>Review of the grievance book failed to indicate the concerns documented during the 9/2/24 Resident Council meeting were documented on a grievance/complaint/concern form and continue to be a concern.</p> <p>Review of the Resident Council Minutes, dated 10/14/24, indicated eight residents participated in the meeting, and brought forward the following grievances/complaints/concerns:</p> <ul style="list-style-type: none"> <li>-Staff extremely loud while directing mealtimes.</li> <li>-New Nurses, are they licensed?</li> </ul> <p>Review of the grievance book failed to indicate the concerns documented during the 10/14/24 Resident Council meeting were documented on a grievance/complaint/concern form.</p> <p>Review of the Resident Council Minutes, dated 11/4/24, indicated six residents participated in the meeting, and brought forward the following grievances/complaints/concerns:</p> <ul style="list-style-type: none"> <li>-Often searching for more linens-run out often.</li> </ul> <p>Review of the grievance book failed to indicate the concerns documented during the 11/4/24 Resident Council meeting were documented on a grievance/complaint/concern form.</p> <p>Review of the Resident Council Minutes, dated 12/2/24, indicated nine residents participated in the meeting, and brought forward the following grievances/complaints/concerns:</p> <ul style="list-style-type: none"> <li>-One resident indicated he/she is missing an article of clothing.</li> <li>-Some bathrooms need attention.</li> <li>-One resident said white boards and call bells are still a problem.</li> </ul> <p>Review of the grievance book failed to indicate the concerns documented during the 12/2/24 Resident Council meeting were documented on a grievance/complaint/concern form and continue to be a concern.</p> <p>Review of the Resident Council Minutes, dated 1/6/25, indicated 11 residents participated in the meeting, and brought forward the following grievances/complaints/concerns:</p> <ul style="list-style-type: none"> <li>-One resident indicated he/she has some concerns and will speak to the Director of Nursing about them.</li> </ul> <p>Review of the grievance book failed to indicate the concerns documented during the 1/6/25 Resident Council meeting were documented on a grievance/complaint/concern form.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/6/25 at 9:11 A.M., the AD said she sets up the monthly Resident Council meetings. The residents invite her to attend, she gets the meeting going and then she leaves. She said after the meeting, the Resident Council President gives her the handwritten minutes of the meetings and she types them up. When she is done, she has the Resident Council President proofread and approve them. She said if an issue comes up during the meetings, she highlights the meeting minutes with a pen and gives them to the appropriate Department Head. The AD said she did not think the issues brought forward during the Resident Council meetings were grievances, and did not complete a grievance/complaint/concern form. She said she was out on leave for three months in 2024 (September, October and November) and no one reviewed the Resident Council minutes. She said the handwritten minutes were just filed in the Resident Council book. She said if the residents had an issue that was brought up during the Resident Council meetings during that time, no one would have reviewed the minutes to know about it. She said she did not start doing education or audits of call bell response times or white board use by staff until January 2025, 10 months and nine months respectively, after the grievances were brought forward through Resident Council.</p> <p>During an interview on 3/6/25 at 10:30 A.M., the Administrator identified herself as the Grievance Official. She confirmed that the only grievance filed was the 1/6/25 grievance in the Grievance book. The Administrator and surveyor reviewed Resident Council Minutes from 3/4/24 through 1/6/25. She said she does not feel that the residents' complaints rise to the level of a grievance. She said it is her understanding that if an issue has an outcome associated with it, it is considered a grievance. The Administrator explained that an example of a grievance is if a resident soils themselves from waiting too long for their call light to be answered.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>34145</p> <p>Based on observations and interviews, the facility failed to ensure resident protected health information (PHI) was secure and not visible to others on one of one nursing unit.</p> <p>Findings include:</p> <p>According to the National Institute of Health, November 24, 2024:</p> <p>The US Health Insurance Portability and Accountability Act (HIPAA), enacted in 1996, was established to safeguard patient privacy and secure health information. HIPAA sets strict standards for managing, transmitting, and storing protected health information. HIPAA applies to healthcare providers, insurers, and other organizations handling patient data, mandating safeguards to prevent unauthorized access or misuse of sensitive information. HIPAA regulations uphold patients' rights to confidentiality and empower them to control the disclosure of their health information, fostering trust in healthcare systems.</p> <p>On 3/4/25 at 11:27 A.M., the surveyor observed an unattended medication cart positioned outside the main dining room, where seven residents were seated and waiting for food to be served. The computer on top of the cart was open, displaying various residents' names, photos, and identifying information. The computer screen was visible to others in the vicinity including one resident, one visitor, and one dietary aide.</p> <p>During an interview on 3/4/25 at 10:32 A.M., Nurse #3 said she should have closed the screen to the computer before leaving it unattended to keep residents' health information private.</p> <p>On 3/5/25 at 11:06 A.M., the surveyor observed an unattended medication cart positioned against the wall in the unit hallway. The computer on top of the cart was open, displaying a resident's name and a list of his/her medications and was visible to others in the vicinity including a consultant mobile imaging provider and a non-clinical staff person.</p> <p>During an interview on 3/5/25 at 11:11 A.M., Nurse #5 said she was responsible for the medication cart and should have closed the computer screen before she left the medication cart unattended so no one could see the resident's private health information.</p> <p>During an interview on 3/6/25 at 3:05 P.M., the Director of Nursing said that nursing staff should either log out of the computer or close the computer screen when the carts are unattended to protect residents' private health information.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 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>42742</p> <p>Based on record review and interview, the facility failed to ensure staff provided the resident and/or their representative with a summary of the baseline care plan for one Resident (#141), out of a total sample of 12 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Care Plan Baseline, revised October 2022, indicated but was not limited to the following:</p> <p>-A baseline plan of care to meet the resident's immediate needs shall be developed for each resident within forty-eight (48) hours of admission.</p> <p>-The Interdisciplinary Team will review the healthcare practitioner's orders (e.g., dietary needs, medications, routine treatments, etc.) and implement a baseline care plan to meet the resident's immediate care needs including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Initial goals based on admission orders</li> <li>b. Physician orders</li> <li>c. Dietary orders</li> <li>d. Therapy services</li> <li>e. Social services; and</li> <li>f. PASARR recommendations, if applicable.</li> </ul> <p>-The baseline care plan will be used until the staff can conduct the comprehensive assessment and develop an interdisciplinary person-centered care plan.</p> <p>The resident and their representative will be provided a summary of the baseline care plan that includes but is not limited to:</p> <ul style="list-style-type: none"> <li>a. The initial goals of the resident</li> <li>b. A summary of the residents' medication and dietary instructions</li> <li>c. Any services and treatments to be administered by the facility and personnel acting on behalf of the facility; and</li> <li>d. Any updated information based on the details of the comprehensive care plan.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Facility will document and record receipt of information by family, whether in the form of a copy of signed acknowledgement or note within resident's clinical record.</p> <p>Resident #141 was admitted to the facility in March 2025 and had diagnoses including repeated falls, dementia, influenza A virus with other respiratory manifestations, metabolic encephalopathy (condition where the brain's function is impaired due to an underlying metabolic disturbance), urinary retention, and myoclonus (muscle jerks).</p> <p>On 3/4/25 at 7:49 A.M., the surveyor observed Resident #141 lying in bed. The Resident was confused asking why he/she was there. The Resident was unable to be interviewed.</p> <p>During an interview on 3/5/25 at 4:03 P.M., Family Member #1 (Resident's representative) said she wasn't sure what was happening with the Resident's care at the facility and had not yet had a sit down with anyone to discuss the plan of care. She said the Resident came in for short-term rehab but wasn't sure now. She said she was told she'd have a sit down with the Director of Nursing (DON) to discuss the plan, but it hadn't happened yet. She said she had spoken with the physician but is learning about what's happening to the Resident through friends that are visiting, not the staff, unless she is there to ask.</p> <p>Review of Resident #141's Baseline Care Plan, completed by the Minimum Data Set (MDS) Nurse, indicated the Resident and representative's signature lines on the document were blank, indicating it had not been reviewed with the Resident and/or Resident's representative.</p> <p>Further review of the medical record failed to indicate documentation that the Resident and/or representative were provided with a written summary of his/her baseline care plan that included initial goals for the resident, current medications and dietary instructions, and services and treatments to be administered by the facility and personnel acting on behalf of the facility.</p> <p>During an interview on 3/6/25 at 10:20 A.M., the DON said there hadn't been a care plan meeting with the Resident and/or representative yet and there wasn't a social worker this week so he would need to get back to the surveyor on any documentation that a summary of the baseline care plan was provided to the Resident and/or representative.</p> <p>During an interview on 3/6/25 at 12:06 P.M., the DON and Administrator reviewed Resident #141's baseline care plan with the surveyor and said the Resident's signature and date line and the representative's signature and date line were blank, indicating it had not been reviewed and provided to them. The Administrator said the MDS Nurse did not offer or have the representative sign it when she was there yesterday but should have. She said, in general, staff should have offered it to the Resident's representative, but they did not. The Administrator and DON said the Resident's representative did not yet have a copy of the baseline care plan or summary at this time but should have.</p> <p>During an interview on 3/6/25 at 12:12 P.M., the Administrator said during the morning meeting, new admissions are discussed and it's a team effort to gather the information to complete the baseline care plan within 48 hours. He said usually the DON, Staff Development Coordinator (SDC), MDS Nurse, or other nurse completes it and provides a summary of it to the Resident and/or representative.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 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>34145</p> <p>Based on record review and staff interviews, the facility failed to ensure that care and services were provided according to accepted standards of clinical practice for two Residents (#12 and #15), out of a total sample of 12 residents. Specifically, the facility failed:</p> <ol style="list-style-type: none"> <li>1. For Resident #12, to obtain a physician's order for the provision of Hospice services; and</li> <li>2. For Resident #15,             <ol style="list-style-type: none"> <li>a. to ensure handwritten physician's telephone orders for Carbidopa-Levodopa Capsule Extended Release (ER) capsules (medication used to treat symptoms of Parkinson's disease-a progressive neurological disorder that affects movement, balance, and coordination) were transcribed into electronic medical record; and</li> <li>b. neurological checks (assessment of consciousness, orientation, and cognitive function) were conducted after Resident #15 sustained unwitnessed falls.</li> </ol> </li> </ol> <p>Findings include:</p> <p>Review of the Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice, dated as revised April 11, 2018, indicated the following:</p> <ul style="list-style-type: none"> <li>- Nurse's Responsibility and Accountability: Licensed nurses accept, verify, transcribe, and implement orders from duly authorized prescriber 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.</li> </ul> <ol style="list-style-type: none"> <li>1. Review of the facility's policy titled Hospice Services, last revised January 2023, indicated but was not limited to:             <ul style="list-style-type: none"> <li>-Once the resident and/or resident representative has agreed to Hospice services, the Licensed Nurse will obtain an order from the medical provider.</li> </ul> </li> </ol> <p>Resident #12 was admitted to the facility in March 2016 and had diagnoses including Parkinson's disease (a progressive brain disorder that causes movement problems, stiffness, and balance issues) and dementia.</p> <p>Review of the significant change Minimum Data Set (MDS) assessment, dated of 1/17/25 indicated that Resident #12 had long- and short-term memory problems, had severely impaired cognitive skills for daily decision making, was dependent on staff for all activities of daily living (ADLs) and received Hospice care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the medical record indicated a handwritten physician's order, dated 12/5/24, for a Hospice consult if the family approves. The order failed to identify which Hospice provider was to do the consultation.</p> <p>Review of Resident #12's Hospice binder indicated a Hospice Certification and Plan of Care, initiated 1/12/25 for certification through 4/11/25.</p> <p>Further review of the medical record failed to indicate any physician's order for Hospice services.</p> <p>During an interview on 3/4/25 at 11:10 A.M., Nurse #4 reviewed Resident #12's electronic medical record and said she could not locate a physician's order for Hospice services.</p> <p>During an interview on 3/4/25 at 12:00 P.M., Medical Records Staff #1 reviewed Resident #12's paper medical record and was unable to locate a physician's order for Hospice services.</p> <p>During interviews on 3/4/25 at 12:32 P.M. and 4:10 P.M., the Director of Nursing (DON)said he was unable to locate a physician's order for Hospice services.</p> <p>2. Resident #15 was admitted to the facility in October 2024 and had diagnoses including Parkinson's disease and drug induced dyskinesia (involuntary, repetitive, and often abnormal movements).</p> <p>Review of the MDS assessment, dated 10/26/24, indicated Resident #15 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status score of 7 out of 15 and had a history of falls.</p> <p>a. Review of the medical record indicated but was not limited to the following Physician's Orders for the treatment of Parkinson's disease:</p> <p>-Carbidopa-Levodopa ER Oral Capsule Extended Release 23/75-95 milligrams (mg), give one capsule by mouth one time a day (1/3/25)</p> <p>-Carbidopa-Levodopa ER Oral Capsule Extended Release 36.25-145 mg, give one capsule by mouth two times a day (1/3/25)</p> <p>-Sinemet Oral Tablet 25-100 mg (Carbidopa-Levodopa), give 0.5 tablet by mouth six times a day (1/3/25)</p> <p>-Crush Sinemet and mix in resident's Coca Cola or applesauce/pudding, every shift (1/3/25)</p> <p>Review of the medical record indicated handwritten physician's orders, dated 1/7/25 and signed by the nurse as noted on 1/7/25, including but not limited to:</p> <p>-The Carbidopa-Levodopa ER capsules= for both dosing regimens: open capsules and put in pudding/applesauce or Ensure/supplement.</p> <p>Review of current Physician's Orders failed to indicate the 1/7/25 handwritten physician's orders for the Carbidopa-Levodopa ER capsules= for both dosing regimens: open capsules and put in pudding/applesauce or Ensure/supplement were entered into the electronic medical record.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/5/25 at 3:32 P.M., the DON said that the handwritten order to open the Carbidopa-Levodopa ER capsules should have been entered into the electronic medical record but wasn't.</p> <p>b. Review of the facility's policies titled Fall Prevention and Management, last revised January 2023, and Accidents and Incidents, last revised October 2022, indicated but was not limited to:</p> <p>Post Fall:</p> <ul style="list-style-type: none"> <li>-obtain neurological checks per policy for any unwitnessed fall or any fall with evidence of injury to head.</li> <li>-Resident fall will be evaluated for 72 hours post fall, including full vital signs every shift.</li> </ul> <p>Review of the incident reports provided to the surveyor by the DON indicated Resident #15 sustained five unwitnessed falls between 10/24/24 through 2/18/25. Further review of the five unwitnessed fall incident reports and the medical record failed to indicate any evidence that neurological assessments were conducted after three of the falls.</p> <p>Review of the incident reports indicated the following:</p> <ul style="list-style-type: none"> <li>-Fall date 10/24/24 at 4:30 P.M., Resident #15 had an unwitnessed fall and was found on the floor next to his/her bed. An initial Neurological focused evaluation was conducted. Review of the incident report and entire medical record failed to indicate a neurological assessment was conducted following the fall.</li> <li>-Fall date 11/15/24 at 7:01 A.M., Resident #15 had an unwitnessed fall and was found on the floor mat next to his/her bed. An initial Neurological focused evaluation was conducted. Review of the incident report and entire medical record failed to indicate a neurological assessment was conducted following the fall.</li> </ul> <p>Further review of the medical record revealed Resident #15 sustained an unwitnessed fall in the bathroom on 1/7/25. There was no incident report, investigation or any other evidence to indicate a neurological assessment was conducted following the fall.</p> <p>During an interview on 3/6/25 at 3:12 P.M., the DON reviewed Resident #15's entire medical record and said there was no evidence that neurological assessments were conducted following Resident #15's unwitnessed falls on 10/24/24, 11/15/24 and 1/7/25. He said neurological checks should have been completed after every fall and were not.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>34145</p> <p>Based on record review and interviews, the facility failed to promote and manage the delivery of safe nursing care in accordance with accepted Standards of Nursing Practice for one Resident (#15), out of a total sample of 12 residents. Specifically, the facility failed to ensure two Certified Nursing Assistants (CNAs) did not move a Resident off the floor and into a Broda chair (positioning chair) after the Resident sustained an unwitnessed fall prior to having a nurse assess the Resident.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Fall Prevention and Management, dated as revised January 2023, indicated but was not limited to the following:</p> <p>Post Fall</p> <ul style="list-style-type: none"> <li>-In the event a resident has fallen and/or is found on the ground, a complete head-to-toe assessment must be performed.</li> <li>-Only move the resident if there is a life-threatening safety concern present.</li> <li>-Remain with the resident while calling for assistance, if at all possible.</li> <li>-Upon arrival of the nurse, a quick head-to-toe scan will be performed without unnecessary movement, palpating and examining all areas for breaks in the skin and/or other abnormal findings.</li> <li>-If no obvious injury, move resident to a comfortable position.</li> <li>-Nursing should determine the safest manner in which to reposition/move resident.</li> </ul> <p>Resident #15 was admitted to the facility in October 2024 and had diagnoses including Parkinson's disease and drug induced dyskinesia (involuntary, repetitive, and often abnormal movements).</p> <p>Review of the Minimum Data Set assessment, dated 10/26/24, indicated Resident #15 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status score of 7 out of 15 and had a history of falls.</p> <p>Review of Nursing Progress Notes, dated 11/18/24, indicated but was not limited to:</p> <ul style="list-style-type: none"> <li>-Resident #15 was last seen sitting in a chair at the nurses' station at 8:15 P.M. The nurse indicated she went into the bathroom, and when she exited the bathroom, she saw two CNAs picking up the Resident from the floor. The Resident was assessed and found to have discoloration on his/her right cheek.</li> </ul> <p>Review of the Incident Report, dated 11/18/24, indicated Resident #15 had an unwitnessed fall out of his/her Broda chair at the nursing station at 8:30 P.M. and two CNAs helped the Resident off the floor and into a Broda chair.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of the Incident Report failed to indicate statements were part of the 11/18/24 fall investigation.</p> <p>During an interview on 3/5/25 at 3:32 P.M., the Director of Nursing (DON) reviewed Resident #15's medical record and 11/18/24 Incident Report. He said the CNAs should not have picked the Resident up off the floor without the Resident first being assessed by the nurse. He said there were no staff interviews/statements as part of the investigation, and he did not know who the CNAs were that picked the Resident up.</p> <p>Review of the staffing schedule for 11/18/24 indicated CNA #3 and CNA #4 were working on Resident #15's hallway (side 2) at the time of the fall.</p> <p>During an interview on 3/6/25 at 2:30 P.M., CNA #4 said he heard about Resident #15's fall out of his/her chair at the nursing station, but he was not one of the CNAs that picked him/her up off the floor. He said he did not know who it was.</p> <p>During an interview on 3/6/25 at 3:00 P.M., CNA #3 said he remembers finding Resident #15 on the floor at the nursing station on 11/18/24. He said the nurse was not there and he and another CNA picked up the resident and put him/her back into the chair. He said he can't remember who the other CNA was that helped him pick the Resident up.</p> <p>During a telephone interview on 3/6/25 at 3:58 P.M., Nurse #6 said she was working when Resident #15 had the unwitnessed fall out of his/her chair at the nursing station on 11/18/25. She said she was coming out of the bathroom and saw two CNAs lifting Resident #15 off the floor in front of the nursing station and place him/her back into the Broda chair. Nurse #6 said she couldn't recall which CNAs lifted the Resident off the floor. She said the CNAs should not have lifted the Resident off the floor without her first assessing the Resident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>34145</p> <p>Based on observation, record review, and interviews, the facility failed to provide residents with adequate supervision and effective interventions to prevent avoidable accidents. Specifically, the facility failed to develop and consistently implement effective interventions to prevent six unwitnessed falls for one Resident (#15), out of a total sample of 12 residents.</p> <p>Findings include:</p> <p>Review of the facility's policies titled Fall Prevention and Management, last revised January 2023 and Accidents and Incidents, last revised October 2022, indicated but was not limited to:</p> <p>Fall Assessment and Prevention:</p> <ul style="list-style-type: none"> <li>-Fall risk assessments will be completed for all residents; initially on admission/readmission, quarterly, significant change and after an identified fall.</li> <li>-As part of the assessment, the nurse will help identify individuals with a history of falls and risk factors for subsequent falling. Root causes for fall history will be identified.</li> </ul> <p>Post Fall:</p> <ul style="list-style-type: none"> <li>-The nurse will complete an incident report.</li> <li>-Resident will be referred to therapy for a screen-for indication of need for therapy interventions.</li> </ul> <p>Cause Identification:</p> <ul style="list-style-type: none"> <li>-For an individual who has fallen, staff will attempt to define possible causes within 24 hours of the fall-causes refer to factors that are associated with or that directly result in fall.</li> </ul> <p>Monitoring and Follow Up:</p> <ul style="list-style-type: none"> <li>-Interdisciplinary team should monitor and document on the resident's response/success with fall reduction interventions</li> <li>-Residents who continue to fall with interventions in place will be assessed for changes in or additions to interventions</li> <li>-If continuous falls occur, Physician may assess for incorrectable risk factors, that may include reasons why additional interventions may not prevent falls.</li> </ul> <p>Resident #15 was admitted to the facility in October 2024 and had diagnoses including Parkinson's disease and drug induced dyskinesia (involuntary, repetitive, and often abnormal movements).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Minimum Data Set (MDS) assessment, dated 10/26/24, indicated Resident #15 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status score of 7 out of 15, was dependent on staff for transfers and toileting and had sustained one fall since admission to the facility.</p> <p>Review of a Physician's Progress Note, dated 10/25/24, indicated Resident #15 had a history of falls and is considered a major fall risk.</p> <p>Review of the initial Fall Risk Evaluation, dated 10/21/24, provided by the Director of Nursing was incomplete, unsigned and failed to indicate a fall risk score to guide care plan development.</p> <p>Review of comprehensive care plans indicated but was not limited to:</p> <ul style="list-style-type: none"> <li>-Focus: Falls-Resident is at risk for injuries related to fall history (10/22/24)</li> <li>-Interventions: Invite, encourage, remind, escort to activity program consistent with resident's interests to enhance physical strengthening needs; observe for side effects of any drugs; provide low bed, call light, glare free lighting, area free of clutter; remind resident and reinforce safety awareness; report falls to physician and responsible party; use fall screen to identify risk factors (10/22/24)</li> <li>-Goal: Resident will not sustain a fall related injury by utilizing fall precautions through next review (10/22/24; target date: 4/18/25)</li> </ul> <p>Review of the medical record indicated Resident #15 had six unwitnessed falls from October 2024 to February 2025.</p> <p>During an interview on 3/5/25 at 10:03 A.M., the Director of Nursing (DON) said the Resident has had five falls since admission to the facility. He provided the surveyor with copies of five fall incident reports and investigations for Resident #15 (a sixth unwitnessed fall was identified by the surveyor incidentally during record review).</p> <p>Review of the falls indicated:</p> <ul style="list-style-type: none"> <li>-10/24/24 at 4:30 P.M., Resident had an unwitnessed fall and was found lying on his/her back on the side of the left side of the bed in his/her room. The Resident reported he/she slid out of bed. Precipitating and/or contributing factors identified included confusion, behaviors, limitation with range of motion (ROM), involuntary movements, and unable to transfer on/off toilet. The investigation failed to include a root cause analysis of the fall and had no staff statements. Interventions to prevent further falls: fall mat provided. This fall intervention was added to the care plan on 10/30/24.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-11/9/24 at 3:51 P.M., Resident #15 had an unwitnessed fall and was found on the floor next to his/her bed. Interventions in place at the time of the fall were a safety mat at the side of the bed and the bed was in the lowest position. The root cause analysis indicated the Resident has Parkinson's disease and is constantly moving. Interventions to prevent further falls: offer toileting more frequently. The Resident's care plan for incontinence already indicated to check and change the Resident every 2 to 3 hours and as needed (10/31/24). The incident report and investigation did not include any staff statements. No new interventions were added to the care plan to prevent future falls.</p> <p>-11/15/24 at 7:01 A.M., Resident #15 had an unwitnessed fall and was found on the floor mat next to his/her bed. The Resident sustained an abrasion to his/her head, a bruise to the right elbow and complained of pain to his/her forehead. Interventions in place at the time of the fall included a safety mat at the side of the bed, the bed was in the lowest position, and a canoe mattress (creates a raised rail, defined perimeter for enhanced fall prevention). The investigation failed to include a root cause analysis of the fall and had no staff statements. New interventions to prevent further falls: floor mat (already in place), bed placed in low position (already in place), Resident placed closer to nurses' station and diversional activity provided. No new interventions were added to the care plan to prevent further falls.</p> <p>-11/18/24 at 8:30 P.M., Resident #15 had an unwitnessed fall and was found lying on the floor beside his/her Broda (positioning) chair in front of the nurses' station. New interventions to prevent further falls: bed placed in low position (already in place and not relevant to the fall as the Resident fell out of a Broda chair at the nurses' station).</p> <p>-2/18/25 at 7:00 A.M., Resident #15 had an unwitnessed fall and was found by housekeeping staff lying on the floor mat beside his/her bed. The Resident was assisted into a Broda chair and brought out in front of the nurses' station for supervision. New interventions to prevent further falls: toileting scheduled. The Resident's care plan for incontinence already indicated to check and change the Resident every 2 to 3 hours and as needed (10/31/24). No new intervention was added to the care plan to prevent further falls.</p> <p>Review of the medical record indicated an Occupational Therapy (OT) Screening Form, dated 1/8/25, indicated Resident #15 fell off the toilet on 1/7/25. A Risk Meeting Note, dated 1/9/25, indicated the Resident had a fall in the bathroom. A new intervention was added for close supervision with all ADLs because the Resident flails and is very unsteady at baseline. This intervention was added to the care plan two days after the fall.</p> <p>During interviews on 3/5/25 at 3:32 P.M. and 3/6/25 at 3:05 P.M., the DON reviewed Resident #15's medical record and investigations for five unwitnessed falls. He said they should have identified new interventions after each fall that occurred and if they were not effective, tried something else. He reviewed the 1/9/25 Risk Meeting Note and could not explain why the fall that occurred on 1/7/25 was not documented in the medical record.</p> <p>There was no incident/accident report to review and no other documentation in the medical record for this unwitnessed fall on 1/7/25.</p> <p>Review of the staff schedule for 1/7/25 indicated Nurse #6 was assigned to Resident #15's care on that day.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a telephone interview on 3/6/25 at 3:58 P.M., Nurse #6 said she heard about Resident #15's fall in the bathroom during report when she came on duty on 1/7/25 at 11:00 P.M. She said she was told that Certified Nursing Assistant (CNA) #4 placed the Resident on the toilet and at that time, another resident across the hall started screaming out for help. She said the nurse on duty did not respond to the resident screaming for help, so the CNA left the bathroom and ran across the hall to check on the screaming resident. When the CNA returned to Resident #15 in the bathroom, he/she was on the floor.</p> <p>During an interview on 3/6/25 at 4:15 P.M., CNA #4 said he was working on the 3:00 P.M. to 11:00 P.M. shift on 1/7/25 when Resident #15 had a fall. He said he had placed the Resident on the toilet in the bathroom in his/her room when a resident across the hall started screaming his name over and over again. He said the resident's voice sounded panicked. CNA #4 said no other staff was responding to the screaming resident so he left Resident #15 on toilet to go help the other resident. He said when he returned to Resident #15, he/she had fallen off the toilet. He said he then called for Nurse #2, and she came to help the Resident.</p> <p>During an interview on 3/6/25 at 4:20 P.M., Nurse #2 said Resident #15 was on her assignment on 1/7/25 on the 3:00 P.M. to 11:00 P.M. when he/she fell off the toilet. She said CNA #4 was in the bathroom with the Resident, and a resident in a room across the hallway started screaming. She said the CNA left the Resident on the toilet to go to the screaming resident. She said she heard the resident screaming, but didn't go to assist the resident because he/she can be behavioral and scream. Nurse #2 said CNA #4 called her to let her know the resident had fallen and she assessed Resident #15. She said she didn't document anything about the fall in a note or anywhere in the medical record. She said she did not document the fall because she wanted to wait to speak to the DON to see how they (the facility) wanted it to be written so it didn't sound as bad.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>42742</p> <p>Based on observation, interview, and record review, the facility failed for one Resident (#34), out of a total sample of 12 residents, to ensure staff provided the necessary care and services in accordance with professional standards of practice. Specifically, the facility failed to ensure the proper care and storage of respiratory equipment.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Nebulizer Medication/COVID-19, revised January 2023, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-When equipment is completely dry, store in a plastic bag with resident's name and the date on it.</li> </ul> <p>Review of the facility's policy titled Oxygen-Concentrators, revised January 2023, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-Oxygen concentrators are used for residents on continuous oxygen.</li> </ul> <p>Procedure:</p> <ul style="list-style-type: none"> <li>-Rear filter should be checked daily and cleaned with soap and water as needed.</li> </ul> <p>Cleaning:</p> <ul style="list-style-type: none"> <li>-Clean the exterior of the oxygen concentrator with soapy water solution or commercial cleanser to remove any debris. Be careful not to get any liquid into the interior of the unit.</li> <li>-Clean the exterior with a chemical disinfection solution.</li> </ul> <p>Review of the AirSep-NewLife Elite Oxygen Concentrator patient manual, dated March 2002, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-The air we breathe contains approximately 21% oxygen, 78% nitrogen, and 1% other gases. In the NewLife Elite unit, room air passes through a regenerative adsorbent material, called molecular sieve. This material separates the oxygen from the nitrogen and other gases. The result is a constant supply of concentrated high purity supplemental oxygen that is delivered to the patient.</li> </ul> <p>Filters:</p> <ul style="list-style-type: none"> <li>-Air enters the unit through an air intake gross particle filter located on the back of the oxygen concentrator. The filter removes dust particles and other impurities from the air. Before you operate the unit, make sure this filter is clean and positioned correctly.</li> </ul> <p>Cleaning, Care, and Proper Maintenance:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Cabinet</p> <p>-Disconnect the power cord from the electrical outlet before you clean the cabinet.</p> <p>-Clean the cabinet and power cord only with a mild household cleaner applied with a damp cloth or sponge and then wipe them dry.</p> <p>-On a weekly basis, wash the air intake gross particle filter, located on the back of the unit. Your Equipment Provider may advise you to clean it more often depending on your operating conditions. Follow these steps to properly clean the air intake gross particle filter:</p> <ol style="list-style-type: none"> <li>1. Remove the filter and wash in a warm solution of soap and water.</li> <li>2. Rinse the filter thoroughly and remove excess water with a soft absorbent towel.</li> <li>3. Replace the filter.</li> </ol> <p>Resident #34 was admitted to the facility in November 2024 and had diagnoses including chronic obstructive pulmonary disease (COPD- group of lung diseases that block airflow and make it difficult to breathe) and chronic respiratory failure with hypoxia (absence of enough oxygen in the tissues to sustain bodily functions).</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 2/6/25, indicated Resident #34 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 13 out of 15 and was receiving oxygen therapy.</p> <p>Review of current Physician's Orders indicated the following:</p> <p>-Supplemental oxygen (O2) via nasal cannula at 3-4 Liters (L)/minute (LPM) to maintain oxygen sats greater than 88-94% every shift. Check O2 sat every shift, 12/3/24</p> <p>-Ipratropium-Albuterol 0.5-2.5 (3) milligrams (mg)/2 milliliters (ml), (3) ml inhale orally every 2 hours as needed for SOB (shortness of breath) or wheezing via nebulizer, 1/23/25</p> <p>- Ipratropium-Albuterol 0.5-2.5 (3) mg/2 ml, (3) ml inhale orally one time a day for SOB or wheezing via nebulizer, 1/23/25</p> <p>On 3/3/25 at 10:26 A.M., the surveyor observed a nebulizer (small machine that turns liquid medicine into a mist that can be easily inhaled into the lungs) machine resting on top of Resident #34's side table. The nebulizer tubing and mouthpiece were resting on top of the machine and were not stored inside a plastic bag, potentially exposing them to environmental contaminants. The Resident was not observed in the room.</p> <p>During an interview on 3/3/25 at 12:40 P.M., Resident #34 said he/she used the nebulizer machine for his/her COPD and for shortness of breath.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation with interview on 3/4/25 at 7:52 A.M., the surveyor observed Resident #34 lying in bed. Nasal cannula (device that delivers extra oxygen through a tube and into your nose) tubing was observed inserted into the Resident's nostrils with extension tubing attached to an O2 concentrator delivering 3 LPM of oxygen. The exterior surface of the concentrator was laden with dust and numerous short pieces of hair. The external rear filter was laden with dust. Resident #34 said he/she used the oxygen continuously for his/her COPD.</p> <p>Further review of physician's orders did not indicate an order to clean the exterior of the oxygen concentrator or check and clean the external filter for proper care and maintenance.</p> <p>On 3/4/25 at 3:35 P.M., the surveyor observed Resident #34 sitting in his/her wheelchair in their room. Nasal cannula tubing was observed inserted into the Resident's nostrils with extension tubing attached to an O2 concentrator delivering 3 LPM of oxygen. The exterior surface of the concentrator was laden with dust and numerous short pieces of hair. The external rear filter was laden with dust.</p> <p>During an observation with interview on 3/4/25 at 3:39 P.M., Nurse #3 entered the Resident's room with the surveyor and observed the Resident's respiratory equipment. Nurse #3 said housekeeping was responsible for wiping down oxygen equipment.</p> <p>During an interview on 3/4/25 at 3:46 P.M., Nurse #3 said the surveyor should ask maintenance about who cleans the filters on the oxygen concentrators as she wasn't sure.</p> <p>On 3/4/25 at 1:13 P.M. and 3:35 P.M., the surveyor observed Resident #34 sitting in his/her wheelchair in their room. Nasal cannula tubing was observed inserted into the Resident's nostrils with extension tubing attached to an O2 concentrator delivering 3 LPM of oxygen. The exterior surface of the concentrator was laden with dust and numerous short pieces of hair. The external rear filter was laden with dust.</p> <p>On 3/5/25 at 7:11 A.M., the surveyor observed Resident #34 sleeping in bed. Nasal cannula tubing was observed inserted into the Resident's nostrils with extension tubing attached to an O2 concentrator delivering 3 LPM of oxygen. The exterior surface of the concentrator was laden with dust and numerous short pieces of hair. The external rear filter was laden with dust.</p> <p>During an interview on 3/5/25 at 7:25 A.M., Housekeeper #1 said she does not clean oxygen concentrators as part of her housekeeping duties.</p> <p>During an interview on 3/5/25 at 12:49 P.M., the Maintenance Director said neither housekeeping nor maintenance staff wipe down the oxygen concentrators or clean the filters. He said, That's nursing.</p> <p>During an interview on 3/6/25 at 10:09 A.M., the Director of Nursing (DON) said the nebulizer mouthpiece and tubing should have been stored in a plastic bag when not in use. The surveyor reviewed the Resident's medical record with the DON who said there wasn't an order for the oxygen concentrator or filter to be cleaned. He said the nursing 11:00 P.M.-7:00 A.M. shift was responsible for monitoring, cleaning and/or changing the filter once a week including wiping down the oxygen concentrators. He said the expectation is that they are clean and working appropriately. The DON said the filter clears out impurities from the environment to prevent illness. He said there is nowhere that staff document that it's being done so could not ensure that it was.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>34145</p> <p>Based on observation, interview, and record review, the facility failed to perform assessments for the risk of entrapment with the use of side rails for three Residents (#12, #15, and #33), out of a total sample of 12 residents. Specifically, the facility failed to ensure:</p> <ol style="list-style-type: none"> <li>1. For Resident #12, an initial side rail assessment was conducted upon admission and when the Resident received an air overlay pressure reducing mattress to ensure the Resident was not at risk of entrapment and that the bed's dimensions were appropriate for the Resident's size and weight;</li> <li>2. For Resident #15, an initial side rail assessment was conducted upon admission, appropriate alternatives were attempted prior to installation of the side rails, and an assessment was conducted when the Resident received a perimeter air mattress (mattress with raised edges that create a defined boundary, enhancing fall prevention); and</li> <li>3. For Resident #33, appropriate alternatives were attempted prior to installation of the side rails, and a quarterly bed rail assessment was conducted to ensure the Resident was not at risk of entrapment and that the bed's dimensions were appropriate for the Resident's size and weight.</li> </ol> <p>Findings include:</p> <p>Review of the facility's policy titled Side Rails/Bed Rails, last revised 10/24/22, indicated but was not limited to:</p> <ul style="list-style-type: none"> <li>-The facility shall ensure that prior to the installation of bed rails, the facility has attempted to use alternatives.</li> <li>-The facility shall ensure the bed is appropriate for the resident and that bed rails are properly installed and maintained.</li> <li>-In determining whether to use bed rails to meet the needs of a resident, the following components of the resident assessment may be considered on an individual basis including, but not limited to: <ul style="list-style-type: none"> <li>-medical diagnosis, conditions, symptoms, and/or behavioral symptoms</li> <li>-Size and weight</li> <li>-Sleep habits</li> <li>-Medication(s)</li> <li>-Acute medical or surgical interventions</li> <li>-Underlying medical conditions</li> </ul> </li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	

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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>-Existence of delirium</li> <li>-Ability to toilet self safely</li> <li>-Cognition</li> <li>-Communication</li> <li>-Mobility (in and out of bed)</li> <li>-Risk of falling</li> </ul> <p>-In addition, the resident assessment should include an evaluation of the alternatives to the use of a bed rail that was attempted and how these alternatives failed to meet the resident's assessed needs.</p> <p>-Potential risks can be exacerbated by improper match of the bed rail to bed frame, improper installation and maintenance, and use with other devices or supports.</p> <p>1. Resident #12 was admitted to the facility in March 2016 and had diagnoses including Parkinson's disease (a progressive brain disorder that causes movement problems, stiffness, and balance issues) and dementia.</p> <p>Review of the significant change Minimum Data Set (MDS) assessment, dated 1/17/25, indicated that Resident #12 had long- and short-term memory problems, had severely impaired cognitive skills for daily decision making, and was dependent on staff for all activities of daily living (ADLs).</p> <p>On 3/3/25 at 11:02 A.M., the surveyor observed Resident #12 lying in bed asleep with bilateral side rails up and in use. An air mattress was noted in place on the Resident's bed and was set to 120 pounds (lbs.).</p> <p>On 3/4/25 at 7:54 A.M., the surveyor observed Resident #12 lying in bed asleep with bilateral side rails up and in use. An air mattress was noted in place on the Resident's bed and was set to 120 lbs.</p> <p>On 3/5/25 at 7:07 A.M., the surveyor observed Resident #12 lying in bed asleep with bilateral side rails up and in use. An air mattress was noted in place on the Resident's bed and was set to 120 lbs.</p> <p>Review of the medical record indicated the following Physician's Orders:</p> <ul style="list-style-type: none"> <li>-two quarter (1/4) side rails up in bed to help promote bed mobility, safety, and positioning (9/26/23)</li> <li>-Air overlay Pressure Reducing Mattress (a thin mattress topper that sits on top of a regular mattress to relieve pressure and treat pressure ulcers); inflate to Resident's comfort (12/16/24)</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of the medical record failed to indicate an initial side rail assessment was conducted upon admission and when the Resident received the air overlay pressure reducing mattress on 12/16/24 to ensure the Resident was not at risk of entrapment and that the bed's dimensions were appropriate for the Resident's size and weight.</p> <p>During an interview on 3/6/25 at 8:45 A.M., the Director of Nursing (DON) said nursing side rail assessments are to be conducted upon admission and then quarterly. He reviewed Resident #12's entire medical record and said he could not locate an initial nursing side rail assessment or an assessment when the Resident received an air overlay pressure reducing mattress to ensure the Resident was not at risk of entrapment and that the bed's dimensions were appropriate for the Resident's size and weight.</p> <p>2. Resident #15 was admitted to the facility in October 2024 and had diagnoses including Parkinson's disease with dyskinesia (a condition where someone with Parkinson's disease experiences involuntary, uncontrolled movements (dyskinesia) such as writhing, twisting, or jerking motions in different parts of the body like the face, arms, or legs).</p> <p>Review of the MDS assessment, dated 10/26/24, indicated Resident #15 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 7 out of 15 and had a history of falls.</p> <p>On 3/5/25 at 7:03 A.M., the surveyor observed Resident #15 lying in bed asleep with bilateral side rails up and in use. An air perimeter mattress was noted in place on top of the mattress.</p> <p>Review of the medical record indicated the following Physician's Orders:</p> <p>-two quarter (1/4) side rails up in bed to help promote bed mobility, safety and positioning (2/10/25)</p> <p>Review of the facility's Side Rail Consent Form, signed by Resident #12 on 10/21/24, indicated the following:</p> <p>-What other methods were tried and deemed inappropriate for this resident? None at this time.</p> <p>Further review of the medical record failed to indicate an initial side rail assessment was conducted and when the Resident received the air perimeter mattress to ensure the Resident was not at risk of entrapment and that the bed's dimensions were appropriate for the Resident's size and weight.</p> <p>During an interview on 3/5/25 at 3:32 P.M., the DON reviewed Resident #15's medical record and said the consultant Hospice provider documented that an air mattress was ordered for Resident #15 on 10/25/24. He said he could not find any information about when the air mattress was delivered and placed on the Resident's bed. He said he could not locate an initial nursing side rail assessment or assessment when the Resident received the air mattress to ensure the Resident was not at risk of entrapment and that the bed's dimensions were appropriate for the Resident's size and weight. The DON said nursing side rail assessments are to be conducted upon admission and then quarterly.</p> <p>3. Resident #33 was admitted to the facility in November 2022 and had diagnoses including Alzheimer's disease.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	

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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the MDS assessment, dated 1/12/25, indicated Resident #33 had long- and short-term memory problems, had severely impaired cognitive skills for daily decision making, and was dependent on staff for all ADLs.</p> <p>On 3/6/25 at 2:19 P.M., the surveyor observed Resident #33 lying in bed asleep with bilateral side rails up and in use.</p> <p>Review of the medical record indicated the following Physician's Orders:</p> <p>-May have 1-2 quarter side rails up in bed to assist with positioning and transfer (10/5/23)</p> <p>Review of the facility's Side Rail Consent Form, signed by Resident #12 on 11/21/22, indicated the following:</p> <p>-What other methods were tried and deemed inappropriate for this resident? None at this time.</p> <p>Further review of the medical record failed to indicate an initial side rail assessment was conducted to ensure the Resident was not at risk of entrapment and that the bed's dimensions were appropriate for the Resident's size and weight.</p> <p>During interviews on 3/6/25 at 2:20 P.M. and 2:37 P.M., Nurse #1 reviewed Resident #33's medical record and said the side rail assessment was last completed on 10/17/23. She said it is done upon admission and then quarterly. She was unable to locate any side rail assessments following the 10/17/23 assessment.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>42742</p> <p>Based on observation, document review, and interview, the facility failed to ensure sufficient staffing to ensure residents attained or maintained the highest practicable physical, mental, and psychosocial well-being. Specifically, the facility failed:</p> <ol style="list-style-type: none"> <li>1. To have sufficient staffing on the weekends as indicated on the payroll-based journal (PBJ) report submitted to Centers for Medicare and Medicaid Services (CMS) for Fiscal Year Quarter 4, 2024 when no nurse staffing waivers were in place; and</li> <li>2. To ensure call bell devices were responded to timely to address the residents' needs per Resident Group voiced concerns and review of Resident Council minutes.</li> </ol> <p>Findings include:</p> <p>1a. Review of the PBJ Staffing Data Report, CASPER Report 1705D FY Quarter 4, 2024 (7/1/24-9/30/24) indicated the following:</p> <p>This Staffing Data Report identifies areas of concern that will be triggered (e.g., requires follow-up during the survey).</p> <p>Excessively Low Weekend Staffing - Triggered = Submitted Weekend Staffing data is excessively low</p> <p>Review of the facility's healthcare Facility Assessment (FA), revised December 2024, indicated but was not limited to the following:</p> <p>Part 1: Resident Profile</p> <p>1.1 Number of residents facility is licensed to provide care for - 41</p> <p>-We offer 41 beds for both long-stay, short-stay, respite and hospice residents and patients. The nursing home is a licensed SNF and is located on one floor with a single nursing station.</p> <p>1.2 Average daily census: 38 residents</p> <p>1.5 Acuity: The average acuity level of our residents ranges from low to complex acuity. While many long-stay patients tend to have lower acuity levels, short-stay patients tend to have higher acuity levels.</p> <p>Part 3: Facility Resources Needed to Provide Competent Support and Care for our Resident Population Every Day and During Emergencies:</p> <p>Staffing Plan</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3.2: Based on our resident population and their needs for care and support, our general approach to ensure we have sufficient staff is to meet the needs of the residents at any given time is outlined below. Nursing and clinical staffing is continuously (often by shift) adjusted for acuity and census fluctuations.</p> <p>Staffing Plan B: Below is a description of our general staffing plan to ensure we have sufficient staff to meet the needs of our facility residents at any given time.</p> <p>Staff: (Licensed Nurses (LN): Registered Nurse (RN), Licensed Practical Nurse (LPN), providing direct care, leadership and supervision of unit activities):</p> <p>Plan:</p> <ul style="list-style-type: none"> <li>-Director of Nursing (DON) - 1 RN full-time</li> <li>-Days - 2 Nurses, RN or LPN</li> <li>-Evenings - 2 Nurses, RN or LPN</li> <li>-Nights - 1 Nurse, RN or LPN</li> </ul> <p>Staff: (Direct Care Staff)</p> <p>Plan:</p> <ul style="list-style-type: none"> <li>-Days - 4 to 5 Certified Nursing Assistants (CNAs)</li> <li>-Evenings - 4 CNAs</li> <li>-Nights - 2 CNAs</li> </ul> <p>The Facility Assessment (FA) did not include a minimum standard of staffing for hours per patient day (HPPD- staffing hours per resident per day, which is the total number of hours worked by each type of staff divided by the total number of residents) of direct nursing care provided to ensure the residents' health and safety.</p> <p>During the entrance conference on 3/03/25 at 9:27 A.M., with the Administrator and Director of Nursing (DON), the Administrator said there was no scheduling coordinator, so the DON was assuming the role for the nursing schedules for now. They said there were no nurse staffing waivers in place.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/4/25 at 2:35 P.M., the Administrator and DON provided the requested weekend as worked licensed and direct care staff schedules for FY Quarter 4 (7/1/24 - 9/30/24) and corresponding daily staffing reports. The DON said staff names with a circle around them mean that they called out and staff names that are grayed out means that they picked up a shift. They said staffing is based on the census and they couldn't run a PPD (nursing hours per patient day) report because they don't submit staffing per PPD, rather by the number of licensed and unlicensed staff. The Administrator said it was a small facility with small staff, and they have trouble with the geographical area and travel. They said they only use one agency for agency staff and were currently only using agency staff for about one shift a week for licensed and unlicensed staff. They said they didn't use the agency much during the FY Quarter 4 and maybe not at all for about a month during that time but would confirm. They said during the quarter they had three CNAs that were out for a period of time and said the average daily staffing for day shift (7a-3p) is 2 Nurses and 4-5 CNAs depending on the census; evening shift (3p-11p) is 2 Nurses and 4 CNAs; and the night shift (11p-7a) is 1 Nurse and 2 CNAs. The Administrator and DON said if the census was 37, there are always 4 to 5 CNAs, and the goal is 1 CNA for every 8-10 residents. For example, they said, if the census is 30-31 residents, then they would need 3 CNAs but try to have a fourth. They further said there's a lot of CNAs that call out and said CNAs will pick up shifts then call out, so they think they're all set, but then they're not. The DON said there was no pattern, however, for call outs.</p> <p>During an interview on 3/5/25 at 3:00 P.M., the Administrator said corporate submits the PBJ staffing data.</p> <p>Review of the as worked weekend staffing schedules and daily staffing reports provided by the Administrator for licensed nurses and nurse aides during FY Quarter 4, 2024, (7/1/24-9/30/24) indicated the following:</p> <p>7/5/24: Total census 35</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 3p-7p (this is 1 less than the minimum required)</p> <p>-3 CNAs (this is 1 less than the minimum required), 2 call outs</p> <p>7/6/24: Total census 37</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum requirement)</p> <p>-3 CNAs (this is 1 less than the minimum required)</p> <p>7/7/24: Total census 37</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum required)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-3 CNAs (this is 1 less than the minimum required), 1 call out</p> <p>7/12/24: Total census 38</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum required)</p> <p>-3 CNAs (this is 1 less than the minimum required)</p> <p>7/13/24: Total census 38</p> <p>7a-3p shift:</p> <p>-2 CNAs (this is 2 less than the minimum required), 2 call outs</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum required)</p> <p>-2 CNAs (this is 2 less than the minimum required), 3 call outs</p> <p>7/14/24: Total census 37</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum required)</p> <p>-3 CNAs (this is 1 less than the minimum required), 1 call out</p> <p>7/19/24: Total census 36</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum required)</p> <p>7/20/24: Total census 37</p> <p>7a-3p shift:</p> <p>-3 CNAs (this is 1 less than the minimum required)</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum required)</p> <p>-census 37</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7/21/24: Census 36</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum required)</p> <p>7/26/24: Census 37</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum required)</p> <p>-3 CNAs (this is 1 less than the minimum required), 1 call out</p> <p>7/27/24: Census 37</p> <p>-census 37</p> <p>7a-3p shift:</p> <p>-3 CNAs, (this is 1 less than the minimum requirement)</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum requirement)</p> <p>-3 CNAs (this is 1 less than the minimum requirement)</p> <p>7/28/24: Census 36</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum requirement)</p> <p>-3 CNAs (this is 1 less than the minimum requirement)</p> <p>8/3/24: Census 32</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum requirement)</p> <p>8/4/24: Census 31</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum requirement)</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8/9/24: Census 32</p> <p>7p-3p shift:</p> <p>-3 CNAs (this is 1 less than the minimum requirement)</p> <p>3p-11p shift:</p> <p>-3 CNAs (this is 1 less than the minimum requirement), 2 call outs</p> <p>8/10/24: Census 33</p> <p>7a-3p shift:</p> <p>-3 CNAs (this is 1 less than the minimum requirement), 1 call out</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum requirement)</p> <p>8/11/24: Census 34</p> <p>7a-3p shift:</p> <p>-3 CNAs (this is 1 less than the minimum required), 1 call out</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum required)</p> <p>8/17/24: Census 34</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum required)</p> <p>8/23/24: Census 31</p> <p>7a-3p shift:</p> <p>-2 CNAs (this is 1 less than the minimum required), 2 call outs</p> <p>8/24/24: Census 32</p> <p>7a-3p shift:</p> <p>-2 CNAs (this is 2 less than the minimum required), 2 call outs</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3p-11p shift:</p> <p>-3 CNAs (this is 1 less than the minimum requirement), 1 call out</p> <p>8/25/24: Census 33</p> <p>7a-3p shift:</p> <p>-2 CNAs (this is 2 less than the minimum requirement), 1 call out</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse 7p-11p (this is 1 less than the minimum requirement)</p> <p>-2 CNAs (this is 2 less than the minimum requirement), 1 call out</p> <p>8/30/24: Census 34</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum requirement)</p> <p>-3 CNAs (this is 1 less than the minimum requirement)</p> <p>8/31/24: Census 34</p> <p>7a-3p shift:</p> <p>-2 CNAs (this is 2 less than the minimum requirement)</p> <p>3p-11p shift:</p> <p>-3 CNAs (this is 1 less than the minimum requirement)</p> <p>9/1/24: Census 35</p> <p>7a-3p shift:</p> <p>-2 CNAs (this is 2 less than the minimum requirement)</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum requirement)</p> <p>-2 CNAs (this is 2 less than the minimum requirement)</p> <p>9/6/24: Census 33</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7a-3p shift:</p> <p>-3 CNAs (this is 1 less than the minimum requirement)</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum requirement)</p> <p>-3 CNAs (this is 1 less than the minimum requirement)</p> <p>9/7/24: Census 32</p> <p>7a-3p shift:</p> <p>-3 CNAs (this is 1 less than the minimum requirement)</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum requirement)</p> <p>9/13/24: Census 33</p> <p>7a-3p shift:</p> <p>-3 CNAs (this is 1 less than the minimum requirement)</p> <p>9/14/24: Census 33</p> <p>7a-3p shift:</p> <p>-3 CNAs (this is 1 less than the minimum requirement)</p> <p>3p-11p shift:</p> <p>-3 CNAs (this is 1 less than the minimum requirement), 1 call out</p> <p>9/15/24: Census 33</p> <p>7a-3p shift:</p> <p>-3 CNAs (this is 1 less than the minimum requirement)</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum requirement)</p> <p>9/20/24: Census 33</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7a-3p shift:</p> <p>-3 CNAs (this is 1 less than the minimum requirement), 2 call outs</p> <p>3p-11p shift:</p> <p>-3 CNAs (this is 1 less than the minimum requirement), 2 call outs</p> <p>9/21/24: Census 35</p> <p>7a-3p shift:</p> <p>-3 CNAs (this is 1 less than the minimum requirement), 1 call out</p> <p>3p-11p shift:</p> <p>-3 CNAs (this is 1 less than the minimum requirement), 2 call outs</p> <p>9/22/24: Census 34</p> <p>7a-3p shift:</p> <p>-2 CNAs (this is 2 less than the minimum requirement), 3 call outs</p> <p>3p-11p shift:</p> <p>-3 CNAs (this is 1 less than the minimum requirement), 1 call out</p> <p>9/27/24: Census 33</p> <p>7a-3p shift:</p> <p>-3 CNAs (this is 1 less than the minimum requirement), 1 call out</p> <p>9/28/24: Census 33</p> <p>3p-11p shift:</p> <p>-1 Licensed Nurse from 7p-11p (this is 1 less than the minimum requirement)</p> <p>-3 CNAs (this is 1 less than the minimum requirement), 1 call out</p> <p>9/29/24: Census 33</p> <p>7a-3p shift:</p> <p>-3 CNAs (this is 1 less than the minimum requirement)</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3p-11p shift:</p> <p>-1 Licensed Nurse 7p-11p (this is 1 less than the minimum requirement)</p> <p>-3 CNAs (this is 1 less than the minimum requirement), 1 call out</p> <p>Further review of the weekend staffing schedules and daily staffing reports indicated the facility was below the needed or average staffing requirement for 35 out of 39 days for Licensed Nurses and/or CNAs to assure residents attained or maintained the highest practicable physical, mental, and psychosocial well-being.</p> <p>On 3/5/25 at 1:37 P.M., the surveyor reviewed a total sample of seven employee timecards for accuracy of as worked schedules. Minor discrepancies were noted and clarified with the Administrator and Director of Nursing (DON).</p> <p>During an interview on 3/5/25 at 2:44 P.M., the surveyor reviewed the Facility Assessment staffing requirement with the Administrator and DON who said it is consistent with what they try to schedule. They said they go by body, not hours worked.</p> <p>During an interview on 3/5/25 03:28 P.M., the surveyor reviewed the as worked schedules and daily staffing reports dated 7/5/24, 7/6/24, 7/7/24, 7/12/24, 7/13/24, 7/14/24, 7/19/24, 7/20/24, 7/21/24, 7/26/24, 7/27/24, 7/28/24, 8/3/24, 8/4/24, 8/9/24, 8/10/24, 8/11/24, 8/17/24, 8/23/24, 8/24/24, 8/25/24, 8/20/4, 8/31/24, 9/1/24, 9/6/24, 9/7/24, 9/13/24, 9/14/24, 9/15/24, 9/20/24, 9/21/24, 9/22/24, 9/27/24, 9/28/24, and 9/29/24 for FY Quarter 4 2024 with the Administrator and DON. The Administrator said they had more of an issue with CNA coverage than Licensed Nursing coverage. She said they did not meet their minimum staffing totals for all the dates reviewed. She said they want to make sure they're meeting all the residents' needs with staffing, activities of daily living (ADLs), toileting, and mobility. The Administrator said short-term residents may not need more help for ADLs, but skilled care residents do. She said staffing is based on making sure they can take care of everyone's needs.</p> <p>b. During an interview on 3/3/25 at 8:18 A.M., Resident #35 said he/she had a complaint about long call wait times but there was no particular day or shift that was worse. The Resident said one time he/she had pain in his/her right side and had to wait three hours for someone to come in.</p> <p>During an interview on 3/3/25 at 8:29 A.M., CNA #2 said sometimes the facility is short staffed and it's hard to do her tasks. She said it can be all shifts, all days, but felt the day shift was the worst. She said housing has a lot to do with it and while she does work double shifts, she offers to do it if needed sometimes and has never been mandated. She said if there's a call out, they will call agency staff and try to fill it if needed, but housing is an issue and distance driving late at night. She said a resident fell out of bed two nights ago, but it's not always related to staffing. She said they could have 5 CNAs and there could still be falls. She said due to staffing, sometimes she won't take a lunch break to instead complete her tasks.</p> <p>During an interview on 3/4/25 at 11:00 A.M., Resident #2 said there is low staff at the facility, especially on the weekends. She said there are long call bell wait times, especially on the 2nd and 3rd shifts and on weekends. The Resident could not be specific as to when the last time he/she experienced this.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/4/25 at 11:22 A.M., Nurse #3 said the registered nurse (RN) coverage has improved lately but it was tough last summer. She said the facility uses an agency and uses a RN for approximately 4-5 shifts/week. She said last summer they got rid of agency, but didn't know why, so they were short, but then they got agency again. She said about a month ago they weren't paying agency staff but now they are. Nurse #3 said she offers to work doubles sometimes and on occasion the day shift nurse will call out, so she has to stay a little longer until the DON or someone arrives to hand off her keys. She said despite the shortage; she is still able to complete her tasks. She said the staffing shortage was mostly Fridays and Saturdays.</p> <p>During an interview on 3/4/25 at 11:28 A.M., Nurse #4 said she has worked at the facility for about eight years now and staffing has improved. She said the facility uses agency staff and currently there hasn't been an issue with CNA staffing. Nurse #4 said about a month and a half ago though corporate said they couldn't use agency staff, and that some agency staff weren't getting paid, but now they are using agency again.</p> <p>During an interview on 3/5/25 at 10:23 A.M., CNA #3 said there has been low CNA staffing, mostly in the summer. He said the facility has agency, but they aren't using them. He said they need to. He said it's expensive to live there with the rent so many have to travel. He said this past summer there were a lot of call outs and in the winter people get sick. He said call outs are the worst during the summer and on the weekends. CNA #3 said there aren't enough CNA staff for the census if they have a lot of call outs. He said when they're short staffed it makes his job harder, especially during day shift, but said there hasn't been a bad outcome or higher incident of falls because of it that he knew of. He said if the house is full there should be 5 CNAs.</p> <p>During an interview on 3/5/25 at 12:43 P.M., CNA #3 said about six months ago, there were only 2 CNAs for 37-38 residents, and it was terrifying.</p> <p>During an interview on 3/6/25 at 3:15 P.M., CNA #4 and CNA #1 said they always need more people. CNA #4 said staffing was a problem from July to September last year because in the summer people don't pick up shifts and said other places offer more money. He said without enough staff everyone is in trouble. CNA #4 said when they are short staffed, it's harder to do their job. CNA #4 and CNA #1 said they choose sometimes to work through their breaks to get their work done but were never asked to do this and do a lot of doubles. They said they've never been mandated to work. They further said there's a lot of call outs and the facility can't always fill the spots. They said it's a safety concern if there isn't enough staff, but said it's gotten much better.</p> <p>2. On 3/4/25 at 1:30 P.M., the surveyor held a Resident Group Meeting with 12 residents in attendance. All residents said long call bell wait times have been an ongoing issue for a long time; mostly on the evening and night shift and some weekends and have not been resolved. One resident said he/she waits 15 minutes or longer and there are times when he/she soils him/herself because it takes so long for staff to respond. They said that they do not receive any type of follow-up or discussion about the issues they raise during Resident Council meetings until the next monthly meeting.</p> <p>On 3/6/25 at 9:11 A.M., the Activity Director (AD) and surveyor reviewed Resident Council Minutes as follows:</p> <p>Review of the Resident Council Minutes, dated 3/4/24, indicated eight residents participated in the meeting, and brought forward the following grievances/complaints/concerns:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Three residents expressed concerns that call bells were not being answered in a timely manner. Overnight call bells also.</p> <p>Review of the Resident Council Minutes, dated 4/8/24, indicated 10 residents participated in the meeting, and brought forward the following grievances/complaints/concerns:</p> <p>-Concerns with call bells. Residents recommended that all call bells should be answered by any staff member to make sure all is ok and then direct resident requests to the proper department.</p> <p>Review of the Resident Council Minutes, dated 5/6/24, indicated eight residents participated in the meeting, and brought forward the following grievances/complaints/concerns:</p> <p>-Nursing: Call bell, whiteboards, name tags. Need improvement. Staff patience needs improvement.</p> <p>Review of the Resident Council Minutes, dated 6/3/24, indicated eight residents participated in the meeting, and brought forward the following grievances/complaints/concerns:</p> <p>-Call bells are being checked more often but are then turned off and the person answering the bell will tell the assigned CNA what is needed, and no one comes back.</p> <p>-Residents recommend that call bells not be turned off until their needs are met.</p> <p>Review of the Resident Council Minutes, dated 7/1/24, indicated 11 residents participated in the meeting, and brought forward the following grievances/complaints/concerns:</p> <p>-Call bells; if nobody answers, we start to yell help.</p> <p>-Concerns about routine care when getting residents up: i.e. washing before dressing and brushing teeth.</p> <p>Review of the Resident Council Minutes, dated 8/3/24, indicated seven residents, one family member and the Ombudsman participated in the meeting, and brought forward the following grievances/complaints/concerns:</p> <p>-Call bells about the same, maybe a little quicker.</p> <p>-One resident and one family member concerned about call bells not being answered in a timely manner to prevent any falls if trying to help him/herself.</p> <p>Review of the Resident Council Minutes, dated 9/2/24, indicated eight residents participated in the meeting, and brought forward the following grievances/complaints/concerns:</p> <p>-Call bells</p> <p>During an interview on 3/6/25 at 9:11 A.M., the AD said she did not start doing education or audits of call bell response times or white board use by staff until January 2025, 10 months and 9 months respectively after the grievances were brought forward through Resident Council.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 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 interviews and record review, the facility failed to ensure monthly Medication Regimen Review (MRR) recommendations made by the pharmacy consultant were addressed timely and maintained as part of the permanent medical record for three Residents (#7, #16, and #2), out of a total sample of 12 residents.</p> <p>Specifically, the facility failed:</p> <ol style="list-style-type: none"> <li>1. For Resident #7, to ensure the June 2024 consultant pharmacist recommendations were acted upon timely to clarify the need for two as needed Guaifenesin (cough/expectorant medication) orders;</li> <li>2. For Resident #16, to ensure the June 2024 consultant pharmacist nursing recommendation for an order clarification was acted upon timely; and</li> <li>3. For Resident #2, to ensure the June 2024 consultant pharmacist recommendations were acted upon timely to re-assess the ongoing need for Protonix (proton pump inhibitor medication used to treat gastroesophageal reflux disease- GERD: a chronic digestive condition where stomach contents flow back up into the esophagus, causing irritation and discomfort) and a recommendation for lab work to monitor thyroid stimulating hormone for the use of Levoxyl (replaces a hormone normally produced by your thyroid gland to regulate the body's energy and metabolism).</li> </ol> <p>Findings include:</p> <p>Review of the facility's policy titled Medication Regime Review, revised 10/2022, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-Medication Regime Review shall consist of a review and analysis of prescribed medication therapy and medication use review, including nursing documentation of medication ordering and administration.</li> <li>-The Consultant Pharmacist shall review the medication regime of each resident at least monthly.</li> <li>--The primary purpose of this review is to help the facility maintain each resident's highest practicable level of functioning by helping them utilize medications appropriately and prevent or minimize adverse consequences related to medication therapy to the extent possible.</li> <li>-The Consultant Pharmacist will provide a written report to physicians for each resident with an identified irregularity.</li> <li>-The attending physician documents in the medical record that the irregularity has been reviewed and what (if any) action was taken to address it within 30 days of receiving the report.</li> <li>-Copies of drug/medication regime review reports, including physician responses, will be maintained as part of the permanent medical record.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Resident #7 was admitted to the facility in November 2023 with diagnoses including vascular dementia.</p> <p>Review of the medical record indicated the consultant pharmacist made recommendations for Resident #7 in June 2024 and generated a report to be acted upon and reported to nursing, however, the surveyor was unable to locate the 6/6/24 MRR report in the Resident's medical record.</p> <p>On 6/5/24 at 12:02 P.M., the Director of Nursing (DON) provided the surveyor with a printed copy of the June 2024 report.</p> <p>Review of the 6/6/24 Consultant Pharmacist Recommendations to Nursing report for Resident #7 indicated the following recommendation:</p> <p>-Medication DC request (non-psychotropic). This resident appears to have duplicate medication orders for PRN Guaifenesin. Suggest discontinuing one of the orders or clarify need.</p> <p>Review of the current Physician's Orders included the following medications:</p> <p>-Guaifenesin liquid 100 milligrams (mg)/ 5 milliliters (ml). Give 10 ml by mouth every four hours as needed for cough</p> <p>-Guaifenesin oral tablet 400 mg give one tablet by mouth every 12 hours as needed for COPD</p> <p>Further review of the medical record failed to indicate that nursing addressed the Consultant Pharmacist's recommendation by discontinuing or clarifying the need for duplicate therapy.</p> <p>During an interview on 3/6/25 at 9:29 A.M., the DON reviewed the Consultant Pharmacist Recommendations to Nursing report. The DON said he would clarify any nursing recommendations with the Physician when needed. The DON said he signed the form which signified he looked at the recommendation. The DON said he did not see any documentation that the recommendation had been addressed, and if it was not documented, it was not done.</p> <p>42742</p> <p>2. Resident #16 was admitted to the facility in February 2018 and had diagnoses including restlessness and agitation, adjustment disorder with mixed anxiety and depressed mood, Alzheimer's disease with late onset, dementia with other behavioral disturbance, and psychosis not due to a substance or known physiological condition.</p> <p>Review of the medical record for Resident #16 indicated a monthly MRR was completed by a consultant pharmacist on 6/5/24. The assessment indicated a pharmacy recommendation was made.</p> <p>During an interview on 3/5/25 at 3:31 P.M., the DON said he found Resident #16's 6/5/24 pharmacy recommendation and provided it to the surveyor. Review of the recommendation indicated:</p> <p>Consultant Pharmacist Recommendation to Nursing:</p> <p>Category: Order clarification request</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident has orders for multiple bowel medications. Please clarify the orders by adding the sequence of administration as indicated by the prescriber and/or the house protocol. Resident has a PEG (percutaneous endoscopic gastrostomy) order not part of the current bowel med protocol.</p> <p>Review of the medical record failed to indicate that nursing addressed the Consultant Pharmacist's recommendation for an order clarification request regarding the Resident's bowel medications.</p> <p>During an interview on 3/6/25 at 9:47 A.M., the DON said there was no evidence that the recommendation for the order clarification had been reviewed and addressed as required.</p> <p>34145</p> <p>3. Resident #2 was admitted to the facility in February 2023 and had diagnoses including hypothyroidism (thyroid gland doesn't make enough thyroid hormones to meet your body's needs) and GERD.</p> <p>Review of the medical record indicated a Pharmacy Consultant Note, dated 6/5/24, which indicated that recommendations were made and to see the Consultant Pharmacist report for the recommendations.</p> <p>Further review of the entire medical record failed to indicate a consultant pharmacy recommendation dated 6/5/24.</p> <p>During an interview on 3/4/25 at 12:32 P.M. and 4:10 P.M., the DON reviewed Resident #2's medical record and the three-ringed binder where copies of the recommendation are kept and said he could not find the 6/5/24 pharmacy recommendation.</p> <p>During an interview on 3/6/24 at 1:05 P.M., the Pharmacy Consultant reviewed his records and said he made a recommendation for Resident #2 during his 6/5/24 MRR, He said he recommended a thyroid lab and to consider a decrease in dose of Protonix. He said he always speaks with the DON before he leaves the facility to let him know about his recommendations and emails the formal recommendation to the DON. The Pharmacist said he would forward the DON copies of the 6/5/24 recommendations again today.</p> <p>During an interview on 3/6/25 at 1:35 P.M., the DON provided the surveyor copies of the Pharmacist's 6/5/24 medication recommendations. The recommendations were as follows:</p> <p>-This Resident currently receives Levoxyl 75 micrograms (mcg), suggest periodic thyroid stimulating hormone (TSH) lab</p> <p>-This Resident has been receiving the proton pump inhibitor Protonix 40 mg twice daily for more than 12 weeks. Could the ongoing need for this therapy be re-assessed at this time?</p> <p>Review of the medical record failed to indicate the Physician/Physician extender ever reviewed and addressed the pharmacist's recommendations to consider dose reduction of Protonix and reviewed and addressed a thyroid lab in a timely manner.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>42742</p> <p>Based on record review and interview, the facility failed to ensure that for one Resident (#16), out of a total sample of 12 residents, their drug regimen was free of unnecessary drugs. Specifically, the facility failed to monitor adverse consequences (side effects) of anticoagulant medications (used to prevent the blood from clotting, a blood thinner).</p> <p>Findings include:</p> <p>Review of the Eliquis (apixaban-anticoagulant) package insert, revised December 2012, indicated but was not limited to the following:</p> <p>-Eliquis is a factor Xa inhibitor anticoagulant indicated to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation.</p> <p>Warnings and Precautions:</p> <p>-Eliquis can cause serious, potentially fatal bleeding. Promptly evaluate signs and symptoms of blood loss.</p> <p>Adverse Reactions:</p> <p>-Most common adverse reactions (&gt;1%) are related to bleeding.</p> <p>Resident #16 was admitted to the facility in February 2018 and had diagnoses including thrombophlebitis (a condition in which a blood clot in a vein causes inflammation and pain).</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 2/6/25, indicted Resident #16 was receiving anticoagulant medications.</p> <p>Review of current Physician's Orders indicated the following:</p> <p>-Eliquis oral tablet 2.5 milligrams (mg) (apixaban), give 1 tablet by mouth two times a day related to phlebitis and thrombophlebitis of other sites, reevaluate after results of ultrasound, 12/13/23</p> <p>-Monitor for s/sx (signs and symptoms) of bleeding/bruising Q (every) shift while on Eliquis, every shift for bleeding risk anti-coagulation, 12/18/23</p> <p>Review of the January 2025 through March 2025 Medication Administration Records (MARs) indicated that Eliquis was administered as ordered by the physician.</p> <p>Further review of the medical record failed to indicate that staff monitored the Resident for signs and symptoms of bleeding as required.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/6/25 at 9:53 A.M., the Director of Nursing (DON) said there's an order set for monitoring of side effects for the Eliquis but the nurse who entered the orders did not put it on the MAR or Treatment Administration Record (TAR) to be documented on. He said Resident #16 takes the Eliquis for a history of jugular thrombosis and there is a risk of bleeding so the Resident should have been monitored for bleeding and bruising. The DON said he can't determine if the Resident is experiencing side effects from the medications if it's not being documented.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 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>42742</p> <p>Based on observation, interview, and document review, the facility failed to ensure all drugs and biologicals 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. Properly monitor medication refrigeration temperatures in one of one medication storage rooms reviewed to ensure the safety and integrity of medications and vaccines stored; and</li> <li>2. Ensure medication carts were locked when not in direct supervision of the licensed nurse for two of two medication carts.</li> </ol> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the facility's policy titled Medication Storage, revised October 2022, indicated but was not limited to the following: <ul style="list-style-type: none"> <li>-This 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 Department of Health guidelines.</li> <li>-Medication will be stored at the appropriate temperatures in accordance with the pharmacy and/or manufacturer labeling. Appropriate temperature will be determined as per the following: <ul style="list-style-type: none"> <li>c. Cold place</li> <li>-Medications requiring refrigeration will be stored in a refrigerator that is maintained between 2 to 8 degrees Celsius (36 to 46 degrees Fahrenheit (F)).</li> <li>-Refrigerators used for medication storage will contain a thermometer to indicate the temperature within.</li> </ul> </li> </ul> </li> </ol> <p>Review of Centers for Disease Control and Prevention (CDC) guidance titled Epidemiology and Prevention of Vaccine-Preventable Diseases: Chapter 5: Vaccine Storage and Handling, dated 4/3/24, indicated but was not limited to the following:</p> <p>Monitoring Vaccine Temperatures:</p> <ul style="list-style-type: none"> <li>-To ensure the safety of vaccines, the storage unit minimum and maximum temperatures should be checked and recorded at the start of each workday. If using a TMD (temperature monitoring device) that does not display minimum and maximum temperatures, then the current temperature should be checked and recorded a minimum of two times (at the start and end of the workday).</li> <li>-A temperature monitoring log sheet should be placed on each storage unit door (or nearby), and the following information should be recorded:</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Minimum/maximum temperature (or current temperature if using a device that does not record minimum/maximum temperatures)</p> <p>-Date</p> <p>-Time</p> <p>-Name of person who checked and recorded the temperature</p> <p>-Any actions taken if a temperature excursion occurred</p> <p>On 3/5/25 at 11:39 A.M., the surveyor reviewed the facility's medication storage room with Nurse #1 and observed the following:</p> <p>-Medication refrigerator dial analog thermometer on top shelf observed at 55 degrees F</p> <p>-Internal temperature monitoring device observed though surveyor did not locate the unit and current temperature</p> <p>-Insulin (regulates blood sugar levels) emergency kit, tobramycin (antibiotic), insulin pens, and four boxes of pre-filled syringes of Afluria quadrivalent influenza vaccine (18 syringes remaining) stored inside the refrigerator</p> <p>Review of the Seqirus package insert, undated, indicated but was not limited to the following:</p> <p>-AFLURIA QUADRIVALENT is an inactivated influenza vaccine indicated for active immunization against influenza disease caused by influenza A subtype viruses and type B viruses contained in the vaccine.</p> <p>-Storage and Handling: Store refrigerated at 2-8 C (36-46 F)</p> <p>Review of the medication refrigerator Temperature Log dated December 2024 through March 2025 indicated temperatures were being monitored and recorded only once daily. The normal range was 36-45 degrees F.</p> <p>Further review of the Temperature Log indicated the following out of range temperatures and/or missing documentation:</p> <p>December 2024:</p> <p>-4 out of 31 days no temperatures recorded</p> <p>January 2025:</p> <p>-10 out of 31 days no temperatures recorded</p> <p>-1/21/25 - 48 degrees F</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-1/28/25 - 48 degrees F</p> <p>February 2025:</p> <p>-2/4/25 - 48 degrees F</p> <p>-2/7/25 - 48 degrees F</p> <p>-2/8/25 - 50 degrees F</p> <p>During an interview on 3/5/25 at 11:39 A.M., Nurse #1 said she wasn't sure who monitors and records the temperatures, but the log looked like it was the 11:00 P.M.-7:00 A.M. shift.</p> <p>During an interview on 3/5/25 at 12:18 P.M., the surveyor and Infection Preventionist (IP) reviewed the medication storage room refrigerator. The IP said a new medication refrigerator is on order and she had asked to separate the vaccines from the other refrigerated medications, but they weren't yet. She said the facility was using a state vaccine temperature monitoring device and reached underneath the counter showing the surveyor a small yellow box on the upper right side of the refrigerator. A current temperature of 38.3 degrees F was observed. The surveyor did not observe a minimum and maximum temperature displayed. She said the unit will alarm if the temperature gets too high or too low. She said it continuously records temperatures but said the temperatures are still expected to be documented twice daily to ensure proper function of the unit because vaccines are stored in there. She said if the medications and vaccines stored inside the refrigerator are not stored at the proper temperatures then they could lose their potency and no longer be good. The surveyor requested to review previous temperature recordings. The IP said she thought the Maintenance Director could do that.</p> <p>During an interview on 3/5/25 at 12:49 P.M., the Maintenance Director said while the temperature monitoring device records continuously, he didn't know how to print a report. He said it goes to the state and asked the surveyor if it could be reviewed. He said he installed the unit two years ago and said it will alarm if the temperature is too high or too low. When asked how it's monitored by staff for proper function, he said it goes to the state, and it alarms. The surveyor requested the manufacturer's instructions for use. It was unclear by staff if the unit had alarmed due to out-of-range temperatures.</p> <p>During an interview on 3/6/25 at 7:05 A.M., the Maintenance Director said he could not locate the box the unit came in or the instructions, so he wasn't sure how to print out a temperature recording report to review with the surveyor but said the temperatures are only stored for 30 days.</p> <p>During an interview on 3/6/25 at 10:05 A.M., the Director of Nursing (DON) said medication refrigerator temperatures should be checked twice a day by the 11:00 P.M.-7:00 A.M. shift and day shift when vaccines are stored. He said he thought he could pull temperature logs from the past 30 days from the unit but didn't know maintenance said he couldn't do it. The DON said he didn't know how to do it either. He said vaccines have been stored in the refrigerator since December 2024 and said the normal temperature range is supposed to be between 36-45 degrees F. The DON said the potential harm of not monitoring twice daily is you could lose the efficacy of the vaccines stored.</p> <p>34145</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2a. On 3/4/25 at 11:27 A.M., the surveyor observed an unlocked medication cart positioned outside the main dining room. Seven residents were seated and waiting for food to be served in the room. One resident, one visitor and one dietary aide were observed walking in the vicinity of the unlocked medication cart. No staff were in the vicinity or within a line of sight of the unlocked medication cart.</p> <p>On 3/4/25 at 10:32 A.M., the surveyor observed Nurse #3 walk around the corner from the unit hallway, approach the medication cart and begin to prepare medications. She said she was responsible for the medication cart and should have locked it before she left it unattended.</p> <p>b. On 3/5/25 at 11:05 A.M., the surveyor observed Nurse #5 standing behind the nursing desk.</p> <p>On 3/5/25 at 11:06 A.M., the surveyor observed an unlocked medication cart positioned against the wall in the unit hallway around the corner and out of the line of sight of the nursing desk. Certified Nursing Assistant (CNA) #4 was seated at a kiosk at the end of the hallway using a computer tablet mounted to the wall.</p> <p>On 3/5/25 at 11:09 A.M., a consultant imaging provider walked down the hallway to a resident's room next to the unlocked medication cart. The consultant asked CNA #4 where the resident was. CNA #4 walked down the hallway and around the corner leaving the consultant alone standing next to the unlocked medication cart.</p> <p>On 3/5/25 at 11:11 A.M., the surveyor observed Nurse #5 walk around the corner and down the hallway and approach the unlocked medication cart. Nurse #5 said she was responsible for the medication cart and should have locked it before she left the hallway and went to the nursing desk.</p> <p>During an interview on 3/6/25 at 3:05 P.M., the DON said that medication carts must be locked at all times when they are unattended.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 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>34145</p> <p>Based on observation and interview, the facility failed to follow professional standards of practice for food safety and sanitation to prevent potential spread of foodborne illness to residents who are at high risk. Specifically, the facility failed to properly label, date and discard food products when past their use by date stored in the free-standing refrigerator and walk-in freezer in the main kitchen.</p> <p>Findings include:</p> <p>Review of the 2022 Food Code by the U.S. Food and Drug Administration (FDA) indicated but was not limited to:</p> <p>- 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a reduced oxygen packaging method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 Celsius (41 Fahrenheit) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.</p> <p>(B) Except as specified in (E) - (G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the FDA Food Code 2022 Chapter 3. Food Chapter 3 - 29 PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety.</p> <p>(D) A date marking system that meets the criteria stated in (A) and (B) of this section may include: (1) Using a method approved by the regulatory authority for refrigerated, ready-to-eat time/temperature control for safety food that is frequently rewrapped, such as lunch meat or a roast, or for which date marking is impractical, such as soft serve mix or milk in a dispensing machine; (2) Marking the date or day of preparation, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (A) of this section; (3) Marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (B) of this section; or (4) Using calendar dates, days of the week, color-coded marks, or other effective marking methods, provided that the marking system is disclosed to the REGULATORY AUTHORITY upon request.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- 3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition. (A) A food specified in 3-501.17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in 3-501.17(A), except time that the product is frozen; (2) Is in a container or package that does not bear a date or day; or (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in 3-501.17(A).</p> <p>On 3/3/25 at 8:14 A.M. and 8:54 A.M., the surveyor reviewed the cook's refrigerator and the walk-in freezer in the main kitchen with the Food Service Manager (FSM) and observed the following inside:</p> <p>Cook's refrigerator:</p> <ul style="list-style-type: none"> <li>-One clear plastic storage container with a lid and contained eight peeled, hard-boiled eggs. The storage container was undated and unlabeled with its contents.</li> <li>-One large resealable plastic storage bag contained five muffins. The bag was undated and unlabeled with its contents.</li> <li>-One metal pan contained several raw hamburger patties in a resealable plastic bag. The bag was dated 2/24/25 and unlabeled with its contents.</li> <li>-One metal pan contained:</li> <li>-one resealable plastic storage bag contained sliced deli meat, dated 3/1/25 and was unlabeled. The bag was unsecured and its contents was open to air.</li> <li>-one resealable plastic bag contained sliced deli meat, dated 3/1/25 and was labeled turkey. The bag was unsecured its contents was open to air.</li> <li>-sliced deli meat wrapped in plastic wrap, undated and unlabeled with its contents.</li> <li>-One resealable plastic bag contained cooked elbow pasta. The bag was dated 2/28/25 and was unlabeled. The bag was unsecured and its contents were open to air.</li> </ul> <p>Walk-in freezer:</p> <ul style="list-style-type: none"> <li>-One large cardboard box contained a plastic bag of corn kernels that was unsecured and open to air potentially exposing the corn and carrots to environmental contaminants.</li> <li>-One large cardboard box contained a plastic bag of carrots slices with a plastic cup inside. The plastic bag was unsecured and open to air potentially exposing the corn and carrots to environmental contaminants.</li> </ul> <p>During an interview on 3/3/25 at 8:54 A.M., the FSM said all food stored in the refrigerator and freezer should be labeled, dated and properly stored and not open to air for food safety. She said that food not in it's original packaging should be purged after 48 hours and any food item that is not labeled, dated or stored properly should be discarded.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>46862</p> <p>Based on interviews and record review, the facility failed to ensure staff maintained accurate documentation for one Resident (#140), out of a total sample of 12 residents. Specifically, the facility failed to ensure March 2025 Medication Administration Records (MAR) were accurate in calculating the total daily fluid restriction and staff consistently implemented the prescribed fluid restriction of 1200 milliliters (ml) a day.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Fluid Restrictions, revised January 2023, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-It is the policy of this center that fluid restrictions ordered by a physician are carried out by the Nursing and Nutrition Services Department. The physician order should include the number of MLs (cc's) of fluids permitted each day.</li> <li>-The nursing department and dietary should work together to determine the amount of fluids each department will provide. Nursing fluids are divided into medication passes and the individual's daily routine. Nursing is responsible for recording the intake and output of fluids each shifts.</li> </ul> <p>Review of the facility's policy titled Intake and Output, dated as revised January 2023, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-Clinical Services personnel will maintain a record of intake and output in keeping with physician orders for residents requiring monitoring as determined by the physician.</li> <li>-Verify that there is a physician's order for this procedure and/or that the procedure is being performed per facility policy.</li> <li>-Record the fluid intake as soon as possible after the resident has consumed the fluids.</li> <li>-At the end of your shift, total the amounts of all liquids the resident consumed.</li> </ul> <p>Resident #140 was admitted to the facility in February 2025 and had diagnoses including congestive heart failure, hypertension, chronic pulmonary edema, and hyponatremia.</p> <p>Review of Physician's Orders included but was not limited to:</p> <ul style="list-style-type: none"> <li>-Fluid Restriction 1200 ml; Serve 840 ml for dietary/day. Dietary Amount per Meal: Breakfast: 360 ml, Lunch: 240 ml, Dinner: 240 ml. Serve 360 ml for Nursing/day. Nursing Amount per shift: 7-3 shift equals 180 ml, 3-11 shift equals 120 ml, 11-7 shift equals 60 ml</li> <li>-Fiber Oral Powder give one teaspoon by mouth in the morning mix in 6 ounces (oz.) cold liquid</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-House Supplement in the evening give 1 cup with dinner</p> <p>-House supplement one time day for risk of malnutrition give 4 oz. Record amount consumed in cc/ml</p> <p>On 3/4/25 at 8:56 A.M., the surveyor observed Resident #140 sitting in his/her room eating breakfast. Fluids provided on the tray included one 4-oz. cup of apple juice and a cup of coffee that were being consumed. Resident #140 said he/she did not think he/she was getting enough to drink.</p> <p>Review of the March 2025 MAR indicated documentation of the 1200 cc fluid restriction did not reflect the accurate amounts of fluid intake for each shift or total for a 24-hour period as follows:</p> <p>3/1/25</p> <p>7-3: 400 ml</p> <p>3-11: 300 ml</p> <p>11-7: 60 ml</p> <p>3/2/25</p> <p>7-3: 400 ml</p> <p>3-11: 120 ml</p> <p>11-7: 60 ml</p> <p>3/3/25</p> <p>7-3: 60 ml</p> <p>3-11: 60 ml</p> <p>11-7: 60 ml</p> <p>3/4/25</p> <p>7-3: 400 ml</p> <p>3-11: Blank</p> <p>11-7: 60 ml</p> <p>Further review of the medical record failed to indicate documentation of the amount of fluid per 24 hours that was distributed to the Resident between the Food and Nutrition Department and the Nursing Department.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/5/25 at 11:00 A.M., Nurse #5 and surveyor reviewed Resident #140's intake from 3/1/25-3/4/25. Nurse #5 said she did not see a 24-hour total intake documented. Nurse #5 said she would only document the fluids that she gave to the Resident. Nurse #5 said she would not add the amount of house supplement taken to the total shift allotted amount.</p> <p>During an interview on 3/5/25 at 11:40 A.M., Certified Nursing Assistant (CNA) #3 said they have nowhere to document a resident's intake. CNA #3 said they just tell the nurse how much fluid intake there was after each meal, and the nurses would document it somewhere.</p> <p>During an interview on 3/6/25 at 7:48 A.M., Nurse #1 said that the combined intake for 7-3 shift would be 780 ml, the combined intake for 3-11 shift would be 360 ml and 11-7 would be 60 ml. In reviewing Resident #140's March 2025 MAR, Nurse #1 said there was no 24-hour intake documented. Nurse #1 said the CNAs would usually tell the nurses what fluids Resident #140 drank from each meal. Nurse #1 said sometimes they forget as there is no place to document. Nurse #1 said it did not appear that the daily shift amounts were accurate. Nurse #1 said she would not add the amount of house supplement taken to the total shift amount.</p> <p>During an interview on 3/6/25 at 9:32 A.M., the Director of Nurses (DON) and surveyor reviewed the fluid restriction intake for Resident #140. The DON said it is the expectation that the nurses would eyeball each meal tray for amount of fluids consumed. The DON said the nurses should be instructing the CNAs to let them view the tray so they can get an accurate percentage of fluids for the shift. The DON said all fluids should be calculated into the shift amounts and totaled at the end of each 24-hour period. The DON said at this time there was no way of knowing if the Resident met or was over his/her fluid intake for the day.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame.</p> <p>34145</p> <p>Based on observation, record review, and interview, the facility failed to complete a new assessment of the bed, side rails and mattresses in active use for potential entrapment when the bed mattress was changed from the previously assessed mattress, placing two Residents (#12 and #15), out of a sample of 12 residents, who had limited mobility and utilized bilateral side rails, at risk for possible entrapment.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Side Rails/Bed Rails, last revised 10/24/22, indicated but was not limited to:</p> <ul style="list-style-type: none"> <li>-The facility shall ensure the bed is appropriate for the resident and that bed rails are properly installed and maintained.</li> <li>-Potential risks can be exacerbated by improper match of the bed rail to bed frame, improper installation and maintenance, and use with other devices or supports.</li> <li>-Assuring the correct installation and maintenance of bed rails is an essential component in reducing the risk of injury resulting from entrapment or falls.</li> <li>-Before bed rails are installed, the facility should: <ul style="list-style-type: none"> <li>-Check with the manufacturer(s) to make sure the bed rails, mattresses and bedframe are compatible, since most bed rails and mattresses are purchased separately from the bed frame.</li> <li>-When installing and using the bed rails, the facility should: <ul style="list-style-type: none"> <li>-Ensure that the bed's dimensions are appropriate for the resident.</li> <li>-Confirm that the bed rails to be installed are appropriate for the size and weight of the resident using the bed.</li> <li>-Install bed rails using the manufacturer's instructions to ensure a proper fit.</li> <li>-Inspect and regularly check the mattress and bed rails for areas of possible entrapment.</li> <li>-Regardless of mattress width, length, and/or depth, the bed frame, bed rail and mattress should leave no gap wide enough to entrap a resident's head or body. Gaps can be created by movement or compression of the mattress which may be caused by resident weight, resident movement or bed position, or by using a specialty mattress, such as an air mattress, mattress pad or water bed.</li> <li>-Check bed rails regularly to make sure they are still installed correctly as rails may shift or loosen over time.</li> </ul> </li> </ul> </li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	
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 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. Resident #12 was admitted to the facility in March 2016 and had diagnoses including Parkinson's disease (a progressive brain disorder that causes movement problems, stiffness, and balance issues) and dementia.</p> <p>Review of the significant change Minimum Data Set (MDS) assessment, dated of 1/17/25, indicated that Resident #12 had long- and short-term memory problems, had severely impaired cognitive skills for daily decision making, and was dependent on staff for all activities of daily living (ADLs).</p> <p>On 3/3/25 at 11:02 A.M., the surveyor observed Resident #12 lying in bed asleep with bilateral side rails up and in use. An air mattress was noted in place on the Resident's bed and was set to 120 pounds (lbs.).</p> <p>Review of the medical record indicated the following Physician's Orders:</p> <ul style="list-style-type: none"> <li>-two quarter (1/4) side rails up in bed to help promote bed mobility, safety and positioning (9/26/23)</li> <li>-Air overlay Pressure Reducing Mattress (a thin mattress topper that sits on top of a regular mattress to relieve pressure and treat pressure ulcers); inflate to Resident's comfort (12/16/24)</li> </ul> <p>2. Resident #15 was admitted to the facility in October 2024 and had diagnoses including Parkinson's disease with dyskinesia (a condition where someone with Parkinson's disease experiences involuntary, uncontrolled movements (dyskinesia) such as writhing, twisting, or jerking motions in different parts of the body like the face, arms, or legs).</p> <p>Review of the MDS assessment, dated 10/26/24, indicated Resident #15 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status score of 7 out of 15 and had a history of falls.</p> <p>On 3/5/25 at 7:03 A.M., the surveyor observed Resident #15 lying in bed asleep with bilateral side rails up and in use. A perimeter air mattress (mattress with raised edges that create a defined boundary, enhancing fall prevention) was noted in place on top of the mattress. The mattresses were not aligned with the bed frame and were off set. Large gaps were noted between the mattresses and the head and footboards spanning from approximately five to seven inches in width.</p> <p>Review of the medical record indicated the following Physician's Orders:</p> <ul style="list-style-type: none"> <li>-two quarter (1/4) side rails up in bed to help promote bed mobility, safety and positioning (2/10/25)</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Adviniacare at Provincetown		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Alden Street Provincetown, MA 02657	

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 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/6/25 at 12:17 P.M., the Maintenance Director said he does bed entrapment checks of all the beds in the facility once a year. He said his last check was conducted in August 2024 and all of the beds in the facility conducted in August 2024. He said he does not identify the manufacturer, make and model of the bedframes, mattresses and side rails because they are all purchased from the same company and they are all compatible. The Maintenance Director and surveyor went to Resident #15's room. The Maintenance Director said the Resident's bed has an air mattress on top of the regular mattress and noted the large gaps between the mattress and the headboard and footboard. The Maintenance Director said he is not told when residents get specialty mattresses and did not know that he had to reassess mattresses and side rails for entrapment.</p> <p>During an interview on 3/6/25 at 1:57 P.M., the Director of Nursing said that after he and the Maintenance Director reviewed all of the beds in the facility with specialty mattresses, it was determined that 10 of 36 beds in use in the facility had not been reassessed after the placement of specialty mattresses, but should have been.</p>