

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225640	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Berkeley Retirement Home,the		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Berkeley Street Lawrence, MA 01841	
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 - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>37342</p> <p>Based on records reviewed and interviews, for two of three sampled residents (Resident #1 and Resident #3), the Facility failed to ensure they maintained complete and accurate medical records, when documentation by nursing related to the completion of weekly skin assessment and wound assessments including measurements was incomplete, and for Resident #3, failed to ensure a physician's order for a wound treatment was documented in his/her medical record.</p> <p>Findings include:</p> <p>The Facility Policy titled, Charting and Documentation, dated 07/2017, indicated all services provided to the resident, progress toward care plan goals, or any changes in the resident's medical, physical, functional or psychological condition would be documented in the resident's medical record, and would include the date and time the procedure or treatment was provided and the assessment data and any unusual findings.</p> <p>The Facility Policy titled, Prevention of Pressure Injuries, dated 04/2020, indicated nursing would conduct a weekly skin assessment.</p> <p>The Facility Policy titled, Medication and Treatment Orders, dated 07/2016, indicated verbal orders would be recorded immediately in the resident's chart by the person receiving the order.</p> <p>The Facility Policy titled, Wound Care, dated 10/2010, indicated nursing would document all assessment data obtained when inspecting the wound including wound bed color, size of the wound, and presence of drainage.</p> <p>1) Resident #1 was admitted to the Facility in August 2023, diagnoses included dementia, obesity, diabetes, multiple sclerosis, and skin rash.</p> <p>Review of Resident #1's Medical Record indicated he/she had physician's orders for nursing to apply Silvadene (ointment used to treat infections on the skin), to affected areas on the right buttocks, inner coccyx, and under both breasts every day until healed.</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: 225640	Facility ID: 225640 If continuation sheet Page 1 of 3

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's Treatment Administration Record (TAR) for January 2024, indicated nursing staff signed off as having completed application of Silvadene to his/her buttocks, inner coccyx, and under breasts daily. Further review of the TAR indicated nursing documented descriptions of the affected areas only three times (01/03/24, 01/04/24, and 01/24/24), which did not include measurements.</p> <p>Further review of Resident #1's medical record, including nurse progress notes, indicated there was no documentation to support that nursing documented measurements of the affected areas during the month of January 2024.</p> <p>Review of Resident #1's Medical Record indicated he/she had a physician's order for nursing to complete weekly skin checks every Saturday on the 7:00 A.M., to 3:00 P.M., shift.</p> <p>Review of Resident #1's TAR for January 2024, indicated he/she was scheduled to have weekly skin checks completed on 01/06/24, 01/13/24, 01/20/24, and 01/27/24.</p> <p>Further review of Resident #1's TAR and his/her medical record indicated that there was no documentation to support his/her skin checks were completed on 01/06/24, 01/13/24, and 01/20/24 by nursing as ordered.</p> <p>2) Resident #3 was admitted to the Facility in May 2024, diagnoses included obesity, dermatitis, and spinal stenosis.</p> <p>Review of Resident #3's TAR for July 2024 indicated a treatment was initiated on 07/17/24 for nursing to apply barrier cream followed by stoma adhesive powder to the area on his/her left buttocks twice daily, until healed.</p> <p>Further review of the TAR indicated a note, written by the Assistant Director of Nurses, dated 07/17/24 that indicated Resident #1 had an area of skin breakdown on his/her left buttocks that measured 1 centimeter (cm) by 2 cm.</p> <p>Further review of Resident #3's Medical Record indicated there was no documentation to support any further measurements or description of Resident #3's left buttock wound were obtained by nursing, and there was no documentation to support that a physician's order had been obtained for the treatment.</p> <p>Review of Resident #3's TARs for July 2024 and August 2024 indicated he/she was scheduled to have weekly skin checks completed on 07/02/24, 07/09/24, 07/16/24, 07/23/24, 07/30/24, 08/06/24, and 08/13/24. Further review of Resident #3's TARs for July 2024 and August 2024 indicated that although these dates were signed off by nursing indicating the skin checks were completed, there was no documentation to support that nursing measured Resident #3's left buttock wound or that described his/her skin condition at all.</p> <p>(continued on next page)</p>

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