

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225650	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/03/2025
NAME OF PROVIDER OR SUPPLIER  Care One at New Bedford		STREET ADDRESS, CITY, STATE, ZIP CODE 221 Fitzgerald Drive New Bedford, MA 02745	

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 - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>43963</p> <p>Based on records reviewed, interviews and observations for one of three nursing units (Unit #1), with two (2) medication administration carts (A &amp; B), the facility Failed to ensure it provided a separate locked, permanently affixed compartment for storage of medications that were controlled substances and/or other drugs subject to abuse, when both medication administration carts narcotic boxes were able to be opened without the use of a key, making these medications easily accessible.</p> <p>Findings include:</p> <p>Review of the Facility Policy titled Medication Storage in the Facility, dated as last revised 2/2019, indicated that medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal, and record keeping in the facility in accordance with federal, state and other applicable laws and regulations.</p> <p>The Policy indicates that Schedule II-V medications and other medications subject to abuse or diversion are stored in a permanently affixed, double-locked compartment separate from all other medications.</p> <p>The Policy further indicated that the access to system to control medications is not the same as the system giving access to other medications (the key used, the medication nurse on duty maintains possession of the key to controlled substance storage areas).</p> <p>During an observation on 02/03/25 at 11:15 A.M., Surveyor #2 lifted up the cover, on what appeared to be the locked narcotic box located in the A-side medication cart, however the narcotic box cover was able to easily opened without a key, so the controlled substance medications stored inside, were not secured.</p> <p>During an interview on 02/03/25 at 11:16 A.M., Nurse #1 said that she knew that the narcotic box on medication cart for side A would not lock properly and said that she did not have a key to the narcotic box.</p> <p>Nurse #1 said she does not remember telling anyone about the narcotic box being broken and said all narcotics should always be double locked.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 02/03/25 at 11:25 A.M., Surveyor #2 lifted up the cover, on what appeared to be the locked narcotic box located in the B-side medication cart, however the narcotic box cover was able to easily open without a key, so the controlled substance medications stored inside were not secured.</p> <p>During an interview on 02/03/25 at 11:25 A.M., Nurse #2 said that sometimes the narcotic box is easy to open without the key and said sometimes the key can get stuck when trying to open the narcotic box. Nurse #2 said that all narcotics are supposed to be double locked on all medication carts.</p> <p>During an interview 02/03/25 at 3:46 P.M., the Director of Nurses (DON) said that she was not aware that the two narcotic boxes in the medication carts on Unit 1 were not locking properly.</p> <p>The DON said that the Facility's expectation was that all narcotic boxes will be maintained under a double locked system and if any narcotic box was not opening or closing properly, nursing staff were to notify the DON and maintenance immediately.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>43963</p> <p>Based on records reviewed, interviews, and observation, for one of seven (7) sampled residents (Resident #7) who should have been on Enhanced Barrier Precautions (EBP-an infection control intervention designed to reduce transmission of Multi-Drug-Resistant Organisms (MDRO) in nursing homes) related to wound care needs, the Facility failed to ensure nurses were aware of the need to use EBP's and implemented the necessary infection control practices during the provision of care.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Enhanced Barrier Precautions (EBP) dated as last revised August 2023, indicated that EBP's are utilized to prevent the spread of multi-drug-resistant organisms (MDRO's) to residents.</p> <p>The Policy further indicated the following;</p> <ul style="list-style-type: none"> <li>-EBP's employ targeted gown, and gloves use during high contact resident care activities when contact precautions do not otherwise apply;</li> <li>-Gloves and gown are applied prior to performing the high contact resident care activity such as dressing, bathing, providing hygiene, and changing brief or assisting with toileting;</li> <li>-EBP's are indicated for residents with wounds and/or indwelling medical devices regardless of MDRO colonization;</li> <li>-EBP's remain in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at risk;</li> <li>-Staff are trained prior to caring for residents on EBP's;</li> <li>-Signs are posted in the door or wall outside the resident room indicating the type of precautions and PPE required;</li> <li>-PPE is available outside of the resident room, or immediately inside the resident room; and</li> <li>-Residents, families and visitors are notified of the implementation of EBP's throughout the facility.</li> </ul> <p>Resident #7 was admitted to the Facility in January 2019, diagnoses include atrial fibrillation, malnutrition, anxiety, and dementia.</p> <p>Review of Resident #7's Physician's Wound Care Progress Note, dated 01/14/25, indicated that Resident #7's pressure injury was first evaluated on 11/26/24 and now appearing as a worsening Stage III (full thickness tissue loss) to his/her sacrum.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #7's Annual MDS assessment, dated 01/24/25, indicated he/she had a Stage III pressure injury.</p> <p>Review of the Facility EBP listing by unit, provided by the Infection Preventionist on 02/03/25, indicated that there was no documentation to support Resident #7 required EBP's.</p> <p>Review of Resident #7's Physician's Orders, dated 02/03/25, indicated that there was no documentation to support a Physician's Order was obtained to maintain EBP's (until after being identified by Surveyor #2 during the survey).</p> <p>During an observation on 02/03/25 at 12:00 P.M., Surveyor #2 observed that there was no signage on Resident #7's room outside the doorway to indicate that he/she was on any kind of precautions and there was no Personal Protective Equipment (PPE- gowns, gloves, masks, eye protection) designated to his/her room.</p> <p>During an interview on 02/03/25 at 12:01 P.M., Certified Nurse Aide (CNA) 1 said that Resident #7 was not on any precautions that she was aware of, said she had provided Resident #7 personal care in the morning and had not worn PPE.</p> <p>During an interview on 02/03/25 at 12:11 P.M., the Unit Manager said that Resident #7 has a pressure injury and should be on EBP's. The Unit Manager said she was not sure why there was no sign for EBP's outside of his/her room.</p> <p>During an interview on 02/03/25 at 3:06 P.M., the Infection Preventionist (IP) said that she was not sure how it was missed that Resident #7 required EBP's to be in place and followed by staff due to his/her pressure injury.</p> <p>The IP said that once a resident develops a wound, requires an indwelling device of any kind, and/or has a history of an MDRO, nursing staff need to notify her and initiate EBP's (put a sign at their room door and provide PPE outside of the room) to help minimize the spread of any infection.</p> <p>During an interview of 02/03/25 at 3:46 P.M., the Director of Nurses (DON), said she did not know Resident #7 was not placed on EBP's said he/she should have been secondary to his/her pressure injury, wound care needs.</p> <p>The DON said that it was the Facility's expectation that any resident with a history of an MDRO, indwelling device, and wounds must be placed on EBP's immediately and reported to her and the IP to ensure proper infection control procedures are being followed.</p>		